Choice Support

Choice Support - 16-18 Dartford Road

Inspection report

16 -18 Dartford Road
Bexley
Kent
DA5 2AZ

Date of inspection visit:
30 July 2018

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13 September 2018

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 30 July 2018 and was unannounced. Choice Support - 16-18 Dartford Road 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 care home accommodates up to five people in one adaptable building. At the time of the inspection four people were living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. 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.

At our comprehensive inspection on 21 and 22 June 2017, we found there were not always enough staff on duty to meet people's needs and the systems used in assessing and monitoring the quality of the service was not always effective. Following that inspection, the provider wrote to tell us the actions they would take to address our concerns. At this inspection we found that the provider had completed these actions and complied with the regulations.

There were enough staff available to support people's needs including supporting them access the local community for social interactions and to participate in activities that stimulated them. There were effective systems in place to assess and monitor the quality of the service and this included daily, weekly, monthly and quarterly audits in areas such as medicines, infection control and health and safety.

The provider had safeguarding policies and procedures in place and staff knew of their responsibility to protect people from abuse. Staff said they would whistle-blow if they had any concerns of poor practices. The provider had safe recruitment processes in place and staff were checked before being employed to work at the service. People's medicines were managed safely. People were protected from the risk of infection because staff followed appropriate infection control protocols to reduce the spread of diseases and accidents and incidents were reported and recorded to drive improvements.

There were systems in place to deal with avoidable harm. Risk to people had been identified, assessed and had appropriate management plans in place to prevent or minimise the risk occurring and staff knew of actions to take to mitigate risks to people. People had personal emergency evacuation plans in place which provided both staff and the emergency services information on how to evacuate people safely in the event of an emergency.

People's needs were regularly assessed to ensure they were being met. Staff were supported through induction, training and supervision to ensure they had the knowledge and skills to perform their role effectively. Staff treated people with kindness and compassion and respected their privacy and dignity. Staff promoted people's independence and involved them in household tasks that they had the ability to undertake. Staff understood the Equality Act and promoted people's diversity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and to eat and drink sufficient amounts for their wellbeing. People were supported to access healthcare services when required. The provider worked in partnership with other health and social care organisations to provide a joined-up service. The home was suitable and meeting people's needs because of the way it was designed, decorated and adapted for their use.

There was appropriate guidance in place to ensure people's communication needs were met. Each person had a care plan that provided guidance for staff on how their physical, mental and social care needs should be met. People were supported to maintain relationship with people that were important to them. People were supported to engage in activities of interest that stimulated them. The provider had a complaints policy in place and people knew how to make a complaint. Where required people were supported with end of life care needs.

There was a registered manger in post who notified CQC of significant events at the service. The provider displayed their CQC rating at the home and on their website to ensure people had access to this information. There was an organisational structure in place and staff knew of their individual responsibilities. People, their relatives and staff views were sought to improve the quality of the service. The provider worked with key organisations to plan and deliver an effective service. There were systems in place to support continuous learning and improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

There were sufficient staff available to support people's needs and the provider had safe recruitment processes in place.

People's medicines were managed safely.

The provider had safeguarding policies and procedures and staff knew how to report concerns of abuse.

Risk to people had been identified, assessed and had appropriate management plans in place. There were arrangements in place to deal with foreseeable emergencies.

People were protected from the risk of infection because staff followed safe infection control practices.

Accidents and incidents were reported and recorded to drive improvements.

Is the service effective?

Good

The service was effective.

People's needs had been assessed regularly to ensure their needs would be met.

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005.

People were supported to eat and drink adequate amounts for their health and well-being.

People were supported to access healthcare services when required.

The provider worked in partnership with health and social care services to provide joined-up care.

People's individual needs were met by adaptation, design and decoration.

Staff were supported through induction, training and supervision to ensure they had the knowledge and skill to undertake their role efficiently.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who supported them.

People and their relatives were involved in making decisions about the care and support provided.

Staff understood the Equality Act and supported people without discrimination.

People were supported to communicate effectively.

People's privacy and dignity was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People received care and support that met their needs.

Each person had a care plan that provided staff guidance about the care and support they required.

People were supported to engage in activities that interest them.

People were supported to maintain relationship that mattered to them.

The provider had an effective system in place to handle complaints.

Where required people were supported with end of life care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of the service.

There was a registered manager in post who understood their responsibilities and had notified CQC of significant events at the service.

People, their relatives and staff views were sought to improve on the quality of the service.

The provider worked in partnership with key organisations to plan and deliver an effective service.

There were systems in place to continuously learn and improve the quality of the service.

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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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 30 July 2018 and was unannounced. This inspection was completed by a single inspector. Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 our judgements in this report. We also contacted health and social care professionals including the local authority that commissioned services from the provider for their views about the service.

During the inspection, we spoke with one person using the service and two relatives. We also spoke with three care staff and the registered manager. We looked at four care records and five staff files which included staff recruitment records. We also looked at other records used in managing the service such as policies and procedures, a staff training matrix, a staffing roster, audits and minutes of various meetings including staff meetings.

Good

Is the service safe?

Our findings

At our comprehensive inspection on 21 and 22 June 2017 we found breaches of our regulations because there were not enough staff on duty to meet people's needs at all times. At this inspection the provider had made improvements.

There were enough staff available to support people's needs including supporting them to access the local community for social interactions and to participate in activities that stimulated them. We had mixed feedback from people, their relatives and staff regarding staffing levels at the home. A relative told us, "Sometimes it does look hectic but is not on regular basis." Another relative said, "I don't think they have enough staff for them to go out as much and they would like." A staff member told us, "Staffing levels can be challenging usually on Mondays."

The registered manager told us that staffing levels were planned based on assessments of people's needs and that it had been increased in line with people's changing needs. A staff rota we looked at showed the number of staff on shift matched the numbers planned for. One the day of this inspection there were three support staff and a team leader on shift and providing support to four people. The registered manager was also available for our inspection; and told us that staff absences were covered by bank staff and regular agency staff due to some staff being on long term leave. During our inspection we observed that people were attended to promptly.

The provider had infection control policies and procedures in place which provided staff guidance on how to prevent or minimise the spread of infections. People and their relatives told us they felt the home was clean. One relative told us, "On the whole it is pretty clean and I have never found the toilet dirty." Another relative said, "The house is kept quite nice." The home was free from odour, however not all areas in the home looked clean. The home manager explained that the home was undergoing refurbishment and those areas were next to be redecorated. Care staff including waking night staff were responsible for maintaining the cleanliness of the home and a cleaning rota was being completed when cleaning was done. We observed staff washing their hands and wearing personal protective equipment such as gloves and aprons during our visit. A staff member told us, "We wash towels daily to promote hygiene levels." All staff completed infection control and food safety training to ensure they had the knowledge and skills to minimise infections and prevent cross contamination.

People's medicines were managed safely. A relative told us, "Staff are good with [their] medicine." The provider had a medicines policy and procedures which provided staff guidance on the safe management of medicines. All staff had completed medicines training and their competency had been assessed to ensure they had the knowledge and skills to support people safely. The provider had safe systems in place for acquiring, storing, administering and disposing of medicines safely. Medicines were in date and stored securely in a locked medicines cupboard and daily temperatures were taken to ensure medicines remained effective for use.

Medicines administration records (MAR) included a list of medicines people were taking, the dose, strength,

frequency and time of day it should be given. There was information available to staff on how to support people with their medicines and we observed that staff followed appropriate protocols. MAR's were completed without any gaps which showed that people were supported to have their medicines as prescribed by healthcare professionals. The number of medicines in stock matched with records and where people were prescribed 'as required' medicines, such as pain relief, there was guidance available to staff on when they could administer this medicine. At each change of shift, medicines were checked by staff to ensure there were no inconsistencies and people's medicines were reviewed regularly to ensure they were meeting their needs.

There were safe recruitment processes in place. The provider completed appropriate checks on staff before they were employed to work at the home. Staff files contained completed application forms, which included staff educational qualifications and employment history. The staff files also contained information about criminal records checks, references, health declaration, proof of identity and the member of staff's right to work in the United Kingdom. This showed that people were protected from the risk of unsuitable staff working in their home.

People were protected from the risk of abuse. One person told us, "I am happy and safe." A relative told us, "There are no concerns of abuse, there are no concerns at all." Another relative said, "They [people] are pretty safe here." The provider had safeguarding policies and procedures which provided staff information on abuse and processes to follow to safeguard people in their care. All staff had completed safeguarding adults' training and knew of the types and signs of abuse and told us they would report any concerns of abuse to their manager. The provider also had a whistleblowing policy and staff told us they would use it to escalate any concerns of poor practices. The registered manager knew of their duty to protect people from abuse and to report any concerns to the local safeguarding team and CQC.

People were protected from avoidable harm because risks to them had been identified, assessed and they had appropriate management plans in place. Risk assessments had been carried out specific to each person's needs and covered areas such as personal care, medicines, behaviour management, falls, choking, bed rails, pressure sores and accessing the community. Risk assessments contained information including outcomes for people, history of the risk, options available to manage the risk safely and a risk management plan which provided staff guidance on how to minimise or prevent the risk occurring. There were management plans in place for specific risks relating to people's health conditions. Staff we spoke with knew of each person's risk and the support to provide. Where required other health professionals such as occupational therapists (OT) and speech and language therapists (SALT) were involved in assessing people and provided staff guidance on how to manage risk safely. During our inspection, we observed that staff followed these instructions to provide safe care and support.

There were systems in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) which provided both staff and emergency services information about the level of support they would need to evacuate the home safely. The provider carried out regular fire tests and fire drills to ensure both people and staff knew of actions to take in the event of a fire. Equipment such as wheelchair and epilepsy alarm tests had been completed to ensure they were safe for use.

Staff knew of actions to take in the event of an accident or incident. Accidents and incidents were reported and recorded appropriately to drive improvement. For example, staff told us how they responded to a person who was unwell and contacted emergency services promptly to ensure they received the care and treatment needed for their health and wellbeing. Accident and incident records showed that staff followed appropriate procedures including sharing information with appropriate health professionals involved in people's care and treatment. Information was also shared at staff meetings to prevent future occurrence.

Good

Is the service effective?

Our findings

People had been assessed regularly to ensure their needs were met. The provider carried out regular assessments of their physical, mental health and social care to ensure the home was suitable for them. A relative told us, "We had an assessment recently…" Assessments were carried out in areas such as moving and handling, medicines, eating and drinking and personal hygiene needs. The provider involved other health professionals in these assessments to ensure care and support was delivered in line with legislation, standards and evidence based guidance including NICE to achieve effective outcome for people.

People's rights were protected because staff sought their consent before supporting them. A relative told us, "They always ask for their consent before supporting them… They didn't want to get up early today and staff respected their decision." Staff knew of their responsibility to work within the principles of the Mental Capacity Act 2005 (MCA) and we observed them asking people about the support they required. The registered manager told us people could make day-to-day decisions about their care and support. A staff member said, "With the right communication they [people] can all make decisions for themselves so we give them options and we show them things."

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 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 so that they can 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).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where a person was found to lack capacity to make specific decisions for themselves staff completed a mental capacity assessment and best interest decisions were made; for example, with the use of bedrails. We saw that applications to deprive people of their liberty for their own safety had been authorised by the local authority. All the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were supported to eat and drink adequate amounts for their health and wellbeing. Staff carried out assessments of people's nutritional needs and provided appropriate support for their needs to be met. People were involved in planning a weekly menu to ensure they were eating the food they preferred. Individual care plans included a list of food people liked and the support they required to eat safely. We observed a member of staff preparing an evening meal and we noted they followed SALT guidance and presented food in textures suitable for people. People were weighed monthly to ensure prompt action was taken if they were losing weight.

People were supported to access healthcare services. A relative told us, "Staff support them to go to hospital

when they need to." People were registered with GPs and dentists and were supported to attend health appointments. Records showed that people received treatment and support from healthcare professionals such as chiropodists, OTs, community learning disability team (CLDT), and SALT teams. Where required people were supported to attend hospital appointments and regular health checks.

The provider worked in partnership with other health and social care organisations to provide joined-up care. Each person had a health passport which included relevant information for emergency services such as their medical conditions, allergies and list of medicines. Each person also had a missing person's profile which included a photograph and a description of them; their mode of communication, habits and behaviours to ensure that information was readily available to emergency services when needed.

People's individual needs were met by adaptation, design and decoration. Each person's room was personalised to meet their needs and people were involved in decorating their bedrooms. The entrance of the home had been sloped to ensure easy access for people with mobility aids. There were hand rails throughout the home and one person had a ceiling hoist fitted in their bedroom to support their mobility. We saw that some parts of the home had been recently refurbished and this included the living area and the kitchen. The registered manager informed us other parts of the home were due refurbishment works soon to bring the home to the required standard. There was a garden accessible to people where they had planted their own vegetables.

Staff were supported with induction, training and supervision to ensure they had the knowledge and skills required to undertake their role. A relative told us, "We have an efficient house manager." Another relative said, "Staff are well trained and know how to use the hoist." New care workers completed the Care Certificate which is the benchmark that has been set for the induction standard for new care workers. Staff who recently started working at the home confirmed they completed this induction. All staff completed mandatory training in areas such as medicines, health and safety, first aid, safeguarding adults', food safety and fire safety. A staff member told us, "I find the training interesting and useful." Staff were supported with supervision every three months and their performance appraised annually to support their professional development. Discussions in supervision covered areas such as teamwork, training, record keeping and the job role. All staff we spoke with told us they felt supported in their role.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. A relative told us, "The staff are all lovely. Staff are caring, they have always contacted me when [my loved one] was unwell, day or night." Another relative said, "[My loved one] is happy there." We observed positive relationship between people and staff and we saw that people were treated with respect and addressed by their preferred names. When supporting people, staff treated them with kindness and offered them appropriate levels of support. People looked happy and relaxed in the presence of staff and we heard meaningful interactions between people and staff.

People and their relatives had been consulted about how they or their loved one's care should be provided. One relative told us, "We always discuss things and they have always involved me and my [loved one]." The home had a key worker system in place where a member of staff was responsible for monitoring, supporting and reporting on a person's needs. Key workers held monthly meetings with people to discuss things that were of importance to them such as their food, clothing, social activities and health appointments. Where people had made specific decisions about their day-to-day care this was respected by staff and we observed this at our inspection.

Staff understood the principles of the Equality Act and supported people in regards with their disability, gender and religion in a caring way. Relatives told us people's diverse needs were being met. Care plans included information about people's religion, ethnicity, marital status and sexual orientation. We found that some people were supported to attend a Church service on Sundays if they chose to do so. However, people with no religious interests were respected.

People's individual communication needs had been assessed and there was appropriate guidance in place to ensure their needs were met. People had communication passports which provided staff detailed guidance on how to understand and support with their needs. Where required information was presented in easy read and pictorial formats to promote effective communication. It was evident that staff knew people well and understood their needs. A staff member told us, "We would usually sit down and show the people pictures so that they understand and this is done when they are calm." Another staff said, "I show them [people] alternatives of what is available and they point to the one that they want."

People's privacy and dignity was respected. A relative told us, "They [staff] are very good with privacy and dignity, everything is done behind closed doors." Staff told us of actions they took to maintain privacy. One staff member said, "We knock on doors and say good morning; the respect is there." Another staff said, "I will have to give them respect and choice, during personal care I make sure the door is shut and I cover appropriate parts. I knock on their door before I go inside." Staff told us that they maintained confidentiality by sharing information on a need to know basis and they ensured that documents were disposed of by shredding in line with their records management policy. People's records were stored in a lockable cabinet to ensure only authorised staff had access to them.

People's independence was promoted. A relative told us, "[My loved one] likes doing things, clearing the table, emptying the dish washer and keeping tidy." People's care records included information on things

they could do and the things they needed support with. Staff told that they engaged people in house chores where they had the ability to do so and this made them feel involved. We observed one person making their own hot drink during our inspection and we saw that they had an appliance that promoted their ability to make hot drinks safely on their own.

Good

Is the service responsive?

Our findings

People received care and support that met their needs. A relative told us, "[My loved one] has a care plan and I have been involved in all the meetings." Another relative told us, "We have had a recent review of the care needs." Care plans were developed based on the results from each person's assessment and covered areas such as personal care, communication, medicines, finance, mobility and safety and daily routines. There was information regarding people's medical conditions or diagnosis and there was guidance for staff on the support to provide. People's care plans were reviewed regularly or when their needs changed. Other healthcare professionals such as CLDT and SALT were involved in planning and supporting staff to deliver an effective service. Daily care records we looked at showed staff supported people in line with the care and support that had been planned for them.

People were supported to participate in activities they were interested in. Care records included details of activities people enjoyed. Relatives told us that people were engaged in activities of choice but one relative stated more could be done. One relative mentioned that their loved one was recently taken on the train to London which they enjoyed. Another relative told us a local college visited their loved one at the home twice a week to engage them with activities that stimulated them. There was a weekly activity planner in place which contained information on the types of activities people were engaged in daily and this included attending college, a day centre, eating out, going on day trips and shopping. People's care records included information on activities they enjoyed at the home such as watching television, listening to music or holding soft toys. On the day of our inspection, we saw that people were supported to attend a local college, one person was engaged in a puzzle with their relative and the television was turned on for people both in the communal area and in people's bedrooms for those that preferred it.

People also had a patch in the garden where they had planted their own vegetables. Staff told us that entertainers including musicians visited the home regularly to engage people in music and dance. The provider was planning a day trip to the seaside in August for people.

People were supported to maintain relationships that mattered to them. A relative told us, "I just pop in and they make me feel welcome and with a cup of tea." People's relatives and friends could visit them at the home without any restrictions. At the time of the inspection we met one relative who was visiting their loved one. Another relative we spoke with on the telephone told us they could visit people any time and had maintained their relationship with their loved ones. Relatives could also take people out where this had been agreed and planned for in advance. One relative told us they had made plans with staff to support their loved one for an event in the local community.

There was an effective system in place to handle complaints. Relatives we spoke with told us they did not have anything to complain about. One relative told us, "I have not made any complaints. If I feel I have a problem or I am not happy with anything it has always been resolved quickly." Another relative said, "They are well looked after, I have no concerns."

The provider had a complaints policy and procedure which included guidance on what people should

expect in response to any complaints raised. The complaints policy included how complaints should be raised, timescales for responding and information on how to escalate complaints. Information was available to people and their relatives on how to complain if they were unhappy or had any concerns about the service. The registered manager told us that they had not received any complaints since their registration with CQC in September 2015; however, they would follow the providers complaint protocols to ensure people were satisfied with the care and support provided.

Where required people were supported at the end of their life. The registered manager told us that no one currently using the service required support with end of life care. They told us that people and their relatives did not want to discuss issues relating to end of life care. However, where required, they would work closely with the CLDT and other healthcare professionals including the hospice teams to ensure people's end of life wishes were met.

Good

Is the service well-led?

Our findings

At our inspection on 21 and 22 June 2017 we found that the provider had systems and processes to assess and monitor the quality of the care people received but the systems were not always effective. At this inspection we found that improvements had been made.

There were effective systems in place to assess and monitor the quality of the service. We saw that daily, weekly, monthly and quarterly audits were carried out at the service to maintain and improve the quality of the service. The audits were undertaken by care staff, the team leader and the registered manager. These audits covered areas such as medicines, finance, infection control, health and safety and equipment checks. Where issues were identified improvements were made to the quality of the service provided. For example, when issues were identified with medicines management, the provider took prompt action to ensure daily audits were undertaken at each shift change to eliminate any inconsistencies. Other checks such as medicines cabinet temperature checks, finance and cleaning schedules were also completed daily. Adequate numbers of staff were on shift as planned for and people were supported to participate in activities that stimulated them.

Relatives told us the service was well managed and they did not have any concerns regarding the care and support provided. There was a registered manager in post who understood their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified CQC promptly about significant events at the service. The provider had displayed their last CQC inspection rating at the home and on their website and had made the report easily accessible to people and their relatives. The staff team spoke positively about their manager and said they felt well supported in their role. A staff member commented, "She is a good manager, she is supportive." Staff also said they were happy working at the home because, "It is a good place to work and staff work as a team." There was a clear organisational structure in place and staff knew of their individual responsibilities. The provider's values included respect, choice, dignity and person-centred care and we saw staff upheld these values whilst undertaking their role.

People, their relatives and staff views were sought through regular meetings. The registered manager told us that people and their relatives rarely completed any survey questionnaires sent out to them therefore they usually organised one-to-one meetings to gather their views. Relatives told us their views were regularly sought and they and their loved ones were happy with the service. They told us they had been provided adequate information about the service and had been kept updated of any changes in their loved one's care and support. Monthly staff meetings were held to provide updates and gather feedback from staff. Discussions at these meetings covered areas such as the care and support people required, policies and procedures, staff training and development and sharing of best practices to ensure staff understood the expectations in their role. Staff told us they found these team meetings useful. A staff member told us, "At team meetings we are able to speak out and discuss the progress of the job role."

The provider worked in partnership with key organisations such as the local authority that commissioned the service and CLDT to ensure people's needs were met. The registered manager informed us that the provider was in the process to change the service from residential care home to a supported living service by

October 2018. They told us that local authority and CLDT had been consulted and involved in planning and authorising this transition. In March 2018, the local authority had also carried out medicines audits at the home which they found to be satisfactory.

There were systems in place to support continuous learning and improve the quality of the service. Staff were supported in their role through training and supervision. Accidents and incidents were reported, recorded and investigated to ensure appropriate actions were taken and lessons learnt to improve the quality of the service. The provider maintained detailed documentation on people's medicines. The registered manager told us that such information was available due to years of learning and updating the medicines records to get things right.