

Choices Housing Association Limited

Choices Housing Association Limited - 43 High Street

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 11 November 2015. This was an unannounced inspection. Our last inspection took place in June 2014 and at that time we found the home was meeting the regulations that we checked them against.

Choices Housing Association Limited - 43 High Street is registered to provide accommodation and personal care for up to five men. People who use the service have a mental health condition and/or a learning disability. At the time of our inspection four people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were managed safely, which meant people received the medicines they needed when they needed them.

There were sufficient numbers of suitable staff to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were met and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff showed they understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured decisions would be made in people's best interests if they were unable to make decisions for themselves.

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

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere at the home and people and staff were supported by the registered manager.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with us.

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 was safe. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to maintain a healthy diet.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Is the service caring?

Good ●

The service was caring. People were treated with kindness, compassion and respect and their right to make choices about their care was supported and promoted.

People were encouraged to be independent and people's privacy was respected.

Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

People knew how to complain about their care and systems were in place to respond to any complaints.

Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess and monitor and improve the quality of care. People's feedback was sought to identify areas for improvement in care.

Choices Housing Association Limited - 43 High Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 November 2015 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service. We used this information to formulate our inspection plan.

We spoke with two people who used the service, two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

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

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

People told us they felt safe living at 43 High Street. One person said, "I feel safe. It's a nice quiet house". Another person told us they were assured their personal possessions were kept safe because they controlled who entered their bedroom. They said, "I have a key to my room, so my things and money are always safe. Only me and the staff have a key".

People told us and care records confirmed that they were regularly involved in the assessment and review of their risks. One person told us they had discussed the risks of smoking in their bedroom and they had agreed to only smoke outside the home. They said, "I can't smoke in my room because there might be a fire". Another person told us they participated in regular fire drills at the home, so they knew how to stay safe in the event of a fire. They said, "We have fire tests and I put my name in the book to show I was there for it".

Staff showed they understood people's risks and people told us they were supported in accordance with their risk management plans. For example, one person's care records showed that at times they required additional support at night. Staff told us about this person's behaviours and the associated risks to their health and wellbeing. Staff also confirmed how they managed this person's risks.

People told us that staff were always available to provide them with care and support. One person said, "There is always somebody here". The registered manager told us they regularly reviewed staffing levels and people and the staff told us these were adjusted to meet people's individual needs. For example, we saw that staffing numbers had been adjusted to ensure staff were available to support one person to attend a hospital appointment.

People told us they felt safe around the staff. One person said, "The staff are nice to me". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. People also told us staff respected their decision not to take their medicines. One person said, "The staff always try and give me my tablets. I don't always take them". Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. Staff closely monitored people's decisions not to take their medicines and plans were in place to monitor people's health and wellbeing and also seek advice and support when this occurred.

We saw that people were protected from the risk of abuse, because staff told us how they would recognise and report abuse. We saw that when required, agreed procedures were followed that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team.

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. For example, we saw one person eating Marmalade on toast for their breakfast. They said, "Marmalade on toast is my favourite". Another person told us how they ate different meals to other people. They said, "I don't have the same as everyone else, I don't like certain foods". People also told us and we saw they could access drinks and snacks at any time. One person said, "I can make a drink or get food when I like". We saw that staff promoted a varied and balanced diet and healthy eating was also promoted.

People told us the staff respected their abilities to make decisions about their day to day care and support. One person told us they chose to go out alone, despite staff advising them not to do this while they were recovering from an injury. They said, "I can go out when I want to".

Staff showed they understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation is in place to ensure that where appropriate; decisions are made in people's best interests if they are unable to do this for themselves. Staff told us people who used the service had the ability to make decisions for themselves, but they knew how to support people if their ability to make decisions changed. At the time of our inspection, no one was being restricted under the DoLS.

Staff showed they understood people's rights to make their own decisions needed to be respected, even if they disagreed with the decision. One staff member said "People can make bad decisions". This staff member gave an example of people being able to choose to drink alcohol. "We inform them it's no good for their health, but they can make the decision to drink. It's not a good decision, but it's their decision".

People told us they were supported to stay healthy and we saw that people's health and wellbeing was consistently monitored. For example, people's weight was monitored and staff took appropriate action in response to any concerns with weight. People told us they had access to health and social care professionals as required. One person told us how staff had responded promptly to their discomfort and pain. They said, "I told the staff and they rang the hospital straight away and got me an appointment". We saw the advice that healthcare professionals gave was followed. For example, one person had recently been given advice on how to walk safely as they recovered from an injury. We saw staff promoting this person to walk in accordance with professional advice.

Staff told us they had the skills they needed to meet people's needs. One staff member said, "The training 'choices' provides is exceptional. I get all the training I need". One staff member told us how their training had helped them to manage people's behaviours that challenged in an effective manner. They said, "We are trained in MAPA (Management of Actual or Potential Aggression), but I've never had to use it. The focus is on re-directing people rather than restraining them. We are told how to re-direct in the training". People confirmed and their care records showed that behaviours that challenged were managed without the need for restraint and restrictions. Staff also confirmed they had regular meetings with the registered manager to discuss their development needs. One staff member said they were due to participate in some mental health training in response to their identified development need.

Is the service caring?

Our findings

People told us they were happy living at 43 High Street because the staff were kind and caring. One person said, "The staff care for us". Another person said, "The staff are all nice to me". People told us and we saw they had positive interactions with the staff. We saw one person talking to staff about recent outings they had been on. They both talked positively about these experiences and laughed and smiled whilst they reminisced.

People told us the staff knew their likes and dislikes which enabled them to have meaningful conversations with them. One person said, "I like going to tell [staff member] what's happened on [a TV programme] as they like to watch it too". A staff member told us they enjoyed working with people who used the service as they had some shared interests. They said, "[Person who used the service] and I are both into history, we go to some great places together".

People told us they were enabled to make choices about their care. One person told us they chose the decor for their bedroom. They said, "I chose blue wallpaper". We saw that staff respected the choices people made. We heard one person ask staff if they could take them to the cinema. The staff member said yes and asked the person, "What do you want to see at the cinema?". Staff told us they helped people to make choices about their care by giving them access to the information they needed to make decisions. For example, one staff member told us how they helped one person choose how they wanted to spend their leisure time. They said, "I help them to choose. I know what they like as we have similar interests. I find some suitable activities, research them and then go through the choices with them".

We saw that people were supported to access advocates to help them express their views, opinion or concerns. Information about advocacy services was on display in communal areas and we saw that people were enabled to access advocates if needed.

People told us they were enabled to be as independent as they could be. One person said, "My keyworker helps me to keep my room clean". Another person said, "I do my own washing". Staff told us promoting independence was an important factor in maintaining people's self-esteem and dignity.

People told us and we saw that privacy was promoted. One person told us, "I've got my own bedroom, shower and toilet. Staff always knock on my door to check it's okay to come in". We saw that people could move around the home to access private areas when they wished to do so.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person told us they were supported to see their relatives every other week.

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person said, "My keyworker sits with me quite a lot and we go through my care". A staff member told us and care records showed that regular meetings were held with people and their relatives, to agree and review people's care needs and preferences. They said, "We have person centred planning meetings with residents and their families. We plan and review care during these meetings".

Staff told us they used a flexible approach to gain people's views and feedback about their care. They told us some people preferred not to sit down and discuss their care preferences and needs on a formal basis. One staff member said, "We often chat whilst we are walking into town. I get more feedback from them that way". This showed the staff adapted their approach to ensure people were involved in the planning and reviewing of their care.

Care records contained detailed information about people's likes, dislikes and past histories. We saw that staff used this information to ensure people received care that reflected their preferences. For example, one person's records showed they enjoyed watching a particular programme on TV. This person told us staff had supported them to go on holiday to the area where the TV programme was filmed so they could visit places of importance to them.

People told us they were encouraged to participate in leisure and social based activities of their choice. These took place at the service and in the community. One person said, "I like going to charity shops. [Staff member] takes me to all these shops". Another person said, "We go on day trips, we can go wherever we want to go. I've been to Manchester and Birmingham". Care records confirmed that people were supported to access the community on a regular basis.

People told us the staff responded to changes in their care needs. One person told us they had struggled to leave the home due to a recent injury. They said, "They've hired a wheelchair for me, so I can still get out". We saw the staff used the wheelchair to enable the person to access the community. This showed the staff were responsive to people's changing needs.

People knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, "I would tell my keyworker". The complaints process was clearly displayed in the reception area of the home and we saw that complaints had been managed in accordance with the provider's policy.

Is the service well-led?

Our findings

People and staff told us, and we saw that there was a positive and homely atmosphere at the service. One person said, "It's a nice house". Another person said, "It's a quiet and clean house and it's much nicer than the other places I've lived". Staff told us they enjoyed working at the home. One staff member said, "I like the good relationships we all have". Another staff member said, "We are a good solid team".

Frequent quality checks were completed by the registered manager and provider. These included checks of medicines management, infection control and health and safety. Where concerns were identified, action was taken to improve quality. For example, checks on infection control had identified that new hand washing equipment was required. We saw this new equipment had been purchased and fitted, and people and staff were now using this equipment. The registered manager and provider also monitored people's health and wellbeing by checking people were receiving their agreed care. For example, people's compliance with taking their medicines was closely monitored, and medical advice was promptly sought when people's health and wellbeing was at risk from not taking their prescribed medicines.

The registered manager sought feedback about the care from people who used the service and the staff. This was via a satisfaction questionnaire. The results of the latest questionnaires were in the process of being reviewed by the registered manager, so that action could be taken to make improvements to people's care experiences.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "We meet every few months to discuss my performance and make sure I'm doing everything right". The registered manager told us and records showed that performance issues were addressed with the staff to improve the quality of care. For example, we saw that when a medicines error was identified, such as a gap on a person's medicines records, staff were informed of the error and reminded of the need to maintain accurate care records.

Staff told us they were supported by the registered manager. One staff member said, "The registered manager is great. She is easy to communicate with and open to our ideas". Another staff member said, "She gives us support after a challenging shift and always thanks us for our work".

Staff also told us there was an effective on call manager system in place that ensured they had access to management support 24 hours a day. One staff member told us how they were supported during the night following an incident at the home. They said, "I phoned the on call manager and they were here within 20 minutes to support me".

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.