

Choices Housing Association Limited

Choices Housing Association Limited - 103 Heath Street

Inspection report

103 Heath Street
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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 

Overall summary

We inspected this service on 6 May 2015. This was an unannounced inspection. Our last inspection took place in April 2013 and at that time we found the home was meeting the regulations we looked at.

The service is registered to provide accommodation and personal care for up to six people. People who use the service have a learning disability and/or a mental health needs. At the time of our inspection six people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People were protected from the risks of abuse because staff understood what constituted abuse and took appropriate action when people were at risk of abuse. People's care needs were reviewed to meet their changing needs. There were appropriate numbers of staff employed to meet people's needs. People's medicines were managed safely.

People were cared for by staff that knew them and understood their needs. Staff had completed training to enable them to provide safe and effective care. They received regular supervision to support them to carry out their roles and responsibilities effectively.

The Mental Capacity Act (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards is part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. People who used the service were unable to make certain decisions about their care. Legal requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were followed to ensure that decisions were made in their best interest.

People were supported to eat and drink suitable amounts of food and drink of their choice. Advice given by

professionals on what people on special diets had to eat and drink was followed. People's health and wellbeing needs were monitored and people were supported to attend health appointments as required.

Care was tailored to meet people's individual needs. Care plans detailed how people wished to be cared for and supported. People were supported to engage in activities which they enjoyed.

People were treated with kindness and respect. Care was not rushed and staff ensured that people's comfort was maintained at all times. People's dignity and privacy was respected.

The preferences and choices of people were respected. Staff understood people's behaviours and communication styles and knew how to respond to behaviours in order to improve people's experiences.

People were involved in assessments and planning of their care. The views of their families were obtained about their preferences and likes and dislikes. Staff supported and encouraged people to be as independent as possible and to access the local community.

There were systems in place to monitor and assess the quality of the service provided. The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation. There was a positive and open atmosphere within the service. Relatives and staff told us that the registered manager was approachable and supportive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service safe.

People were protected against the risk of abuse because staff were able to recognise abuse and took action when it was suspected. People's risk assessments and management plans were reviewed when their care needs changed. There were adequate numbers of staff to meet people's needs. People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were assessed to ensure that their needs could be met by the service and they received care from staff that had the knowledge and skills to care for them. Legal requirements were followed when people's liberties were restricted. People were supported to eat and drink sufficient amounts to remain healthy.

Good



Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect. Their choices, preferences and wishes were respected. They were supported to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People received care in accordance with their preferences and needs. Feedback provided about the care provided to people was responded to in order to improve people's experiences of care. There were effective systems in place for dealing and responding to concerns about the service.

Good



Is the service well-led?

The service was well-led.

The provider had effective systems in place for assessing and monitoring the quality of the service provided. The provider promoted an open and positive atmosphere at in the service. The registered manager understood the requirements of their registration with us.

Good



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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 was planned to check 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 6 May 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had not 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 took this into account when we made the judgements in this report.

We spoke with one person who used the. However, due to their communication needs they were unable to give us detailed information about their experiences of care. We therefore spoke with three relatives of people who used the service and one professional who visited the service to gain feedback about the quality of care.

We spoke with four members of care staff to check that standards of care were being met. We spoke with the registered manager to gain their feedback about how they managed the service.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked four people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff records and satisfaction questionnaires. We looked at these to check that the service was managed safely and effectively.

Is the service safe?

Our findings

People's relatives told us that the service was safe and they did not feel that people were at risk of harm. They told us that they were confident staff would take appropriate action if people were at risk of harm. Staff understood the different types of abuse and knew what actions to take if people were at risk of harm. A staff member commented, "They [People who used the service] can't speak for themselves. If we don't look after them, who will?" Staff told us they would report safeguarding concerns to the registered manager and/or to the local safeguarding team. They told us, and we saw that the local safeguarding procedure was on display in the staff office for the staff to refer to as required and in communal areas. The provider had ensured that information on how to raise safeguarding concerns was accessible in different formats to support people who used the service, their relatives and staff if they wished to raise safeguarding concerns.

The environment was clean, well maintained and free of obstacles that could pose a risk to people with mobility difficulties. This enabled people who had mobility problems to access other areas of the home as safely as possible.

One person who had been assessed as being at low risk of falling had fallen recently in their bedroom. Staff told us that the person had not fallen for a significant period of time and so they felt that a fall was highly unlikely. A staff member commented, "We thought there was no risk of an incident. Obviously it is a learning curve for us because it has happened". We noted that the person's risk assessment and management plans had been reviewed following the incident and plans put in place to prevent a similar incident from reoccurring. All the staff we spoke with knew how to provide the person care in line with the new measures put in place in order to prevent further falls. Incidents and accidents which occurred at the service were recorded and analysed by the registered manager to ensure that appropriate steps were taken to prevent reoccurrences of incidents or accidents. Systems were in place to ensure that they were reported on and for lessons to be learnt. This meant that this person's risk assessments and management plans were reviewed and updated to reflect their current care needs.

One person who could not always keep themselves safe was encouraged to access other areas of the home without a staff member being with them at all times. Staff ensured that they checked on the person's whereabouts regularly to ensure they were safe. They encouraged the person to be as independent as possible, whilst ensuring their safety at all times. A staff member told us, "Sometimes, [person's name] will come in and help in the kitchen". We saw that the person was spent time in the kitchen area with staff. This showed that staff had a positive attitude to risk.

Staff told us and we saw that there were enough staff to meet people's needs and keep them safe.

The registered manager told us that the staff numbers were flexible to meet people's individual needs. On some days extra staff were utilised to ensure this people's needs could be safely met. For example, one person required two staff members when they went out in the community. We saw that two staff members took them out on an activity in the community. The Registered Manager told us that the service occasionally used temporary staff but they ensured that the same temporary staff were used most of the time. They told us this was to ensure consistency in care provisions. Staff rotas confirmed that staffing levels were flexible and the same temporary staff were used most of the time.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People's medicines were managed safely. Our observation and medicine records showed that people received their medicines as prescribed. We saw that people's behaviours were not controlled by excessive use of medicines. When medicines were used to support people with their behaviour, we saw that a clear record of why the medicine was used and the outcome to the person following administration of the medicine was maintained. The provider had systems in place to guide staff on when and how to administer medicines meant to be given on 'as required' (PRN) basis, and monitor it's usage.

Is the service effective?

Our findings

People were cared for by staff who knew them well and understood their needs. People's needs were assessed and planned to ensure that they received appropriate care and support from staff that had skills and knowledge to meet their needs. For example, staff were able to describe to us the likely triggers of one person's seizures, how the person presented prior to a seizure, what actions they were expected to take in order to keep the person safe and how the seizures were to be monitored.

Staff told us they had received training in a variety of topics to give them the skills they needed to provide care and support and received regular supervision. We saw one person receiving supervision from the deputy manager. They told us that supervision gave them opportunities to discuss their performance and to obtain support so they could be more effective in their roles. The registered manager told us they had obtained additional higher education qualifications in epilepsy care and management and offered training to staff on this. They told us that this was an added advantage to the service as they could provide on-going support to staff members in order to ensure people received appropriate care.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection three people who used were being restricted under the DoLS. Staff told us that this was because these people could not

always kept themselves safe and they would prevent the people from leaving the service unsupervised. We saw that staff supported these people in accordance with the agreed DoLS authorisation.

People were supported to eat and drink adequate amounts. People were supported to choose what they would like to eat or drink. A staff member told us, "We sit down with them [people who used the service] and ask them what they would like to eat. We saw meal plans in the kitchen and people's likes, dislikes and food and drink preferences and requirements were clearly noted to guide staff when they supported people. We saw that people were given snacks and drinks regularly. We observed that people were not rushed when they were being supported to eat and drink.

Some people were unable to eat and drink and therefore their food and drink was given through soft plastic tubes that were put into their stomachs. These methods of feeding included were called percutaneous endoscopic gastrostomy (PEG) feed and radiology inserted gastrostomy (RIG). We observed staff giving people on this types of feeding methods, their special diets and noted that this was done safely. We saw that records were maintained to ensure that these people received adequate amounts of their feed to remain healthy. Staff told they had received training in how to feed people using this means and were confident and ensured that appropriate care was taken to minimise any risks related to this activity.

People's health and wellbeing was monitored. A professional we spoke with told us that staff did not hesitate to contact them when there were concerns. They told us that recommendations they had made about how one person should be cared for were followed by staff and there had been no further concerns and the person was healthy. Staff told us and records showed that they contacted other professionals when they had concerns about people's health and wellbeing. For example, staff contacted professionals when they were concerned about a person's weight loss and their refusal to eat. The person was assessed and a special diet recommended for them.

Is the service caring?

Our findings

Almost all of the people who used the service could not communicate verbally. However, one person who was able to communicate sometimes said, “Yes” when we asked them if they were happy. We saw them laughing whilst chatting with a staff member about various topics.

People’s relatives told us that people were happy at the home and that staff treated people with kindness and compassion. One relative said, “They are marvellous, the staff are very, very good with [person’s name]”. Another relative said, “Staff are very friendly and caring. They were very understanding of me when [person’s name] first came here because I was very upset. They did their best to assure me that they have [person’s name] best interest at heart. I’ve never felt that [person’s name] wasn’t well cared for”. Another relative said, “All the staff look after all the service users well. It’s like a close knit family”.

We saw that people who used the service looked relaxed and comfortable. We saw one person laughing and talking with a staff member. Another person was listening to music whilst holding fibre-optic relaxation lights on their laps. Staff told us this helped keep the person feel relaxed.

We saw that people were treated with kindness and compassion. For example, we observed a member of staff stroking the hand of one person who used the service. We saw that the person was smiling and looked relaxed. The

staff member told us, “[Person’s name] is upsetting [Person whose hand was being stroked]. They keep shouting and making [Person whose hand was being stroked] jump. This (hand stroking) relaxes them”.

We saw that people were supported to make decisions about their care. Pictorial prompts and props were used to help people make choices. People’s relatives were encouraged to be involved in people’s care and decisions about their care. A relative told us, “We were very involved in [person’s name] care planning. We were right there from the beginning.”

Staff told us, and people’s relatives confirmed that people were treated with dignity and respect. One relative said, “They [staff] tend to treat [person’s name] like a grown-up.” We saw staff speak with people in a manner that reflected their age. People’s wishes about how they wanted to spend their time in the home were respected. For example, one person liked to spend time by themselves, most of the time listening to music, and we saw that staff respected this.

We saw that people were supported to be independent. We saw that one person had been given a pen and a paper to do a shopping list of their needs. We saw that a staff member sat with them, all through and prompted them of what to write, whilst the person made notes. A staff member told us, “[Person’s name] will polish up and tidy their cupboard if we talk them through it. If you gave them a cloth and a towel, they would wash themselves. This showed that the person’s independence was being promoted.

Is the service responsive?

Our findings

We saw that people's needs were responded to as quickly as possible. For example, we heard one person shout out. A staff member asked them if they wanted a drink and the person responded. The person appeared settled when they had a drink. Another person became restless after lunch. Staff told us that it was an indication the person wanted to go to bed for a nap. Two staff members asked the person if they wanted to go to bed and then assisted the person to go.

Staff told us they knew how people were feeling by the behaviour people displayed. For example a staff member said, "[Person's name] is unable to communicate verbally. Sometimes they shout when they need personal care or food or a drink". We saw that whenever the person shouted, staff went to them and enquired what they needed and then took action. We saw that the person looked relaxed afterwards. The staff member also said, "[Person's name] doesn't scream or shout, but you can tell from their expression how they feel and [another person who used the service] opens their mouth when they are in discomfort. Sometimes, when you take them to their room and put sensory lights on, that usually calms them down. This showed that staff people's feelings and knew how to manage people's behaviours to improve their experiences.

One person who used the service told us they were having a new chair. We saw that they were excited about this because they kept repeating this to us and smiling. A staff member told us a new chair had been ordered for the person due to their increasing difficulties with posture and moving. This showed that they provider had responded to the person's needs.

Staff knew people's likes, dislikes and care preferences. People could not confirm that they had been involved in

the care planning process, but we saw that care plans contained pictorial prompts to help people understand their care. Staff told us they analysed people's behaviours to identify if they liked or disliked activities. Records form outings or activities within the service were used to record people's responses to activities they had been involved in.

We saw that people regularly accessed the community. For example. One person who enjoyed shopping was involved in writing the week's groceries shopping list after which they went out shopping with two staff members. Another person enjoyed swimming. Their relative told us that staff took the person out swimming regularly. People's care records also confirmed this.

The provider held regular service user and relatives meetings. These focussed on the care people received. The registered manager told us that pictorial prompts were used to help people who could not communicate express their views. The registered manager told us that the meeting took place in the evening to enable relatives to attend so that they could speak on behalf of people. People were supported by staff and their relatives to complete satisfaction surveys. We saw that the surveys were analysed and action plans put in place to respond to concerns raised.

People were encouraged and supported to raise concerns or make complaints if they wished to. . Relatives told us that they would not hesitate to raise concerns and they felt confident they would be responded to appropriately. A complaints policy was accessible to people in an easy read format. Staff told us how they would respond to a complaint and this was in accordance with the provider's complaints policy. We saw records concerns and complaints that had been made about the service and noted that they had been responded to in line with the provider's policy.

Is the service well-led?

Our findings

People told us that they felt comfortable expressing their views directly to the registered manager about the service and were confident that their views were taken on board. The provider told us that a 'family and friends' event took place every three months in order to encourage people to meet and support each other and to raise any concerns with the provider. A relative we spoke with told us they found these meetings very useful as they were able to express their views about the service and to offer support to relatives of other people who used the service.

There was a positive atmosphere at the home. People appeared happy, they were interacting and smiling around the staff, and the staff also appeared happy and spoke with people and each other in a friendly and respectful manner. Staff told us they enjoyed working at the service. One staff member said, "It is very rewarding working here. It is lovely when [person who used the service] smiles. I just get a lot out of them [the people who used the service]". A visiting health professional told us that the service was a good service and they would be happy for their relative to live there.

All the people knew who the registered manager was and told us that they were always available. People told us that

could approach the registered manager if they had any concerns. A professional we spoke with was complementary of the registered manager and said that they felt that the service was managed effectively. Staff told us the registered manager was approachable and supportive. They told us they could raise any concerns with them. A staff member said, "[The registered manager] is very helpful. If you've got a problem they try to solve it. I have had 'back to work supervision' since returning to work".

The registered manager understood their legal responsibility. They ensured that we were notified of significant events such as safeguarding incidents and maintained records of these for monitoring purposes.

The registered manager and provider monitored incidents to identify patterns and themes. We saw records of incidents and accidents were maintained and analysed and actions were put in place to minimise the risk of further incidents.

The provider had effective systems in place for monitoring the overall quality of the service. Service risk assessments were carried out and actions put in place when concerns were identified. We saw records of audits that had been carried out and noted that where concerns had been identified, the provider took action to deal with them.