Choices Housing Association Limited

Choices Housing Association Limited - 103 Heath Street

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 18 July 2017.

103 Heath Street provides accommodation and personal care for up to six people who have a learning disability. On the day of the inspection the home was fully occupied.

The home had a registered manager who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Practices did not always safeguard people from the risk of harm. However, staff were aware of their responsibility to share concerns of potential abuse with the registered manager. There were sufficient numbers of staff provided to meet people's needs and they were supported to take their prescribed medicines.

People were cared for by staff who were skilled and supported in their role by the management team. People's human rights were protected because staff had adopted the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their care practice.

People were supported by staff to eat and drink sufficient amounts to promote their health. People were assisted by staff to access relevant healthcare services when needed.

People were cared for and supported by staff who were kind and attentive to their needs and their rights to privacy and dignity was respected.

People were present when their care assessment was carried out and where appropriate their relatives were involved. People had access to a variety of social activities and stimulation. Formal systems were in place to manage complaints so people could be confident their concerns would be listened to and acted on.

People were unable to say how they would like the home to be run. However, people's relatives had the opportunity to tell the provider about the quality of service provided to people. The home was run by a registered manager who was supported in their role by the compliance and performance manager. Staff were aware of the management team and felt supported in their role. The provider had formal systems in place to assess and monitor the quality of service provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Practices did not always avoid the recurrence of harm to people. However, staff were aware of their responsibility of reporting potential abuse to the registered manager. People were cared for by sufficient numbers of staff who supported them to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained and supported in their role by the registered manager. People's liberty had been deprived lawfully to ensure they received the appropriate care and treatment. People were supported by staff to eat and drink sufficient amounts to promote their health and were assisted to access relevant healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate. People were supported by staff who were aware of their care needs and who promoted their right to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were present during their care assessment and were supported by staff to engage in social activities. People could be confident that systems were in place to address any concerns they may have.

Is the service well-led?

Good

The service was well-led.

The home was run by a registered manager and staff felt supported by them. Families of people who used the service had the opportunity to tell the provider about the quality of service provided to people. The provider had systems in place to assess and monitor the efficiency of the service provided.

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Detailed findings

Background to this inspection

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

This inspection took place on 18 July 2017 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

People who used the service were unable to tell us about their experience of living at the home. Hence, after our inspection visit we spoke with three relatives by telephone. At the inspection we spoke with three staff members one of which was from an agency. We also spoke with the registered manager and the compliance and performance manager. We observed care practices and how staff interacted with people. We looked at three care plans and risk assessments, medication administration records, accident reports and records relating to quality audits.

Requires Improvement

Is the service safe?

Our findings

Prior to our inspection visit, the provider had made two safeguarding referrals to the local authority, one of which was followed up by a district nurse. Information obtained from the local authority confirmed that one safeguarding investigation had been concluded as 'partially substantiated.' The other safeguarding concern was still being investigated. Discussions with staff confirmed they had a good understanding about the importance of sharing any concerns of abuse or poor care practices with the registered manager. The registered manager assured us action had been taken to safeguard the individuals involved in the referrals. We saw that care plans and risk assessments had been reviewed and updated. This was to ensure staff had access to relevant information about appropriate care practices to safeguard the individuals. The staff we spoke with were aware of changes to these care plans, risk assessments and the necessary care and support these people required to safeguard them. After our visit to the home, we were informed of another safeguarding referral relating to the same person where previous concerns were still under investigation.

Systems and practices were in place to manage potential risks. Staff told us they had access to risk assessments that supported their understanding about how to manage risk. For example, staff informed us of a person who ate things that placed their health at risk. Staff were aware of the importance of keeping the environment safe to reduce the risk to the person and their risk assessment informed staff how to reduce the risk of harm. We saw risk assessments that promoted safe practices when people were traveling. For example, it informed staff of the importance of ensuring lap straps were used to make sure the person was safe in their wheelchair. Another risk assessment provided staff with information about how to safely support a person whilst in the bath to avoid the risk of drowning. Personal evacuate plans were in place that informed staff of the levels of support people required to evacuate the building in the event of an emergency and the staff we spoke with were aware of the support the individual required.

Staff told us about a person who required support to manage their behaviour. Staff were aware of things that could trigger this behaviour such as being unwell, noisy environment or feeling hungry. Staff told us where necessary physical intervention would be used to reduce the risk of the person harming themselves or others. Staff told us that drug therapy was used only as a last resort and the registered manager confirmed this. This showed that staff were aware of how to safely support the person to manage their behaviour.

We looked to see how the provider managed accidents. We saw that accidents had been recorded. This gave the provider the opportunity to monitor accidents for trends and to take the appropriate action to reduce the risk of a reoccurrence. The registered manager told us that accidents were monitored on a monthly basis and we saw evidence of this. Information relating to accidents where shared with the compliance and performance manager. The compliance and performance manager would advise the registered manager about additional safety measures that may be needed to avoid the risk of this happening again. For example, we saw that one person's bed had been lowered to reduce the risk of injury. A sensor mat was also in place to alert staff when the person required support with their mobility.

Staff confirmed there was always enough staff to meet people's needs. However, one staff member said,

"More staff would be nice then we would be able to spend more time with people and take them out more often." A relative said, "Staff are always available but they are so busy carrying out domestic tasks and this stops them spending more time with people." We observed that staff were available to assist people when needed and they engaged with them when they undertook their domestic tasks. The registered manager said they had a 30 hour support worker vacant post and a 37.5 hour assistant manager post. The vacant support worker post was covered by agency or bank staff. The provider had temporally reallocated an assistant manager from another home to support the staff team at this home. The registered manager confirmed these posts had recently been filled and they were waiting for the necessary recruitment safety checks to be carried out before these people commenced employment. After the inspection we spoke with the compliance and performance manager who was confident there were enough staff provided to meet people's needs. This meant people could be assured that staff would be available to assist them when needed.

People could be confident that staff were suitable to work with them. The provider's recruitment procedure included safety checks. All the staff we spoke with confirmed they had a Disclosure Barring Service [DBS] check before they started to work in the home. A DBS check assists the provider to make safe recruitment decisions. Staff also confirmed that a request was made for references. This demonstrated that the provider's staff recruitment practices were safe.

People were supported by skilled staff to take their prescribed medicines. The registered manager said that all staff who managed medicines had received training and this was confirmed by staff. Access to training ensured staff had the appropriate skills to assist people with their medicines safely. The registered manager said that competency assessments were carried out to ensure medicine practices were safe and staff confirmed this. We saw that medicines were stored securely and were not accessible to unauthorised persons. The medication administration records were signed by staff accordingly to show when people had been given their medicines. These practices ensured people received their treatment as prescribed.

Good

Is the service effective?

Our findings

People could be confident they would be cared for and supported by skilled staff. All the staff we spoke with confirmed they had access to relevant training to ensure they had the skills to undertake their role. A staff member said, "The training we receive is tailored to meet people's needs. For example, there are three different types of hoists here and we have been taught how to use them all." This ensured staff knew how to assist people with their mobility safely. Another staff member said, "Training helped me to do my job properly and to use the proper procedures." Staff informed us that the registered manager would observe their care practices to ensure the skills learnt were put into practice.

We looked at how the provider supported new staff in their role. Staff confirmed they were provided with an induction when they started to work at the home. Induction is a process of supporting and developing staff's skills to do their job efficiently. A staff member said, "During my induction I was made aware of my role and responsibility and received some training." They informed us of their past experience but confirmed their induction had up dated them where policies and procedures had changed. We spoke with an agency staff who told us how impressed they were with the quality of induction provided to them. They said, "As an agency staff you sometimes feel disadvantaged. However, my induction gave me confidence to do my job."

People were cared for by staff who were supported in their role by the registered manager. Staff confirmed they received regular one to one [supervision] sessions. A staff member said, "Supervision provides me with guidance and updates my knowledge." This demonstrated that staff were provided with guidance to ensure people's needs were met.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of MCA. A staff member said, "I always presume a person has capacity." Staff told us that the majority of people who used the service were unable to make a decision. However, most people had families who could speak on their behalf. One person had been supported by staff to access an advocate. Advocacy is a process of supporting and enabling people to express their views and concerns. Also to support people to access relevant services when needed. A staff member said, "At times we are able to find out people's preference by using pictures and their eye movement sometimes identify their wishes. We heard one person ask for some crisps. We observed the registered manager showing the person two flavours to allow them to point at what they wanted. These practices enabled people to have a choice and to make their own decision.

Discussions with the registered manager confirmed their awareness of when a best interest decision should be made to ensure people received the right care and treatment. For example, a best interests decision was in place to ensure a person received their prescribed treatment. It was agreed that it would be in the person's best interests to have their tablets crushed and placed in their food. The registered manager said

the GP was involved in this decision. This ensured the person received their treatment as prescribed.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager informed us that three people had an authorised DoLS in place and they were awaiting authorisation for a further three people. Further discussions with the registered manager identified that these people lacked mental capacity to make a decision. They also required constant supervision to ensure they received the appropriate care and treatment. All the staff we spoke with had a good understanding of DoLS. For example, a staff member said, "We use the least restrictive measures." They told us that people required the use of a lap belt on their wheelchair and safety rails on their bed. They informed us that this could be viewed as restraint but this equipment was used to keep people safe. The staff member said, "If people indicate they want to go out, we would take them out." We saw that a mental capacity assessment had been carried out to determine whether the person had capacity to make a decision. This assessment also ensured the application for a DoLS was appropriate.

People were supported to eat and drink sufficient amounts. We spoke with three staff members who demonstrated a good understanding of suitable meals for the individual. They were aware of which people required a special diet and their drinks thickened to reduce the risk of choking. Concerns had been identified that two people had lost weight due to their poor appetite. Staff informed us that these people had been prescribed supplements to increase their calorie intake and the registered manager confirmed this. Staff told us they had access to relevant information about suitable meals for the individual. We observed that this information was located in the care plan and also displayed in the kitchen. Further discussions with staff and the care records we looked at confirmed people had access to a dietician and a speech and language therapist. These professionals provided people and staff with support regarding suitable meals.

We received different comments about whether people were supported in a timely manner to access relevant healthcare services when needed. A relative informed us that even though their relative's facial expression and body language indicated they were in pain; staff had not acted on this. They said, "I had to insist that the GP was called." The compliance and performance manager later confirmed that information relating to this person's health had been shared with the GP. The care records showed the GP had been contacted in the past relating to other health concerns. Staff informed us and care records confirmed that people had access to various healthcare professionals to promote their health. A staff member said, "People are supported to attend their medical appointments. However, if and when necessary the GP will visit the home." Discussions with staff and a care records we looked at showed after a person had sustained an injury. They had been supported to access a physiotherapist to assist with their recovery. We were also informed by staff that another person had access to a district nurse and the care records we looked at confirmed this. People who have a specific health condition such as epilepsy had access to a specialist nurse to support them with their health. This meant people were supported by staff to access healthcare services to promote their health.

Good

Is the service caring?

Our findings

We observed that staff were caring and attentive to people's needs. During the course of the day staff frequently took the time to engage with people and to ensure they were comfortable. A relative described the staff as, 'caring.' Another relative said, "The staff are very good." One care record showed the person enjoyed staff's company and we observed that whilst a staff member undertook their paper work they sat with this person and chatted with them. Staff were aware of people's likes and dislikes. For example, a record informed staff that the person disliked being approached from behind and all the staff we spoke with were aware of this. The person's care plan told staff that the person appreciated being spoken to softly. We heard staff specking to the person in this manner.

People were unable to contribute in their care planning. However, staff informed us that the individual was always present when discussions were held about them and the relatives we spoke with confirmed this. Two relatives told us that they were actively involved with planning their relatives care. This ensured that the care and support provided reflected people's specific needs.

People could be confident that staff would know how to care and support them. Staff told us they had access to care plans that supported their understanding about how to meet people's needs. We saw that care plans provided staff with relevant information about people's care needs and how to meet them. For example, a care plan showed that the person had a poor appetite and provided staff with information about the importance of providing them with supplements and staff were aware of this. Care plans also provided staff with information about how to approach and handling people to ensure their comfort and wellbeing and staff were aware of this.

People's right to privacy and dignity was respected by staff. Staff were aware of the importance of preserving people's privacy and dignity. A staff member said, "We always carry out personal care in a private area. We observed that when people required support with their personal care needs they were taken to their bedroom. We saw that when a staff member assisted a person with their Percutaneous endoscopic gastrostomy (PEG) feed this was carried out discreetly. A PEG is used when a person is unable to eat food normally and is feed through a tube situated in their stomach. We observed that staff were prompt in changing a person's clothing after their meal to promote their dignity. A staff member told us they supported people with their continence needs on a regular basis throughout the day to maintain their dignity. We spoke with a male agency staff who confirmed they did not assist females with their personal care.

People were able to maintain contact with people important to them. One relative told us they were able to visit the home at any time and staff always made them welcome. One person's family did not live nearby and was unable visit frequently so staff often sent photographs of the person to their family. This enabled the person's family to feel involved.

Good

Is the service responsive?

Our findings

People were unable to contribute in their care assessment but were present when discussions were held about them and the relatives we spoke with confirmed this. For example, on the day of the inspection one person was supported by staff to have an assessment carried out on their wheelchair.

People had access to range of social activities and stimulations. For example, staff told us that one person liked 'messy' play. This is where they had access to various stimulating items that they could touch, squeeze and throw. We saw the person engaging in this activity. Staff had a good understanding of things people enjoyed doing and also things they disliked. They told us that one person enjoyed shopping and had an interest in trains. Another person disliked noise and crowds. Hence, staff had to be mindful of suitable activities that would provide an interest to the person but reduce the risk of them being unsettled due to crowds and noisy environments. Staff told us about a person who enjoyed playing on an electronic tablet and we observed the person entertaining themselves with this. A staff member said, "We are made aware of people's interests from their family or people who cared for them in the past." We observed sensory lights in the bathroom and staff informed us that one person thoroughly having a sensory bath. Others enjoyed having hand massages. We observed pictorial aids were in place to assist people to choose what activity they would like to engage in.

People were supported by staff to access leisure facilities within their local community. For example, staff told us that people enjoyed going to their local park. They had access to wheelchair adapted bikes and enjoyed cycling around the park. People were able to have meals outside of the home where restaurants were able to provide meals specific to the individual's requirements. Staff told us that people also attended a social club for people who have a learning disability. This gave people the opportunity to socialise with others and development new relationships.

We spoke with staff about how they promote equality, diversity and human rights. All the staff we spoke with confirmed that people's sexuality, cultural and religious believes would be respected.

People were unable to tell staff if they were unhappy. However, a staff member said, "We can tell if people are unhappy by their body language." They continued to say, "If [person] is unhappy they will give you a disapproving look." They told us this would be explored more to find out if the person was in discomfort or if they were affected by noises in the home. A care record we looked at informed staff that when the person hummed this could be an indication they are unhappy and staff were aware of this. A staff member said action would be taken to address this.

The registered manager said they had not received any recent complaints. The provider had a formal system in place for recording complaints and to show what action had been taken to resolve them. This meant concerns would be listened to and acted on.

Good

Is the service well-led?

Our findings

People were unable to express how they would like the home to be run. However, the registered manager said family forums were in place. This enabled families to have a say in how the home is run. People's families were also provided with a quality assurance survey that gave them the opportunity to tell the provider about their views in relation to the management of the home. The relatives we spoke confirmed having completed these surveys. However, the registered manager was unable to inform us of any changes to the service with regards to comments made by families.

The home was managed by a registered manager who confirmed they were supported in their role by the compliance and performance manager. They told us they were provided with monthly one to one [supervision] sessions. The registered manager said they had access to regular training to maintain and enhance their skills in how to manage the service efficiently.

Staff were aware of the management structure and said they felt supported in their role by the management team. A staff member said, "The registered manager is very good and the support they provided is fantastic." Another staff member said, "The registered manager constantly gives me support to do my job." An agency staff said, "The registered manager is very supportive. They have given me the option to do medication training and that makes me feel respected and valued."

We looked at how the provider assessed and monitored the quality of service provided to people. On the day of our inspection the compliance and performance manager carried out audits with regards the service provided. Information collated would be fed back to the registered manager who had a responsibility to take the necessary action to improve the service where highlighted. We saw that audits were in place to monitor the safety of the environment, the management of medicines and incidents of choking. The review of the use of restraint to assist people with their behaviours was also carried out. This enabled the registered manager to find out if methods used to manage behaviours were effective.

The registered manager informed us of practices where other registered managers within the organisation would carry out audits and inspections. The registered manager said this was useful as other registered manager maybe able to highlight areas of improvement that otherwise may have been overlooked.

The registered manager told us that within the organisation they had champions within specific areas. This included moving and handling, management of behaviours and dignity. These champions promoted safe and efficient working practices.

Further discussions with the registered manager confirmed their awareness of when to send us a statutory notification which, they are required to do by law.