

Chosen Care Limited

Chosen Court

Inspection report

Hucclecote Road
Gloucester
Gloucestershire
GL3 3TX

Tel: 01452616888
Website: www.chosencare.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Chosen Court is a residential care home providing personal care to nine adults at the time of the inspection. The service supports people with physical disabilities, learning disabilities, autistic spectrum disorder and/or mental health needs. The service is registered to support up to 11 people.

The service had been developed and designed before Registering Right Support came was introduced. However, improvements to the service were being managed in line with the principles and values that underpin Registering Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence; People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was larger than current best practice guidance, accommodating 11 people in one adapted building. However, the building design fitted into the residential area and was in keeping with other large domestic homes in the area. There were deliberately no identifying signs, intercom or cameras outside to indicate it was a care home. Staff did not wear a uniform when supporting people at home and when accessing the wider community with them.

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

People and some staff did not always feel safe due to people's distress behaviours, which were occurring frequently at the time of the inspection. There had been a lot of changes to management and the staff team, within the six months before the inspection, which had been unsettling for people. One person was unwell and the staff team were following specialist advice to assist them to meet this person's needs. We found improvement was needed to ensure staff received training to meet people's specialist needs. Improvement was also needed to ensure staff had regular opportunities to discuss their support and learning needs.

The service had not always (consistently) applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. We found people had not always been supported to live as full a life as possible. Although daily activities were varied and available, opportunities for day trips out and going on holiday had been minimal. People had not always been supported to spend their money on good quality, well-fitting clothing and had missed out on opportunities to enjoy what life could offer them.

Improvements were in progress to ensure outcomes for people would fully reflect the principles and values of Registering the Right Support. People's support plans had been re-written to assist staff to support people in a person-centred way. But these still needed to be fully adhered to by staff. Health action plans and hospital passports were in place and up-to-date for each person. These supported staff to ensure

people had access to appropriate health, optical and dental care. Health professionals were satisfied with how people's health needs were managed.

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. Risks to people had been assessed and where possible people were able to access their local community independently.

Monthly meetings had been re-introduced so people could have their say on menus and social events planned for them. People had chosen a keyworker, responsible for reviewing their needs with them and their representatives (where appropriate), to increase their control and choices. We saw people had regular opportunities to spend time doing everyday activities like shopping and exercising. Managers were aware improvement was needed to improve the staff culture and plans were in place to do this which included consulting people's relatives.

While the provider and registered manager had identified concerns and were implementing an improvement plan to address shortfalls; the service had not been monitored sufficiently following our previous inspection to ensure regulatory requirements would be met and quality sustained. Time was needed to determine whether the provider's improvement plan would be effective in making the required improvements and ensure future monitoring of the service.

Staff treated people with respect and dignity. People were comfortable and relaxed when interacting with staff and were happy to ask them for help or support. We saw people had formed good relationships with staff, even when those staff members had not known them for a long time.

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

Rating at last inspection

The last rating for this service was 'Good' (published 20 May 2017). Since this rating was awarded, ownership of the legal entity 'Chosen Care Limited' has changed. Chosen Care Limited (including this service) is now owned and managed by the National Care Group brand. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well-Led sections of this full report.

The provider has taken action to mitigate the risks we identified but time is needed for these actions to be fully effective.

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.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing, and providing personalised care at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety to at least Good. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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.

Inspection team

Our inspection was completed by one inspector.

Service and service type

Chosen Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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, feedback from relatives and professionals who work with the service and local authority performance improvement reports. 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 spoke with five people who used the service about their experience of the care provided. We spoke with 10 members of staff including the area manager, registered manager, deputy manager, one team leader, three support workers, one maintenance person and two agency staff. We spoke with two professionals from the Learning Disabilities Intensive Support Service (LDISS) who worked closely with the service.

We observed staff supporting and interacting with people throughout our inspection. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four people's relatives and one professional who regularly visit the service. We received written feedback from three health and social care professionals. We had a joint meeting with the provider and the local authority. We reviewed weekly updates on improvements from the provider.

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 Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to some people's safety had not always been managed so they were supported to stay safe. Two people told us they did not always feel safe at Chosen Court because of people's distress behaviours. One person said they were sad as another person had hit them and another person was visibly distressed following an incident at the service the previous day.
- Two people's relatives voiced their concerns about people's well-being in relation to the frequency and intensity of distress behaviours happening at the service. Both relatives were aware the service was going through a particularly challenging period, as a result of one person's ill-health, but their concerns were not limited to this period.
- The accident and incident records we sampled, back to February 2019, showed distress behaviours were happening at the service throughout this period. The records we sampled related to behaviours from five different people the service supported. While no significant injuries had occurred, this demonstrated distress behaviours had been an ongoing risk to people and staff.
- The registered manager reviewed all accident and incident reports to see if a similar incident could be avoided. In incidents where staff had been injured, a de-brief including discussion of how they could have managed the situation better had been offered.
- However, action was not always taken following incidents to ensure people's behaviour management plans were sufficiently comprehensive to minimise the risk of similar incidents happening again. Two health professionals told us they expected to see a RAG (Red, Amber, Green) behaviour support plan in place for the person they were reviewing; This person was at risk of incidents of distressed behaviour and had been experiencing these. (The RAG tool is an integral part of a best practice 'positive behaviour support' system, which helps staff identify and respond appropriately to people's mood state).
- Staff had received Positive Behaviour Support training, ('de-escalation' and 'redirection' techniques, used to refocus people when showing early signs of distress), but behaviour support plans were not sufficiently detailed to guide staff in relation to people's potential triggers and communication techniques. RAG behaviour support plans were not in place for two people, whose support we reviewed, who had experienced incidents of distressed behaviours. Their behaviour support plans lacked sufficient detail to help staff recognise verbal and non-verbal cues that the person was becoming distressed. There was a risk that people would, therefore, not receive prompt support to manage their mood and where possible prevent their behaviour from escalating.
- Staff did not always feel confident and skilled when they had to respond to escalation of people's behaviours where there was a risk they, or other people the service supports, may be injured. Two regular staff we spoke with told us they lacked confidence and knowledge in how to maintain their own and other

people's safety when these elevated behaviours occurred. Only three of the 14 regular staff had been trained in Behaviour Support Management (BSM) techniques, including the deputy manager. (BSM training equips staff with the skills to manage difficult situations safely using 'blocking' and 'breakaway' techniques. Managers said they were waiting for local authority BSM training dates for the remainder of the staff team. This had been ongoing since July 2019 when the need for this training had been identified.

- Further to recent leadership changes, staffing the service had been challenging with high staff turnover and use of agency staff. Where possible the same agency staff were used, however, the impact of having an unstable staff team on people was evident. One healthcare professional said staff, "seemed to be struggling" to support one person's mental health needs. They said this person not knowing staff well and vice versa contributed to this. Two people's relatives believed lack of staff continuity was contributing to people's increased anxiety and distress behaviours.
- We observed staff interacting with people positively but found they were not always effective in supporting people's more challenging needs. We saw a team-leader use humour successfully to relax one person, de-escalating their anxiety and staff being kind and gentle in their approach. However, the deputy manager had to intervene three or four times during our inspection, to support senior staff to manage people's behaviours. All three health professionals we spoke with commented on the lack of managers supporting staff 'on the floor' during their visits to the service.

Not doing all that is reasonably practicable to mitigate risks to people and not ensuring staff have the skills and experience to support people safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One of the three staff records we checked did not meet recruitment requirements. Evidence of the staff member's previous conduct and verification of the reason they left their previous care role had not been sought. Managers informed us a provider recruitment audit was due to be carried out the week after our inspection, where they would expect this to have been identified and addressed. The area manager assured us the missing information would be sought without delay.
- Specialist health professionals from the Learning Disability Intensive Support Service (LDISS) were supporting staff to manage one person's distress behaviours, through frequent visits to the service. Their offer to assist in developing a RAG behaviour support plan for this person was accepted by managers during the inspection.
- Risk assessments had been re-written in November 2019. Risks to people had been assessed and the support plans to manage people's health-related risks, such as choking, epilepsy and diabetes, were clear and detailed. Our discussions with staff showed they knew how to respond to possible emergencies including choking and low blood sugar. One person who was at risk of choking had been referred to speech and language therapist (SLT) service to assess their eating and drinking. A support plan was in place, which was followed by staff, to ensure this person was supported safely in the interim.
- Environmental and equipment safety checks were up to date and risk assessments were in place. Business contingency plans and personal evacuation plans were in place to guide staff in the event of an emergency. Staff were trained in fire safety and first aid.

Systems and processes to safeguard people from the risk of abuse;

- People told us they liked the staff supporting them and described them as "kind". The interactions we saw between people and staff were warm and supportive.
- Staff had received safeguarding training and knew how to recognise abuse. They were clear about how they would record this and how to raise concerns internally. Not all staff knew how to raise safeguarding concerns to outside agencies or felt confident to do so. The registered manager had recognised this and the head of Gloucestershire County Council Safeguarding team was due to speak with staff at their next meeting

to strengthen this relationship.

Using medicines safely

- People received appropriate support to take their medicines safely. Senior staff said they had learned to check changes to people's medicines following one person's recent hospital discharge, when a prescribing error was not picked up in a timely manner.
- Medicine administration records (MAR) showed people had received their medicines as prescribed. A gap in recording had been picked up by the systems in place to monitor medicines, an explanation could be given immediately when the gap was questioned.
- Guidelines were in place for staff giving 'as required' (PRN) medicines. Protocols for PRN medicines were clear and detailed and PRN use was reviewed with health professionals.
- Staff who administered medicines had received training and their competency was checked. Medicines were stored safely and securely and returned to the pharmacy if unused.

Preventing and controlling infection

- The home was clean and staff followed the policies in place when managing food, laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials and following a cleaning schedule. We saw 'the cleaner' was using the correct colour equipment to clean people's en-suites, they told us all bathrooms were cleaned every day.
- Measures to control the risk of water-borne infection such as legionella had been followed.
- Personal protective equipment was available for use throughout the home. We saw one shower chair had rusted legs, which meant it could no longer be cleaned effectively. This had been replaced by the second day of our inspection.
- Staff completed food hygiene and infection control training and there had been no infection outbreaks at the service in recent years.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not received regular supervision, to identify and plan for their individual learning and support needs. Of the three staff records we sampled, three supervisions were recorded for one staff member in their first month of work. However, no staff supervision had been recorded since July 2019. Two staff, whose records we checked, confirmed they had not received 'supervision' during the four/five months they had worked at the service. Both staff members shared some unmet learning and support needs with us.
- We observed limited opportunities for positive role-modelling to upskill and support staff while working in the service. The deputy manager said, "In an ideal world I'd be downstairs monitoring staff." We observed one staff member learning how to give medicines which was done well.
- One senior staff member said the support they received had improved in recent weeks, since the new registered manager was in post. They said "one or other" manager regularly "popped in" to the service during the day. They added, "We have got that good rapport that I can ring both [manager's names]. I feel more supported now. I can go to them with anything."
- Relatives told us they believed staff did not have the necessary experience to support all people's needs appropriately. One relative said their relatives' behaviours had escalated because the structured routine needed had not been provided. They added, "They [staff] are not able to meet people's needs." Staff training records did not reflect all the needs of people being supported, for example, specialist training in learning disability, autism or mental health needs had not been provided. One of the management team told us there were no plans to provide this training to staff.

Not providing appropriate training and supervision as is necessary to enable staff to carry out the duties they were employed to perform was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Dates for staff supervision were planned to start in November 2019 and one of two team-leaders told us how they had been upskilled to provide this.
- Staff training needs had been reviewed and a training matrix was in place to monitor compliance with training the provider considered mandatory. Training was provided face to face or via e-learning. This included safeguarding, health and safety awareness, moving and handling, fire and first aid. Staff training and competency checks for staff giving insulin had been provided by the community nursing team.

Staff working with other agencies to provide consistent, effective, timely care

- One person had been discharged from hospital with a significant change to their medicines which staff did

not question. One health professional said, "We were disappointed staff did not pick-up on this." Checking with the GP or CLDT (Community Learning Disability Team) would have resulted this transition being managed more effectively by health professionals who knew the person's relevant history.

- Incident records demonstrated the registered manager had acted quickly to seek appropriate support to manage a decline in one person's mental health. Health professionals from the LDISS team told us staff had followed their advice and commented, "They've [staff] managed quite well."

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

- One person's relative was highly frustrated as their repeated requests for a healthy diet and active lifestyle for their relative had not brought about the positive change they expected. This person and one other person the service supports, had gained weight which had meant they were not always able to enjoy activities they liked such as horse-riding.

- People's likes and dislikes were taken into account when planning menus, as documented at service user meetings. We saw when one person didn't want the lunch prepared, they had soup as an alternative. On our arrival there were plenty of fresh fruit and vegetables in the kitchen and minced beef was thawing ready to make spaghetti bolognese for supper that evening.

- Menus had been revised by the registered manager to improve people's diet by offering more variety including more fresh vegetables. We saw this positive change required perseverance and a creative approach to be successful and accepted; One person scraped the vegetables off their plate, another person responded to being given mashed suede with distressed behaviour.

Supporting people to live healthier lives, access healthcare services and support

- One person said, "If you're poorly you go to the doctor. I have my asthma thing [inhaler]." They said staff were good at getting their inhaler for them when they asked for it. Two people's relatives we spoke with expressed concerns about the support people received to lead a healthy lifestyle. These concerns had been brought to the attention of the registered manager.

- We saw evidence of recent improvements to the support people received to enable them to access preventative health care. People's health action plans and hospital passports were up to date and they were being supported to attend appointments for dental care. GP's confirmed people had received their annual health checks which included medicine reviews.

- Feedback from people's GPs was positive. One GP for three people the service supports described people as, "medically stable" and said one person, "who has had more health issues, has been well supported and has done well". Another GP said, "They [staff] call for advice appropriately and carry out medical instruction as I would expect."

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

- People had been involved in choosing the décor for their rooms. People's rooms were personalised and reflected their interests and preferences.

- The building design was suitable for the needs of people living there. Some people living at the service had adaptations in place for them. The ground floor was wheelchair accessible and people with limited mobility had ground floor bedrooms. The first and second floors were accessed via stairs. The manager's office was located on the second floor.

- All communal areas were on the ground floor including a garden, conservatory, lounge, large kitchen and dining room. Some necessary improvements to the environment had been identified through health and safety audits and these were underway on the first day of our inspection. The area manager told us a full environmental audit was planned, to ensure the accommodation was brought up to expected standards in all areas.

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

- In September 2019 each person had chosen a staff member as their 'keyworker', who they met with monthly to discuss their needs and wishes. This approach is widely used in the care sector to ensure each person's needs and goals are focussed on. It was too early to say how effective this was in practice at Chosen Court. People's consent was sought by staff, before providing care or support to them. We observed staff offering choices, using a variety of ways to communicate options to people.
- Staff understood the principles of the MCA and the MCA Code of Practice was followed. MCA assessments had been carried out prior to DoLS applications being submitted and had been recently updated in relation to people's ability to manage their finances and medicines.
- Risk assessments and support plans detailed what decisions people could make for themselves in these areas to ensure people were supported in the least restrictive way. Some MCA assessments underpinning risk assessments and support plans required review, this had been identified by the provider and was included on the service's action plan. People's close relatives and a range of health and social care professionals were involved in reviews when people's needs changed.
- DoLS applications had been submitted as required. Applications were tracked and kept under review to ensure they were being processed by the relevant local authorities and reflected any restrictions in place. No DoLS authorisations were in place at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people's relatives was mixed. Positive comments included, "Some of the staff are lovely" and "They [staff] are trying their best at the home." One relative was unhappy and told us, "I feel like Chosen Court are going through the motions." Although we found staff were not always skilled in supporting people to manage their distress, we found their approach to people was kind and their intentions were good. We saw staff genuinely cared when people became distressed and they wanted to help. One staff member told us, "It breaks my heart to see [person's name] upset."
- Staff had developed positive relationships with people. One person said, "I get on well with [staff member's name]. He's very kind to me." People told us they liked the staff and said they were kind to them. One person broke into a big smile on both occasions when different staff members went into their room to say hello. On the second occasion the person lifted their arms for a hug and this was returned warmly.
- Staff had received training in equality and diversity. They were inclusive in their approach with people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality. A healthcare professional said, "The staff have always struck me as caring and professional and I have never had any concerns about any aspect of care."

Supporting people to express their views and be involved in making decisions about their care

- Improvements had been made in recent months which gave people regular opportunities to express their views. This included re-introduction of regular service user meetings to discuss menus, activities and social events and the re-introduction of keyworkers.
- People were consistently involved in everyday decisions. This included how they wanted to spend their time. One person chose to take a packed lunch rather than buy lunch while out. One person let staff know when they were ready to take their medicines.

Respecting and promoting people's privacy, dignity and independence

- Staff took care to protect people's privacy and dignity. Upon our arrival the staff member in charge took us aside to speak in confidence about one person's needs. Personal care was provided behind closed doors.
- Support plans described what people could do for themselves. One person walked to the local shop each day independently. Staff respected people's personal space and knocked on bedroom doors before entering.
- People were encouraged to participate in household chores such as cleaning their room.

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

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

- People's support plans had been rewritten and improved to include personalised information about their likes and dislikes and the support they needed with daily living. However, relatives told us people's needs were not always being met. Two people's relatives said staff did not always read or follow people's agreed support and activity plans. One staff member told us, "I've not read all of them [support plans]. We're busy doing things. We can't get everything done." One senior staff member said, "Some days people do not feel like doing what is on their plan", especially when the weather wasn't favourable.
- One person who enjoyed gardening attended a garden centre as a 'volunteer' each week. Staff told us this person's planting projects at Chosen Court had been unsuccessful as some people had become over-enthusiastic with watering and the plants died. One relative told us, "I do not think there's any enthusiasm [about activities amongst staff]." There was no evidence of strategies being used to assist people to moderate their actions, to help them be successful, such as using charts to reward or prompt behaviours (watering plants/doing an activity).
- Three people's relatives told us people had not been supported to manage their finances to their benefit and enjoyment, to enable them to live as fulfilled a life as possible. One person had been taken on holiday in the summer by their relatives, but nobody else had a chance to go away. Although more were planned, only two daytrips were run by the service for people, during the summer months.
- Two people's relatives said clothes staff had supported people to buy were sometimes ill-fitting and of poor quality. One relative said, "I've always complained and nagged" to ensure their relative wore a belt, as they were at risk of tripping and they were appropriately dressed for the weather. Two people's relatives said people had not always had haircuts when needed.
- One relative said some activities on their relative's timetable could not be done, because of the person having painful legs. This person was unable to use their bedroom on the third floor but had not been offered use of a vacant ground floor room, as they were unable to make an informed decision about this move. We saw few activities were provided to occupy or relax this person during the inspection.

Not providing appropriate support to meet people's needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw people had been offered more community-based activities in the evenings and on weekends in recent months. This included going to the cinema and to the local pub, which was in keeping with other younger adults in their community. We noted some people needed time and support to adjust to the improvements being made, as they had been accustomed to early bedtimes and to not going out in

inclement weather or on dark nights.

- A professional said, "[Registered manager] has planned lots of Christmas activities and I hope to see more in the new year, along with more activities for the other individuals living there and hopefully some holidays.
- People were supported to maintain their relationships with their families, through sending cards, phone calls and visits home. People looked forward to celebrating special events including birthdays and told us what they had planned. One person who had previously lost contact with their family was being supported by staff to resume these relationships.

Improving care quality in response to complaints or concerns

- People's relatives told us they had not always been satisfied with manager's response(s) to their concerns or complaints. Three people's relatives told us they did not know how to escalate concerns or complaints to the provider. Further to one relative's feedback, we passed their concern to the new area manager, who assured us the relative's request would be addressed.
- We saw the registered manager had responded, in line with the provider's policy, to written complaints logged since they had been in post. This included a written apology and taking action where possible to improve the service. Not all complaints had been resolved. One relative told us they didn't like to make complaints but had been meeting with managers to improve the service. They added, "Five to six weeks later and nothing's really changed."
- A professional told us the registered manager had been, "very accommodating when we have been working together" [to resolve the issues relatives had brought to their attention].

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 explored and highlighted in their support plans. For example, one person's support plan included them needing support during formal meetings, consistent answers and clear boundaries.
- When people wore glasses or had hearing difficulties their support needs in relation to these had been explored.

End of life care and support

- The service had not supported anyone with end of life care for some time. However, people's preferences and choices in relation to end of life care had begun to be recorded. Records included people's preferences relating to protected characteristics, culture and spiritual needs.
- The provider had policies in place to guide staff in relation to end of life care. Managers told us end of life care would be provided to people in partnership with health care professionals.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Ownership of the service had changed since our last inspection in May 2017. While the legal entity providing the service remained the same, from January 2018, the service was owned and provided under the National Care Group brand. The previous registered manager's registration was cancelled in July 2019. Three further managers had been responsible for the day to day running of Chosen Court before the current registered manager. The registered manager started managing Chosen Court in October 2019 and was registered by CQC on 21 November 2019. The provider did not notify CQC of changes to management of the service, but one management change had been included in an updated statement of purpose in July 2019.
- The service was recognised as needing improvement by the local authority, who were working through an improvement plan with the service, first shared with CQC in November 2018. Local authority reports since this time showed progress in completing the improvements requested. However, the improvement plan had not been completed by the time of the inspection, one year later.
- While the provider and registered manager had identified concerns and were working on an improvement plan to address shortfalls; the service had not been monitored sufficiently following our previous inspection to ensure regulatory requirements would be met and quality sustained. We found multiple breaches of regulations in relation to safe care and treatment, staffing, and providing personalised care.
- The registered manager had improved systems for managing and monitoring the service during their first weeks of managing Chosen Court. This included monitoring and logging systems for accidents and incidents, complaints and DoLS applications. Improvements to medicines management had been made and improvements to people's living environment were in progress on our arrival. The registered manager had ensured staff completed the provider's mandatory training and staff were being trained to give insulin safely.
- The provider had employed a new area manager to oversee their services in Gloucestershire. They had been in post for three weeks at the time of our inspection. They had an improvement plan for Chosen Court in place, which they shared with us. This included some areas for improvement we saw had been completed and some areas identified during our inspection. The latter included further environmental improvements and the need to update some MCA assessments.
- However, robust immediate mitigating action had not been taken to address all risks relating to the quality concerns at the service, while improvements were being made. This included adequately preparing staff to respond to people's distress behaviours, meeting with staff regularly to assess what support they needed and making sure people's support and activity plans were being followed. We found this had

impacted on the service people received.

- Time was needed to determine whether the provider's improvement plan would be effective in making the required improvements and ensure future monitoring of the service was effective.

The provider was still embedding systems to identify concerns and drive improvements. However, there were not always 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.

- Feedback from staff and professionals was positive. One professional said, "Since [registered manager] has been in post she has ordered new furniture giving the home a more homely feel, introduced new paperwork for files and daily recording which so far looks really good." One senior staff member said, "[Registered manager] has made a big difference." They told us how they had been upskilled to carry out staff supervision and audits within the service.
- Feedback from people's relatives demonstrated ongoing frustration with management of the service, as the improvements they had asked for were not happening quickly enough.
- The registered manager understood regulatory requirements and had notified us promptly about any important events at the service.

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

- One impact of management changes was high staff turnover and use of agency staff at the service. Relatives and one professional expressed concerned about the impact this had on people living at Chosen Court. One relative told us their sibling had always been happy at the service but had found all the changes distressing. They added, "[Name] was starting to ring me up to say [they] didn't like it." They told us this had got better in the last six months, but staff lacked experience and qualifications.
- The registered manager had begun to address improvements needed to staff culture. One professional said, "I have experienced and discussed with [registered manager] the lack of enthusiasm from staff in terms of activities and poor-quality recording, along with inexperience of working with individuals with mental health issues and behaviours that challenge. [Registered manager] has acknowledged this and is working on upskilling the staff with training and tells me she brings this up with staff at team meetings." Minutes of staff meetings evidence the registered manager had set out clear expectations for staff performance which included a more professional approach to documentation.
- One staff member told us, "Standards are definitely going up. [Registered manager's] catching up on courses [for staff]. I've just done quite a few."

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

- Staff told us they could speak to both the registered and deputy manager. One staff member said, "The changes have been very noticeable. Everyone's [staff] a lot more settled. We've had direction since [registered manager's] been here. She's really easy to talk to." Staff meetings were being held monthly and an agenda was being drawn up to share with staff.
- People's relatives told us they did not always feel listened to. One said, "They [staff] try their best but don't always listen to me and what I want for [Name]. Another relative said, "I have no voice. I repeat everything" and "They [staff] think I'm aggressive. I'm just frustrated." An open evening had been held at the home, which all relatives had been invited to by letter. The deputy manager told us three people's relatives had attended.

- Relatives had not been asked for feedback. In line with duty of candour requirements, the area manager had included, 'explaining the issues and asking for feedback' in their action plan, with a completion date in December 2019. Once the current action plan was completed they planned to follow it up with a quality review with each person or their representative.
- The registered manager had begun making links within the local community including with a local school who had invited people living at Chosen Court to attend their nativity play. An evening with relatives for mulled wine and mince pies at Chosen Court was also planned.

Working in partnership with others

- The provider, managers and staff were open and transparent with us during the inspection. They provided updates on progress as requested after the inspection and met with us and the local authority.
- Comments from professionals included, "The home is always welcoming to me, and generally organised regarding my visits there" and "There has been a recent change in management, therefore I am just starting to get to know some of the new staff, however I have no concerns about any of my interactions so far."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care of service users was not always appropriate to meet their needs.</p> <p>Regulation 9 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practicable to mitigate risks to people who use the service. The provider had not ensured staff employed had the skills and competence to support people safely.</p> <p>Regulation 12 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Risks to the safety and welfare of people who use the service had not been sufficiently mitigated while improvements to the service were being carried out.</p> <p>Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training and supervision as was necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>