

# Review of compliance

## Choice Support Choice Support Bedford

<b>Region:</b>	East
<b>Location address:</b>	Bedford Units 29-30, Wrest Park Enterprise Centre Building 52, Wrest Park, Silsoe Bedford Bedfordshire MK45 4HS
<b>Type of service:</b>	Domiciliary care service Supported living service
<b>Date of Publication:</b>	September 2012
<b>Overview of the service:</b>	Choice Support Bedford is a domiciliary care service located in Silsoe, Bedford. The service provides care workers to assist adults over the age of 18 years old with care in supported living accommodation. The people who use the service experience learning disabilities and/or physical disabilities to

	varying degrees.
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Choice Support Bedford was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 August 2012, talked to staff and talked to people who use services.

### What people told us

The people we were able to speak with told us they enjoyed their independence and felt it was encouraged and respected by staff. They said their privacy and dignity was well respected and that they were making their own decisions without the interference of staff members. They said they had a book of information about the service.

People said they were often asked questions about themselves and their needs. They told us that staff were good at sitting and discussing their needs with them and supporting them as and when they needed it. They told us that staff displayed a very good understanding of their needs and how to meet them.

The people we were able to speak with said they felt very safe being cared for by staff from Choice Support Bedford. They said the staff were well mannered and helpful and appeared well trained. They said they felt the standard of care provided was very good and that staff were always able to do what they needed them to.

People told us they had no serious concerns about the service. They said they knew how to raise concerns if they needed to. They told us that they could feedback on the care provided at their key worker meetings or with managers who were very accessible.

One person summarised his feelings by saying: "I enjoy doing a lot of things for myself but when I need them [the] staff are very helpful. I think it's a very good service".

### What we found about the standards we reviewed and how well Choice Support Bedford was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

The people who use the service we were able to speak with told us that their independence meant a lot to them and that it was very well respected by the service. They said that staff encouraged them to be independent and assisted them in learning how to do as much for themselves as possible. They said they were able to make their own decisions without interference from the staff. They felt their privacy was well respected. People told us they had a book of information about the service. One person said that if he needed help to understand it his key worker would read it out for him. Another person said he wasn't interested in looking at it. They said that staff were very approachable if they needed more information.

##### Other evidence

People who use the service were given appropriate information and support regarding their care or treatment. During our visit we looked at an example of the easy read service user guide provided to people who use the service. We noted that other formats were available if required. This included information about the service, the level of care provision and peoples' own responsibilities in relation to their care.

People expressed their views and were involved in making decisions about their care and treatment and their wishes in relation to their care were identified and recorded.

The care plans we looked at contained examples of people signing their contribution and agreement to the contents and consent to the way their care was provided. Each plan of care identified where each individual was able to do things independently and their choices in relation to their care. We also noted that each individual's end of life preferences had been detailed.

We checked the daily notes made by care workers and found that the care recorded as provided correlated with the preferences expressed by people who use the service and respected their identified level of independence. From our conversations with people who use the service we found the things they told us they preferred in relation to their care matched with those detailed in their care plans.

The staff we spoke with showed a good understanding of how to respect the privacy, dignity and independence of the people who use the service. Staff displayed an awareness of the importance of asking for a person's opinion and treating each person as an individual rather than making assumptions about their needs and preferences.

### **Our judgement**

Peoples' privacy, dignity and independence were respected. Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this standard.



## Outcome 04:

### Care and welfare of people who use services

#### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

#### What we found

##### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

##### Our findings

###### What people who use the service experienced and told us

The people who use the service we were able to speak with said they were often asked questions about themselves and about their needs. They said their key workers were very good at sitting with them and discussing what they needed and how they needed it. They said that staff displayed a very good knowledge of them as individuals and a good awareness of their needs and were good at meeting those needs. They told us that staff were very good at providing support when they needed it but also good at leaving them to do things themselves when they were able to. None of the people we spoke with identified with any cultural or religious need they felt was relevant to their care. However, one person said he liked to go to church every Sunday and that staff supported him in doing this on his own each weekend.

###### Other evidence

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The staff we spoke with were knowledgeable about their roles and responsibilities in familiarising themselves with peoples' needs and the actions required to meet and record the provision of those needs. In our conversations with staff we noted they demonstrated a very good understanding of the circumstances and care needs of the people who use the service. They demonstrated a good awareness of the action they needed to take in emergency situations or when a change in an individual's health was identified and gave recent examples of how they had needed to do this.

The care plans we looked at during our visit contained an assessment of care for each

individual and a support plan of how the service would meet each individual's identified needs. The plans contained clear and well documented risk assessments and the actions necessary to mitigate the identified risks to each individual. The care plans and support plans we looked at were up to date following recent reviews by the service. We checked the daily notes made by care workers and found that the care recorded as being provided matched with the care needs identified in the support plans.

We found the entries made in the daily notes to be detailed and varied. However, the provider may find it useful to note that in one of the daily diaries we looked at across the two week period we reviewed one day had no entry made by staff.

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

The people who use the service we were able to speak with said they felt very safe when being cared for by staff from Choice Support Bedford. They said that staff were always checking on them and keeping them safe and well. They told us they had no concerns about the behaviour of staff who were well mannered and helpful. They said they had never known staff to be angry or aggressive with them. People told us they felt the personal possessions in their homes had never been interfered with by staff. One person told us how he had told staff that he no longer wanted an old friend visiting him as he didn't feel safe around him. He said that staff had helped to stop the individual from coming to his home.

##### Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. During our visit we found that the staff we spoke with were trained in and knowledgeable about forms of abuse, how to identify abuse and how to report it and in the requirements of the Mental Capacity Act (2005). The documentation we looked at showed that staff had access to policies on the safeguarding of vulnerable adults. The training records we looked at showed that staff had received training in the safeguarding of vulnerable adults. Many of the staff had also received training in the requirements of the Mental Capacity Act (2005).

However, the provider may find it useful to note that staff were not always receiving the safeguarding and Mental Capacity Act (2005) training in accordance with the service's

own requirements. We also found that the service's paper and electronic records often differed in the recording of dates that staff had attended training updates.

Before our visit, we checked our records and saw that the provider was responding appropriately to safeguarding issues. We saw they had been notifying the safeguarding vulnerable adults (SOVA) team at the local authority, the Care Quality Commission (CQC) and the police if necessary of any allegations of abuse or incidents of suspected abuse. During our visit we checked the provider's records and saw that safeguarding issues were investigated by the service. We found that where necessary, action had been taken, or was in progress to protect people who use the service from the risk of abuse.

### **Our judgement**

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

The people who use the service we were able to speak with told us they felt staff appeared to be well trained and always knew what they were doing. They said they felt the standard of care provided by staff was very good and that staff always behaved in a helpful manner. People said that care workers were always able to do what was required of them. One person said: "When I'm stuck they always come to my rescue".

##### Other evidence

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications. The staff we spoke with told us they had received a relevant and useful induction and were completing a program of mandatory training to assist them in completing their roles effectively. They told us they received mainly informal supervision sessions and competency observations with their managers and an annual appraisal to review their performance and plan for their learning and development. They said that their managers were very approachable and available whenever they needed them for ad hoc supervision.

One staff member reflected on a similar theme raised by the staff we spoke with by saying: "I feel very supported both by my colleagues and by my managers".

We looked at the personnel files of the staff we had spoken with which contained a recent appraisal of their competencies and a plan to meet any identified learning and development needs. Any previously identified needs were reviewed as met. There were some examples of formal supervision sessions but more competency observations being completed and recorded by the managers. Certificates and records of completion

for the mandatory training program were available in all the personnel files we looked at. There were examples of staff completing courses relevant to specific areas of their work such as supported living and epilepsy awareness. National Vocational Qualification (NVQ) certificates were available for all the staff we spoke with.

The provider may find it useful to note that we found from our conversations with staff and from our review of documentation that formal supervision sessions had decreased in number this year. However, staff still felt that they were well supervised. We also noted that staff were not always receiving training in accordance with the service's own requirements. Also, the service's paper and electronic records often differed in the recording of dates that staff had attended training updates.

The service managers acknowledged this during our visit and showed us a recently completed audit which had also detected these issues. The audit contained an action plan and an expectation that improvements would be made in these areas with immediate effect.

### **Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

The people who use the service we were able to speak with told us they had never needed to raise a serious concern about the staff or the service. They said if they had problems with other things staff would always help them. People told us they knew what to do if they ever did have a concern or complaint and would be comfortable and confident in doing so should the need arise. They told us they had lots of opportunities to feedback their views and opinions about the service and found their monthly key worker meetings very useful for that purpose. All of the people we spoke with felt that staff and managers were very accessible to them and that any issues they raised with them were dealt with quickly to make things better for them.

##### Other evidence

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. During our visit we looked at examples of peoples' monthly key worker meeting records. These were being completed by the service to obtain the views and feedback from people who use the service about their care provision. Any agreed actions based on peoples' feedback were recorded. The staff we spoke with said they were confident that their views and concerns raised in such things as their team meetings or their meetings with the service managers were listened to and acted on.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. During our visit we saw that the service had an incident reporting procedure in place, that staff were using the procedure correctly and

that actions were taken to prevent recurrence of the incidents reported.

We also found that the provider's quality analyst had recently commenced a program of quality audits covering such things as staff training, medication competency and incident reporting. We were shown examples of how the service managers were taking action to make any improvements and/or prevent the recurrence of any errors or discrepancies identified. The staff we spoke with said they were aware of a number of checks completed including those on medication and were informed of any changes in practice required by them.

During our visit we noted that a complaints procedure was in place. We saw that an easy read version of the complaints procedure had been produced for people who use the service. We noted that other formats such as a spoken version could be made available. The provider took account of complaints and comments to improve the service. During our visit we checked the only recent complaint received by the service and found it had been investigated by one of the service managers and action had been taken to resolve the complaint. We found that the service had implemented a change to practice to prevent recurrence of the incident that had resulted in the complaint being raised.

#### **Our judgement**

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.



# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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