

Chosen Care Limited

Chosen Court

Inspection report

Hucclecote Road
Gloucester
Gloucestershire
GL3 3TX

Tel: 01452616888
Website: www.nationalcaregroup.com

Date of inspection visit:
13 April 2021
14 April 2021

Date of publication:
07 May 2021

Ratings

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

Summary of findings

Overall summary

About the service

Chosen Court is a residential care home providing personal care to 11 people living with learning disabilities, autistic spectrum disorder or mental health needs at the time of the inspection. The service can support up to 11 people.

Chosen Court accommodates people over three floors in one adapted building. People have access to all communal areas including shared bathrooms, lounge, conservatory, dining room, kitchen and a large enclosed rear garden.

People's experience of using this service and what we found

People felt safe and supported at Chosen Court and had chosen to live there over other alternatives. People's health related risks had been assessed and risks to them were managed. Outcomes for people were good and two people who were new to the service had 'thrived' there. People looked healthy and were supported to express their individuality through their personal choices. They were supported by staff who understood them as individuals, including what they may find challenging and what may cause them anxiety. People had formed positive, trusting relationships with staff who could read their moods and respond appropriately. People rarely needed as required medicines to help them manage their behaviours.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were listened to; they were offered choices and these were respected. People were supported to maximise their independence and their ability to manage aspects of their own lives, such as their finances, had been assessed. People had regular access to others who were important to them, one person had recently got their first mobile phone.

While COVID-19 had impacted the services' ability to involve people in community-based activities, these had been provided regularly before lockdown and would resume when possible. People had been supported to follow their personal interests through person-centred activities. This had included gardening, watching horse-racing and singing. Where restrictions were needed to manage risks to people, these were minimal and legally authorised. People experienced an inclusive culture where leaders looked for solutions,

to make things happen as people wanted them to.

The registered manager's strong, inclusive, no-nonsense leadership style had a positive impact on the culture at Chosen Court. The registered manager was supported by the provider whose systems, governance and quality work had undergone significant investment and improvement. These improvements had been embedded since our last inspection and had resulted in good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 19 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection, to show what they would do and by when, to improve safe care and treatment, staffing, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chosen Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Chosen Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Chosen Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications about important events at the service and feedback from the local authority quality improvement team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed staff supporting people and toured the premises. We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the regional manager, area manager, the registered manager, a team leader, three support workers and a cleaner. We reviewed a range of records. This included six people's care records, records related to deprivation of liberty and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with five people's relatives. We looked at staff training and supervision data, quality assurance records and policies. We received feedback from five professionals who regularly work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Staffing and recruitment Learning lessons when things go wrong.

At our last inspection the provider had not done all that was reasonably practicable to mitigate risks to people and had not ensured staff had the skills and experience to support people safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and actions needed to mitigate risk were understood by staff. This included supporting people at risk of choking to eat safely, helping people to manage their diabetes and supporting people to manage their anxiety related behaviours.
- People's support plans described how they should be supported while at home and in the community. Where health professionals had made recommendations about the support people needed, these were included in people's support plans for staff to refer to.
- Environmental risks to people were managed safely. All required risk assessments and safety checks had been carried out and all remedial work to the building was completed. Systems were in place to ensure staff knew how to respond to protect people in the event of an emergency.

Staffing and recruitment

- There were enough suitable staff to meet people's needs. Recruitment processes had been followed and new staff were monitored and assessed during their probationary period. When staff performance did not meet the provider's expected standards, their performance was managed to ensure only suitable and motivated staff were employed at the service.
- People were happy with the support they received. One person said the best thing about living at Chosen Court was the staff. We saw staff were kind and respectful, they spoke about people with affection and treated them with kindness.

Learning lessons when things go wrong

- There had been no significant incidents or accidents at the service in the year before our inspection. Incident records were reviewed in a timely manner by the registered manager. Records were uploaded to the provider's e-system where they could be reviewed and analysed to identify trends.

- Lessons learned were routinely shared across the provider's services. This was facilitated at service level through weekly managers' meetings.

Using medicines safely

- People's support needs around their medicines had been assessed. Nobody living at the service was able to self-medicate or order their medicines independently, so staff were responsible for this.
- People's medicines were given safely.
- Medicines including insulin were stored safely and staff competency was checked before staff were able to support people to take their medicines. No medicines errors had been recorded in the past year.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we saw they had formed trusting relationships with the staff supporting them. People were at ease when interacting with staff and were visibly reassured by their presence.
- Staff understood their responsibilities in safeguarding people and systems were in place to protect them from risk of abuse. This included easy read information for people about reporting abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not provided appropriate training and supervision as is necessary to enable staff to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff received the support, supervision and training they needed to meet people's needs. The registered manager's presence, accessibility and ongoing feedback to the staff team had a positive impact on their confidence and performance. A staff member said, "There has been lot of improvement with staff and service users. It [the service] has improved a lot all around."
- Staff were clear about their responsibilities and understood their limitations. One staff member told us how they would recognise a person's blood sugar level may be too high or too low, through their behaviours or physical signs. They told us they would refer this to a staff member who had completed additional training in blood sugar testing if this was suspected.
- Staff knew what may trigger people's anxiety, were skilled in recognising people's emotions and responded promptly to help them manage these. A staff member said about a person who was becoming anxious, "It's her way of engaging, her voice is her defence." People rarely needed as required medicines to manage their moods as staff supported them effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices had been assessed and delivered in line with standards, guidance and the law. The service worked within the principles of Right support, right care, right culture, for example, by routinely involving people (and their representatives) in reviews of their treatment (medicines) and support needs with health and social care professionals.
- People's rights were protected as their views were sought and acted upon. One person had looked at alternative services but then decided to stay at Chosen Court. They told us they now liked living there. Three people who had moved to the service temporarily were being reassessed as they also wanted to stay.
- People were supported in a way that aimed to increase their skills and independence. One person's advocate told us about the positive impact moving to Chosen Court had had on them; "He has learnt new

skills and is accessing the kitchen on his own to get a drink or snack."

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a balanced healthy diet and were monitored to maintain a healthy weight. People looked healthy and well, they had benefitted from home cooked meals with fresh ingredients. Staff were creative in making eating fresh fruit and vegetables more appealing to people and staff told us people were eating less sweets and snacks.
- People were supported to eat and drink safely. Staff understood what support people needed while eating and drinking to reduce the risk of them choking or to manage risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relationships with external agencies had improved. A commissioner said, "All information I asked for was provided promptly and the reviews were carried out with no problem."
- Staff told us they had received good support from health care professionals during the pandemic. People had accessed GP services remotely as needed and had received their annual health checks. The diabetic nurse was working with the service to update management of low blood sugars. This included ensuring staff consistently informed them when this happened.
- Each person had a health action plan to meet their health-related needs and to enable effective information sharing. For example, in the event of a hospital admission. People's oral health care needs had been assessed, they were registered with a dentist and could access emergency dental care during the pandemic when there had been reduced dental services.

Adapting service, design, decoration to meet people's needs

- Improvements to the service design and decoration had been authorised by the provider. This included using space from the former sleep-in room to extend two people's rooms to give them ensuite showers. The registered manager told us they would be speaking with people to discuss their needs and agree suitable arrangements while the work was completed.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent from people before they provided support.
- People's capacity to consent to the support they received had been assessed in line with the MCA. Assessments included people's ability to consent to personal care and to manage their finances and medicines related needs. Best interests' decisions were recorded when people had been assessed as needing support which they were unable to consent to.
- The service was compliant with requirements of DoLS and ensured DoLS applications, authorisations and

any related conditions were kept under review. One person's current DoLS authorisation had conditions, we found these conditions were being met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At our last inspection the provider had not provided appropriate support to meet people's needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was working in line with CQC's Right support, right care, right culture guidance in ensuring the service provided a person-centred approach where people's rights were protected. This included supporting people to make decisions about where they lived, how they expressed themselves (through their appearance and choices) and how they spent their days. People's support plans reflected their individual preferences and needs and these were followed by staff.
- People were supported to increase their independence through use of technology and involvement in everyday activities. A professional said about one person who had recently moved to Chosen Court, "He is almost a completely different person. He has come out of his shell" and "He seems to have grown in confidence." One person used voice-controlled technology to access their TV, music and lights and to do online shopping.
- People were consulted about decisions that affected them. One person assisted in interviewing potential new staff members. People told us the food was nice, they could choose what they liked to eat and they had house meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships to avoid social isolation. A staff member said, "We are interacting more with people and doing more with them, it is difficult under the circumstances but we have dealt with COVID-19 very well." A professional said about one person, "He is spending more time around people rather than being on the periphery."
- The provider had made an electronic tablet available in each service, to allow people to contact their

relatives through regular video calls. One person had recently got their first mobile phone and expressed a wish to get a double bed when the refurbishments were done. Staff were happy to support them with this.

- People were supported to follow their interests and enjoy meaningful activities which had a positive impact on their well-being. We noted the positive and calming effect physical contact with their pet rabbit had on one person. A professional said, "The two individuals that I am working with, regarding discussions of a permanent placement, appear to have thrived at this service."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff were able to communicate with people effectively. Staff were responsive to people's verbal and non-verbal cues. A staff member told us, "He is making beautiful eye contact and is now trying to say hello. When we put his [country name] music on there is a glimmer and sparkle in the eye, I can see happiness."
- Staff used humour and songs to communicate a sense of ease when one person found our presence challenging.
- Easy read pictorial formats were used to make written information accessible to people.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints policy and process in place. The provider was distributing a new leaflet about their complaints process and further sources of support at the time of the inspection.
- There had been no complaints in the year before our inspection. One person told us if they had any worries, concerns or complaints they could voice them to staff or to CQC. Relatives told us they had a good relationship with the registered manager who was responsive to them.

End of life care and support

- Appropriate policies and best practice guidance was in place for staff to follow. People's wishes and any specific religious and cultural preferences had been explored and documented, with the involvement of people's relatives, when they were ready to do this.
- Access to necessary medicines and additional health care support was available through the services' established relationship with the GP.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection the provider had not always taken mitigating actions to ensure people received an appropriate service while improvement action was being taken. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements

- The registered manager provided clear and consistent leadership at Chosen Court to ensure required standards were met. They acted as a role model and constant source of support and advice. A staff member said, "[Registered manager] takes no prisoners, everything is black and white, she is open and honest with us. We know exactly what she wants."
- The provider supported the registered manager through regular visits and meetings with their area and regional operational managers. The provider recognised a need for increased management input in services where improvement was needed and had resourced this.
- The provider had made significant improvements to their governance systems and improved communication within the organisation. At service-level, we found some minor quality issues were not listed on current audits and action plans. For example, a request to replace one person's bed was not listed and actions to improve staff record keeping had been signed-off before improvements were embedded. However, we were satisfied the improvements needed were being addressed and there had been no impact on people.

Continuous learning and improving care

- Learning from inspections was shared within the organisation. Further to our feedback, the area manager shared learning with senior staff (including registered managers) to ensure service-level audits and action plans accurately reflected all known issues and change was embedded before being actions were signed-off. The provider consistently shared learning from their own and other provider's inspections with all of their services.
- The provider acted to ensure services were updated on all significant new guidance and best practice

standards through their 'Quality Matters' publications, policy updates and effective cascading of information. This included information on closed cultures and a robust COVID-19 response with excellent policies.

- Lessons learned within the care sector, for example the report into Whorlton Hall, was reviewed and examined. The providers quality systems were reviewed and updated to ensure all relevant risks were addressed and monitored.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was provided in line with Right support, right care, right culture to ensure positive outcomes for people. One person told us they, "Can trust the manager and there is respect.". A professional said, "I'm feeling really good about the service. Staff are welcoming" and a staff member told us Chosen Court was now a nice place to work.

- The service was committed to achieving good outcomes for people and had a can-do approach. The service had raised money to fund a greenhouse which would be installed once the renovations were completed. Reduced mobility was not a barrier to people enjoying paddling pools in warm weather. During our visit one person was insistent they wanted a hot-tub, the provider suggested the registered manager apply to the provider's innovation fund.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider worked openly and in partnership with others. The provider attended regular meetings with the local authority to monitor their progress with improvements. Action plans were readily shared with CQC and regular updates provided.

- Health and social care professionals were positive about the interactions they had with the service; Comments included, "Very cooperative and informative. We got the information we needed and they were able to give good feedback about the [person]" and "Staff are welcoming."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged through house meetings and staff recruitment, provider visits and direct access to directors. In response to concerns about people's well-being being affected by the pandemic, 'tea and chat' sessions were introduced. This allowed people and managers to have direct contact with leaders within the organisation.

- Staff, people and relative surveys have been carried out and action has been taken in response to these. This included developing a regional action plan and responding to issues staff raised about their working environment. Compliments and complaints were tracked to monitor feedback.

- The provider recognised and rewarded exceptional staff performance through their employee of the month scheme and annual staff awards, for which the registered manager was a nominee. The provider sent 'treats' to staff, including facials to help reduce the effects of constant facemasks. These were enjoyed by everyone including people living at the service. One staff member said, "We've come so far, everyone should be proud."