Choices Housing Association Limited

Choices Housing Association Limited - 40 Stafford Avenue

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 26 July 2017. This was an unannounced inspection. At our previous inspection in August 2015, we found that the service met the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered to provide accommodation and personal care for up to five people. People who use the service have a learning disability. At the time of our inspection five men 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 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.

We found that improvements were needed to ensure that people were consistently protected from risks to their health, safety and wellbeing.

Improvements were also needed to ensure that the systems in place to assess and monitor the quality and safety of care were consistently effective.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. People's medicines were managed safely.

Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

People's health and wellbeing needs were monitored and people were supported to access health and social care professionals as required. People could eat meals that met their individual preferences.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed to ensure people's rights were protected.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were supported and enabled to make choices about their care and the choices people made were respected by the staff.

People were involved in the assessment and review of their care and staff supported people to access the community and participate in activities that met their individual preferences.

Staff sought and listened to people's views about the care and action was taken to make improvements to their care. People understood how to complain about their care and a suitable complaints procedure was in place.

People and staff told us that the registered manager was supportive and approachable. The registered manager understood the requirements of their registration with us and they notified us of reportable incidents as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Prompt action was not always taken when people's risk of harm increased and people's risks were not always managed in accordance with their risk management plans.

Safe staffing levels were maintained and medicines were managed safely.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good

The service was effective. People were supported to eat meals that met their individual preferences.

People's health needs were effectively monitored and managed and staff were suitably skilled to meet people's individual care needs.

Staff supported people to make decisions about their care in accordance with current legislation.

Is the service caring?

Good

The service was caring. People had positive relationships with the staff and staff treated people in a caring manner.

People were supported to make choices about their care and independence was promoted.

People were treated with dignity and respect and their right to privacy was promoted.

Plans were in place to enable people to receive person centred end of life care when this was needed.

Is the service responsive?

Good

The service was responsive. People were involved in the planning and review of their care.

People were supported to participate in activities that met their individual interest and preferences.

People were offered the opportunity to share any concerns or complaints about their care. A complaints system was in place to manage any potential complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Systems were in place to assess, monitor and improve the quality of care. However, these systems were not always effective.

Feedback from people about the running of the home was sought and acted upon to improve people's care experiences.

The staff demonstrated they had caring values and they were supported by the registered manager who assessed and monitored their development needs.

Choices Housing Association Limited - 40 Stafford Avenue

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.

We undertook an unannounced inspection of Choices Housing Association Limited - 40 Stafford Avenue on 26 July 2017. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with all the people who used the service, and reviewed written feedback from people's relatives about the care. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with staff to gain their feedback about the care and to check they knew how to keep people safe and meet people's needs. We spoke with three members of care staff, the deputy manager and a provider representative who over saw the management of the home.

We observed how the staff interacted with people in communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also looked at

records relating to the management of the service. These included staff files, rotas and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People's care records showed that risks to their health safety and wellbeing had been assessed and planned for. However, we found that when some people's risks increased, action was not always taken to reduce the immediate risk of harm posed to them. For example, staff had frequently recorded that one person who used the service was at times very unsteady when mobilising at night. This person had been referred for an assessment from health and social care professionals, but no changes had been made to the person's care plan to reduce the immediate risk of harm from falling. We shared our concerns about this person's care to the provider during our inspection. Immediate action was taken by them which resulted in a change to the person's care plan to reduce the risk of harm from falling whilst they waited for specialist support from health care professionals. This meant that systems were now in place to reduce this person's immediate risk of harm. However, improvements were needed to ensure prompt action was consistently taken in response to people's changing risk levels.

We saw that people's risks were mostly managed in accordance with their care plans. However, staff did not consistently follow these risk management plans to promote people's safety. For example, one person's care plan stated they needed to be observed when eating due to their risk of choking. We saw that this person was not consistently observed as planned on the day of our inspection. However, no harm was caused to the person on this occasion. This meant that improvements were needed to ensure people's risks were consistently managed as planned to promote their safety.

People told us that they were supported to take their medicines when they needed them. One person said, "The staff give me my medicines every day". We saw that medicines were stored safely and medicines records showed that people received their regular medicines as prescribed. However, improvements were needed to ensure that people's 'as required' medicines were given safely and consistently. This was because one person's 'as required' medicines did not contain guidance for staff to follow to help them to recognise when these medicines were required. Two of the staff we spoke with did not know when to administer this person's 'as required' medicine as a protocol was not in place to help them to identify when this medicine may be required. This meant there was a risk that this person would not receive their 'as required' medicine when they needed it or in a safe manner.

People told us that staff were always available to provide them with care and support. Comments from people included; "The staff are always here" and, "There are always staff in the house and they come out with me too". We saw there were adequate numbers of suitably skilled staff available to support people with their needs. The deputy manager told us that staffing numbers changed dependent upon activities, appointments and the need for one to one or two to one support. People we spoke with and staff confirmed that staffing numbers were flexible and responsive to people's individual needs.

Staff told us how they would recognise and report abuse, and procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

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. We saw that people were happy and comfortable around the staff. This was evident because people were smiling around the staff and they approached staff with ease.

Good

Is the service effective?

Our findings

People told us that they chose and enjoyed the foods they ate at the service. One person said, "It's nice food. Another person said, "I like cornflakes. I used to have porridge, but I like cornflakes now". We saw this person ate cornflakes for breakfast on the day of our inspection. This showed this person ate their preferred breakfast. People also told us they could access snacks and drinks when they wanted them and we saw that this was the case as people were supported to make drinks throughout the day.

Staff demonstrated that they understood how to support and monitor people's health and wellbeing. For example, one person who used the service had been placed on restricted fluids by their doctor. Staff knew how much fluid this person could drink each day and this was recorded and closely monitored by the staff to promote the person's health and wellbeing.

People told us and we saw that they were supported to access health and social care professionals as required. One person told us and we saw that they were supported to attend a dental appointment on the day of our inspection. Care records showed multiple entries confirming people had been supported to access doctors, occupational therapists and physiotherapists.

Staff told us they had received training to enable them to meet people's care needs. One staff member said, "MAPA (Management of Actual or Potential Aggression) training was good. We don't need to use the hands on MAPA here, but the different methods of redirecting people was helpful to learn as we do use redirection here". We saw this staff member successfully redirect a person who used the service who was becoming agitated in the presence of another person. This showed their training had equipped them with the skills needed to manage behaviours that challenged. Staff also told us that new training was provided as people's needs changed. For example, one staff member said, "I went on epilepsy training recently as [person who used the service] has now been diagnosed with epilepsy". This showed that the registered manager and provider ensured training was always available to provide the staff with the knowledge required to meet people's needs.

We saw that staff supported people to make every day decisions about their care. For example, people were supported to choose what to eat and drink and the decisions people made were respected. People's ability to make decisions for themselves were formally assessed and reviewed and when people had been assessed as being able to make decisions, they were enabled to do so. For example, one person was enabled to consent to the dental appointment that they attended on the day of the inspection. The staff member said, "[Person who used the service] understands what going to the dentist involves. I explained what was going to happen and they made the decision to consent to the appointment".

Some people were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the staff followed the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For example, one person's care records showed that they could not make complex decisions about their health and wellbeing as they struggled to understand and retain the information needed to do this. We saw that a recent decision had been made in this person's best interests by the staff, the person's relatives and a health and social care professional. This showed that staff followed the requirements of the MCA.

Some people who used the service had restrictions placed on them to promote their safety and wellbeing. For example, some people could not leave the service unsupervised due to the potential risk of harm to them from the external environment, such as traffic. 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the restrictions placed onto people had been made in accordance with the MCA and DoLS. Staff demonstrated they understood the reasons for people's DoLS applications and authorisations.

Good

Is the service caring?

Our findings

People told us they were treated well by the staff. Comments from people included; "The staff are good to me" and, "I like the staff, they are all alright". We saw that people had positive relationships with the staff. This was because staff knew people very well. For example, we saw one person and a staff member talking about trains and gardening. The conversation was light hearted with banter that the person responded very positively too by laughing and smiling. The person told us and their care records confirmed that two of their interests were trains and being in the garden.

People told us they were enabled to make choices about their care. One person said, "I choose what I do". This person told us they had made the decision not to participate in their pre-planned activity for the day and they also confirmed that the staff had respected this decision. We also saw that people chose how their bedrooms were decorated. For example, one person who liked clocks had multiple clocks mounted on their wall which they had great pleasure and pride in showing us. This showed people were involved in making choices about their care.

We saw that systems were in place to help people to be involved and understand their care. For example, we saw that a pictorial document was used to help people understand abuse and what this meant for them. Staff also had a good understanding of people's communication needs. For example, staff could interpret people's restricted speech to enable them to have meaningful conversations with them. Detailed communication care plans were in each people's care plans. These provided guidance about how each individual communicated their needs. This information enabled us to establish that a person who we first thought may have been distressed was actually displaying signs that indicated they were happy. This meant staff had access to and followed people's detailed communication care plans.

People's dignity was promoted. All the people we spoke with had been supported to dress in their preferred style. For example, one person was supported to wear a shirt and trousers in accordance with their care preferences and care plan. We heard a staff member telling this person that they looked smart. This person's care plan recorded that they liked wearing shirts and trousers and that they also liked receiving compliments about the way they were dressed. Written feedback from a relative recorded that they were happy with the dignified care their relation received. This feedback stated, '[Person who used the service] is always dressed very well'.

People were supported to be as independent as they could be. For example, one person was supported to complete cleaning tasks at the service and at the provider's office. This person told us that they enjoyed cleaning and the support of the provider in giving the person a role at their office gave the person a sense of achievement and satisfaction.

People could access private areas of the home when they wished to do so. For example, we saw people went to their bedrooms when they wanted to spend time alone and staff respected people's right to privacy.

People's care plans recorded their end of life preferences. These plans were centred around the individual

needs and preferences of each person. For example, they contained details of how the person would like to be dressed if they wished to be buried. This meant that information had been obtained to ensure it could be accessed to provide person centred end of life care when this was needed.

Good

Is the service responsive?

Our findings

People told us and care records showed that people were involved in the planning of their care. One person told us that they knew they had a care plan in the office. They said they had seen the care plan and had been involved in the planning of their care. This was confirmed when they told us about their care preferences in relation to how they wished to be supported with personal care. The information the person gave us matched the information recorded in their care records, which showed they had been involved in the planning of their care.

People told us and care records showed that they and their representatives were involved in the review of their care. For example, one person's care records showed that they and their relative had recently been involved in a review of their care. This review showed that feedback was sought from the person and their relative. The records of the review confirmed that the person was happy with the care they received and the plans in place were to continue. The person had signed the review records to confirm they had participated in their review.

People told us that they were supported to access the community to participate in activities that were important to them. One person told us, "I like trains, I'm going to the station later and going on one". This person came back from their train journey later in the inspection and told us they had seen a new train and had enjoyed their day. Another person told us they were supported to walk to the shops every day. Staff told us this routine was important to the person, but they were also trying to encourage this person to try new activities in addition to this. This showed that people were also encouraged and enabled to try new activities when this was appropriate.

People told us they knew how to complain about the care. One person said, "If I'm unhappy I speak to [the registered manager]". Records showed that people were regularly asked if they were happy with their care during meetings with staff. This provided people with regular opportunities to share any concerns or complaints about their care. There was a complaints procedure in place. This included a pictorial/easy read complaints guide. No complaints had been made at this service since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

Quality checks were completed by the management team and provider. These included checks of medicines management, health and safety and care records. Some of these checks had resulted in improvements to care. For example, an audit completed at provider level had identified that improvements were needed to ensure new staff members had access to induction information and training gaps were addressed. We saw that action had been taken to address these issues. However, some of the checks had not identified some of the concerns we found. For example, medicines audits had not identified that a person's 'as required' medicine had no protocol in place. Quality checks had also not identified that a person's high risk of falling was not being effectively managed to promote their safety. This meant that improvements were needed to ensure monitoring systems were consistently effective in assessing and improving quality.

People and staff told us they were supported by the registered manager. One person said, "I like [the registered manager]. He's good". Staff described the registered manager as; "Approachable", "Great" and "supportive". Staff told us that a system was in place that enabled them to receive supervision so that their competencies and development needs could be assessed and monitored. One staff member told us that supervision sessions were very valuable to them. They said, "I get feedback from the manager about different ways of trying things. It's easy to get complacent, so it's good for keeping us all in check".

People were enabled to be involved in the running of the service. For example, we saw that people's feedback about the décor of the home was sought and responded to. Records of a house meeting showed that people had requested an elephant picture to be displayed on the wall of their dining room. We saw this picture was on the wall as requested which showed people's feedback had been acted upon. A new approach was due to be used to involve people in the recruitment of new staff. A staff member had recently left the service and the deputy manager had devised a template to record the qualities and characteristics that people wanted in a new staff member. The deputy manager planned to ask people what they missed about the staff member who had left, so they could ascertain the qualities and characteristics that a replacement staff member would need to have. This showed that the management team recognised that people had a part to play in the running of their home.

There was a positive and homely atmosphere at the service. Staff told us that they enjoyed working with people who used the service. Comments from staff included; "I love working with the men here" and, "I really do enjoy my job, I enjoy working with the people and staff". It was evident that staff had caring values as we observed positive interactions from all the staff we observed during our inspection. This included the provider representative and the staff who worked at the home.

The registered manager understood the requirements of their registration with us and they notified us of reportable incidents as required.