Your Choice Assisted Living Limited

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Inspection report

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Tel: 07794575304

Date of inspection visit:
19 September 2017
20 September 2017

Date of publication:
25 October 2017

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

Your Choice Assisted Living is registered with the Care Quality Commission (CQC) as a supported living service where care and support is provided to people in supported living houses who may have a learning disability, a mental health illness or behaviour that challenges. At the time of inspection, the service provided care and support to 23 people in total. However, only seven of these people received personal care which was the regulated activity; one person was on holiday and another person in hospital. This report only looked at the regulated activity of the service.

People either lived on their own, or with one other person, in houses in Bideford and the surrounding areas. People had tenancy agreements with Little White Town Limited. The same provider owned both Your Choice and Little White Town, but they were run and managed as separate organisations.

The inspection team took place on 19 and 20 September 2017 and was announced. The inspection team consisted of one adult social care inspector on both days. This was the first inspection since the service was registered in July 2016.

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 2008 and associated Regulations about how the service is run.

People were supported by sufficient staff to meet their needs. Staff had the required recruitment checks in place, were trained and had the skills and knowledge to meet their needs. Staff had received an induction and were knowledgeable about the signs of abuse and how to report concerns. Staff enjoyed their work and felt listened to. They had confidence in the management team and felt valued at work.

People had individual care plans in place and these reflected people's needs and gave staff clear guidance about how to reduce risks and support them safely. They were personalised and families had been involved in their development. Accidents and incidents were reported and action was taken to reduce the risks of recurrence. People were referred promptly to health care services when required and accompanied to health care appointments.

Staff knew the people they supported, their personal histories and daily preferences. They had developed close and trusting relationships they supported and knew them well. They worked closely with the family and other professionals. Staff showed concern for people's wellbeing in a caring and meaningful way.

People were supported to follow their interests and take part in social activities in the local community. Links had been made with the local community and people were encouraged to lead fulfilling lives.

The registered manager and staff demonstrated an understanding of their responsibilities in relation to the

Mental Capacity Act (2005). People were supported to eat and drink enough and maintain a balanced diet. They received their prescribed medicines at the right time.

People and relatives expressed satisfaction with the management of the service. They felt listened to and able to raise any concerns which they were confident would be dealt with. The registered manager actively sought the views of people, their relatives and staff. This was through regular staff meetings, being visible within the service and questionnaires.

There were some quality monitoring systems in place. However, the registered manager had identified these needed improving to cover more areas. The management team had recently expanded and a manager and assistant manager were employed to help with this.

The group houses were managed to keep people safe. Any repairs and maintenance were dealt with under the tenancy agreements.

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.

People had confidence in the service they received and felt safe and well looked after. Staff were recruited in a safe way and staff employed who would complement people who used the service.

People's individual risks were assessed and reduced as far as possible, whilst maintaining independence and respecting choices.

People were protected from harm because staff understood the signs of abuse and how to report any concerns. Staff undertook training on the protection of vulnerable adults.

People were supported by the right numbers of staff allocated to their care. They received the medicines they were prescribed and in a safe way.

Accidents and incidents were reported, analysed and action taken to reduce the risks of recurrence.

Is the service effective?

Good

The service was effective.

The service ensured people received effective care and support which met their needs, preferences, choices and wishes.

People were supported by staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received training, supervision and appraisals to monitor their work.

People were supported to eat and drink enough and maintain a balanced diet.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice.

People were supported to maintain good health and access healthcare services and were accompanied to attend regular

appointments. Staff recognised any deterioration in people's health and sought medical advice appropriately.

Is the service caring?

Good

The service was caring.

People were supported by kind staff who treated people with respect and respected their choices. Relatives were involved and consulted about people's support where appropriate.

Staff supported people in a personalised and individualised way. They knew people and their families well and enjoyed their work.

Staff showed concern for people's wellbeing in a caring and meaningful way. They had developed warm and caring relationships with them.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. This was focussed on their well-being and quality of life. Care plans reflected people's individual needs.

Arrangements were in place for people to have their individual needs regularly assessed, recorded and reviewed.

People were supported to follow their interests and take part in social activities in the wider community.

People and relatives felt they would be listened to if they raised any concerns and that they would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager was visible at the service and ensured staff provided a quality service.

There were quality monitoring systems in place. The registered manager had addressed any shortfalls and put improved plans in place.

Staff were motivated, felt part of a team and listened to. They felt supported and valued.

Your Choice Assisted Living Limited

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 checked 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 comprehensive inspection took place on 19 and 20 September 2017 and was announced. We gave the service short notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to make sure that they would be in. One adult social care inspector carried out the inspection on both days.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home. This included statutory notifications sent to us. A notification is information about important events which the service is required to send us by law.

The Care Quality Commission sent out questionnaires prior to the inspection. Three were sent out to people who used the service (two were returned); three were sent out to relatives and friends (one was returned), and three were sent out to community professionals (one was returned).

At the inspection, we spoke with the two directors (one of whom is also the registered manager), deputy manager, assistant manager, four support staff and two relatives. We visited four people in their own homes and spoke with them about their experiences of the service. We contacted a further six support staff and received responses from one of them. We requested feedback from two health and social care professionals and received a response from one of them. This enabled us to ensure we were addressing any potential areas of concern.

We reviewed information about people's care and how the service was managed. These included three people's care records and two medicine records; staff files which included recruitment records of the last three staff employed; staff rotas; staff training and supervision records; quality monitoring systems such as audits; complaints and compliments; incidents and accident reporting; minutes of meetings; policies and procedures, and the most recent satisfaction survey sent out to families and staff.

Following the inspection, the provider sent us revised copies of records, policies and procedures and monitoring systems to include more information. These had been updated since the inspection and put in to immediate use.

Good

Is the service safe?

Our findings

People felt safe being cared for, and supported by, staff who were employed in sufficient numbers. Staff had the skills and knowledge to meet people's individual needs in line with their individual care contracts. Staffing levels were adjusted according to the needs of people. For example, where two care workers were required to support one person due to their complex needs. The Provider Information Return (PIR) showed three staff had left in the last 12 months but 16 had been recruited. The registered manager said the service was "fully staffed" and did not use agency staff. If any gaps occurred in the staffing rota, other staff picked up extra shifts. Two bank staff were also employed to pick up any shortfalls. Each supported living house had a 'house manager' who took charge and dealt with the day to day issues. They were supported by a team of care workers. Where staff were required to be on duty 24 hours a day, a sleep-in room was available for staff to use.

People were protected by staff who were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They knew who to report concerns to both internally to management and externally to outside agencies if required. One support worker said, "I would go to the house managers and work my way up … I would go to CQC (Care Quality Commission) if I had to." Returned CQC surveys said people and their relatives felt the service was safe. With the exception of two support workers, staff had received up to date training in the safeguarding of vulnerable adults. One person was scheduled to undertake training shortly and another one was booked for training during our visit. The registered manager and assistant manager had undertaken safeguarding training and were aware of the process to make a safeguarding referral to the local authority. However, the safeguarding policy and procedure did not contain all the information required. Following the inspection, the registered manager sent us an updated safeguarding policy and procedure which had been put in place. There had been no safeguarding concerns within the last 12 months.

Safe recruitment checks were in place for new staff; this ensured all pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. However, not all of the records held in the recruitment files had been fully completed, for example interview notes and gaps in employment history. The management team were in the process of updating the recruitment process and introducing a new system of interviewing and recording. This meant questions to prospective staff would be more consistent, scored and more robust. Following the inspection, the registered manager sent us updated recruitment records and any gaps in employment history recorded.

People's medicines were managed, given and reviewed in a safe way. Medicines were held securely in people's personal bedrooms. Staff undertook medicine training before handling medications. Medicine administration records (MAR) were accurately completed with one exception. One person's medicine which was to be taken when required (PRN) was not recorded on the MAR chart. The registered manager said this was because the person had not required the medicine for several months and it had been missed off the most recent MAR chart. This meant that, in the event of the person requiring this medicine urgently, there

could be some confusion for staff. The registered manager immediately took action and updated the records. Those medicines which required extra monitoring and recording were checked; the correct amount were in stock and records up to date. Following a reported medicine error, the management team had identified staff required more comprehensive medicines training and were in the process of sourcing this

People were protected because risks for each person were identified, managed and reviewed. Assessments had been undertaken to assess any individual risks to people. This included any risks due to the health and support needs of the person. For example, risks from poor mobility, having a seizure or behaviour that challenged. Guidance was included about the necessary action for staff to take to minimise the risk. A care professional said, "Their flexibility and understanding of risk management is probably their greatest strength." Environment risks had also been identified in their home, such as those found in the kitchen and bathrooms. These also included risks outside of the home, such as road safety.

People's accidents and incidents were reported, reviewed and analysed by the registered manager. They monitored the incidents to see whether there was a pattern. The registered manager said, "We monitor all incidents to see if clusters occur or things we can identify and look at health and safety." If necessary, an action plan was developed and monitored. All incidents triggered a review of the person's risk assessment.

Staff had plentiful supplies of personal protective equipment (PPE's), such as gloves and aprons to use if and when necessary such as when assisting with personal care.

The buildings, equipment and gardens of the tenanted premises people lived in were monitored and kept in a safe and clean condition. Any faults, repairs or maintenance were referred to the landlord for action.

Good

Is the service effective?

Our findings

Staff had received appropriate training and had the experience, skills and attitudes to support the people they looked after. Staff received training from outside professionals, in house and via electronic learning. Training included: safe moving and handling; basic food hygiene; fire; medicines; safeguarding; infection control, and the Mental Capacity Act (2005). Staff undertook other specialised training specific to the people they looked after such as; Makaton (the use of signs and symbols to help people communicate); NAPPI (non-abusive psychological and physical intervention); epilepsy, and learning disability. Staff were trained to use positive reinforcement, intervention techniques and behavioural support programmes if people showed challenging behaviour. There were clear instructions and guidance in those people's individual care records who required it.

Staff felt sufficiently trained to do their jobs properly, felt part of a team and were supported by management. They commented: "Training is absolutely fantastic … any areas we need updating in we just say"; "We have lots of training … the best job I have ever had and I give it 100 per cent … it doesn't feel like work it's like hanging out with my family"; We are always getting updated … never feel isolated … good team playing and everyone supports each other to keep updated"; … we get updates if anything changes, for example (person's) medicines changed and we all received training", and "I love my job … am confident with this client bases … from the beginning (registered manager) answered all my silly questions and were only a phone call away."

New staff to the service undertook induction training which was carried out by an outside trainer. This followed the principles of the Care Certificate training. This gave them the initial skills to carry out their roles and responsibilities effectively. They had a period of 'shadowing' and worked alongside experienced staff until they felt comfortable and able to work on their own.

The registered manager had highlighted staff training was an area they wished to improve and expand upon. An assistant manager had been recruited and undertook responsibility for co-ordinating the staff training. They had identified training records required improvement as not always clear whether people had attended certain training or not as training records were not always held on file. Following the inspection, the registered manager sent us an updated training matrix which showed which training people had undertaken and when it was next due. Any staff who had not undertaken certain areas of training, had been booked on the next available courses.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. We checked whether the service was working within the principles of the Act and found they were.

Staff demonstrated a good understanding of the MCA and how this applied to their practice. The service carried out an assessment of people's mental capacity and acted accordingly. People's consent was

sought before any care or support was given. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody using the service at the time of inspection had such an order.

People were supported to eat and drink enough and maintain a balanced diet. People in each house had different menu plans in place which had been put together based on people's food likes and dislikes. Staff cooked meals as part of people's support and encouraged them to help if they wished. Meals cooked in the two houses we visited looked tasty and nutritious. One person was supported to lose weight as part of an agreed diet plan. Staff undertook research on the diet and ensured meals cooked fitted with the person's likes, dislikes and calorific value They used specific applications on their mobile phones to help plan the person's food choices with them. The person's family member had been involved in planning the diet with staff and said, "(Person) went on a diet … the staff make meals for her and have been really good … has lost two stone since February."

People were supported with health needs. Care records showed evidence of health and social care professional involvement on an on-going basis, such as one person whose diabetes was regularly monitored. People were supported and accompanied to visit their dentist, optician, chiropodist and other specialists regularly.

Good

Is the service caring?

Our findings

People and relatives were positive about the quality of care and the kind attitude of all the staff. A relative said, "I can't speak highly enough of them … staff are all kind and caring … they pick up tips from us and take it on board … they are all about the welfare of the client." Another commented in the Care Quality Commission (CQC) questionnaire, "If my (family member) is happy then I am. I am guided by what and how she feels on a daily basis. She seems as happy as she can be … I am sure if she was not happy I would know about it." One person said, "I like them (staff), they are lovely."

Staff spent time getting to know each person and demonstrated a good knowledge of people's support needs, their likes and dislikes, their hobbies and interests and details about their family members. People had a regular team of staff who supported them both at home or when in the community. Positive relationships had been built up; one support worker had a conversation with one person about the music they liked and another spoke with a person about their plans for the future.

People's consent for day to day care was sought. For some people, staff looked for visual signs of consent for people who were unable to express their wishes. Where one person was unable to communicate verbally staff had developed a means of communication that suited the person. Staff were patient and spoke in a way the person could understand them; they demonstrated a good knowledge of the person's usual choices but still offered the opportunity.

Staff supported people and their relatives to be involved in making decisions about their care. Care records demonstrated regular reviews of people's care were held and family and friends involved when possible. One relative said staff were anxious to get things right for their family member when they went to live at the service. They said, "They gradually introduced her … they wanted to know everything about her … they included me right from the start and didn't get offended when I suggested something … they took it on board." Where necessary, independent advocates were used. One advocate had assisted one person with their choices of their future plans and where they would like to live. This ensured the person had an independent view on what they wanted to happen.

Staff supported people to be as independent as they wanted to be. People used a variety of equipment to assist with their mobility at home and when in the community. For example, one person used a selection of wheelchairs dependent upon what and where they were going. Another person chose to move around the house in their chosen way of crawling on the floor, but wore callipers on their legs when going out. A social care professional commented in the CQC questionnaire, "Your Choice were the provider I recently used for a (person) who had been very poorly … I needed a provider who would motivate him to be as independent as possible and was confident they would be able to do this … they went out of the way to support this (person) and supported him over and above what was asked of them."

When prospective staff were interviewed, the registered manager looked at their personalities as well as their skills and experience. They assessed whether they would fit in with the staff team and which would be the most suitable person for them to support. This meant staff were matched with people with interests,

hobbies and personalities who complimented theirs.

Good

Is the service responsive?

Our findings

People and relatives described how care was personalised and responsive to people's needs. A social care professional said, "…they (staff) are incredibly responsive and flexible … providing bespoke, person centred services to some very complex people." Another professional commented on how adaptable the staff team were and how well they had managed the care for one specific person. A relative wrote, "I feel the service provided is appropriate to my child's needs … they provide appropriate care … I am able to approach them at short notice."

When new people were referred to the service, an assessment of their needs was undertaken. This involved family, friends and professionals to develop individualised care plans. A relative commented, "We have been involved in their care from day one." Staff gathered as much information about the person's history, their abilities, their likes and dislikes, their hobbies and interests and provided their care and support around these needs. The care plan was added to and adjusted as care workers got to know the person more.

People and their families were regularly involved in reviewing care and support plans. A relative said "… they include us in any changes … we work together." They went on to say how a programme of planned activities was a very important part of the person's well-being and provided the stimulation and interest they needed. For example, swimming, horse riding, visiting activity centres, visiting arts and crafts centres, social outings and going to discos. Staff were in the process of planning and working with one parent so their family member could attend a theatre production of 'Abba' at the local theatre.

Staff ensured transitions to the service were managed as smoothly as possible. They had worked very closely with one person and their family to ensure their transition was managed in the best way possible. This person's previous care provider was unsuitable for their ongoing needs. The person's relative had been consulted and involved from the beginning. They lived at the house with their family member and staff for the first seven days. The relative said, "I knew from the start this service was the right one … I have been involved completely … staff wanted to know everything in how to look after (person) … I wanted to stay to show staff how to particularly do night care … but the staff actually wanted me there … they took notes and watched everything I was doing … they listened to us … they were not offended and they took everything on board … great communication and things are going really well because of this."

People's care records were written in a style which people themselves could read and understand. They contained people's personal information and identified the relevant people involved in people's care, such as their GP, nurses, opticians and dentists. There were care plans in place of how people's needs were to be met, such as medicine management, level of understanding, communication abilities and behavioural needs. For example, where one person had differing mood levels, staff were informed of what to look for in the way the person was presenting to identify the correct action to take. Care plans also included day to day information about what was important in people's lives, such as how one person liked their nails painted and what their favourite foods were. Where people may display challenging behaviour, positive behavioural support plans were in place.

Whilst care plans were up to date and clearly laid out, the registered manager had identified they wanted to improve care plans and include more information and detail. Following the inspection, the registered manager sent us copies of the new format of care plans which reflected person centred care.

People had a choice of the area they wished to live, the type of house and who they lived with. For example, one person had recently changed their house as they wanted to live somewhere else. Another person had changed their house as they had wanted to live with a friend they had made at one of the activity clubs. Staff looked at the personalities and needs of people when sharing properties. They worked hard to place people who would enjoy living together. We visited four people at home; two lived in each house together. From speaking with them, and from indirect observation, people enjoyed each other's company but also respected each other's space.

Staff made referrals to health and social care professionals promptly when they recognised people's needs had changed and informed relatives of any concerns. For example, staff had involved the appropriate people when one person had expressed a wish to move on to independent living.

People and relatives said they had no concerns or complaints about the service. They said if they had any concerns, they would feel happy to raise it with the registered manager. One person said, "I would tell the staff." A relative said, "I have only praise for this service … very happy with the service." The recent questionnaires sent out to family and friends showed satisfaction with the service. One relative wrote, "Any problems or concerns I have are dealt with quickly for which I am grateful."

The provider had a written complaints policy and procedure. However, this did not include up to date information and timescales in which the complaint would be dealt with. The Provider Information Return (PIR) said three complaints had been received. Complaints were held in a book and, whilst they had been investigated and resolved, complete records were not held on file. Following the inspection, the registered manager sent us an updated complaints policy and procedure.

Good

Is the service well-led?

Our findings

There were some quality monitoring systems in place which were used to review and improve the service, such as those carried out in each of the houses and those at head office; these did not cover all the areas required and had not identified the shortfalls in record keeping we found. For example, medicines records, policies and procedures and staff recruitment records. However, the management team were aware of this and had discussed this in their Quality Improvement Plan management meetings. As a result, they had recently increased the management team and were in the process of introducing more robust monitoring processes which would cover all the areas required. We were shown documentation relating to this.

A new manager and assistant manager had recently been recruited to assist the registered manager. The manager had specific responsibilities to focus on monitoring and improving the quality of the service. The lack of record keeping during this time had no impact on people using the service. Their care and support needs were met in full. Following the inspection, the registered manager sent us updated records relating to the running of the service which had immediately been put into place.

People, relatives and professionals had confidence in the style and leadership of the service and were involved in a meaningful way. People knew the management team well as they regularly visited each person and provided 'hands on' care when needed. One person said, "They always visit me." A relative said, "The management is really good … you can get hold of anybody on the phone there is great communication and working together." A social care professional said, "… I tend to deal with (the registered manager) who is always helpful, provides strong leadership to the support teams and is very hand on … appearing to know everything about each of the people she supports."

Your Choice had operated for almost one year and was owned and managed by two directors. The first director managed the tenancy agreements and liaised with landlords and estate agents. The second director was the registered manager and managed the day to day running of the service. Both directors had many previous years of health and social care experience in the care of younger adults. Due to recent expansion and growth of the service, both directors had identified in their Quality Improvement Plan (QIP) they needed to re-evaluate, strengthen and increase the management team. As a result, one director was no longer involved in the day to day running of the service and focussed on the tenancy agreements. This meant any decisions would not be comprised and provide a potential conflict of interest. The other director had continued as the registered manager but was now supported by a recently recruited care manager and an assistant manager. Each house also had a 'house manager' who took responsibility for the running of the individual location. The management team had also contracted an outside management company to support them in the overall management of the service on issues, such as human resources, record keeping and quality assurance.

Staff felt supported by the management team. They felt included in day to day decisions, that their opinions were valued and felt comfortable to raise any concerns. Staff comments included: "It's brilliant working here … I don't feel isolated … we have good team playing and everyone supports each other"; "I am very supported at work … I have had problems in the past and they (registered manager) helped me a lot"; I

always felt listened to and that my opinion was respected, even if it wasn't right … the management team will always talk you through and discuss so you always feel included", and "It is team based work … we are supported and we all love our jobs … we are one big family."