

Choices Housing Association Limited

Choices Housing Association Limited - 20 Dairy Close

Inspection report

20 Dairy Close
Leek
Staffordshire
ST13 6LT

Tel: 01538386762
Website: www.choiceshousing.co.uk

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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

20 Dairy Close provides support for up to four people who have a learning disability. At the time of our inspection there were four people living at the service. At the last inspection, in September 2015, the service was rated Good in all domains. At this inspection we found that the service remained Good.

There was a registered manager at the service. 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 continued to receive safe care and we found there were enough staff to provide support to people that met their needs. We found that people were consistently protected from the risk of harm and received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service.

People continued to be supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutritional needs were met by staff. People were able to choose what they wanted to eat and drink. People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained. Staff received training to enable them to support people effectively.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld, people were able to have time to themselves in their private rooms. Staff encouraged people's independence and respected people's choices. Staff understood people's individual communication needs and relationships with relatives were maintained.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. People understood how to complain if they needed to because complaints procedures were in a format that people understood.

Effective systems were in place to assess and monitor the quality of the service people received. People and staff were encouraged to provide feedback about the service. The registered manager was approachable and supportive to both people and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

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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 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 was unannounced and took place on 04 September 2017. The inspection was carried out by one inspector.

We reviewed information we held about the home. This included notifications that we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with one person who used the service and two relatives/representatives. Some people were unable to communicate their experiences of the service so we observed care and support in communal areas to assess how people were supported by staff.

We also spoke with three staff and the registered manager. We viewed two records about people's care and medicine administration. We also looked at records that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

Relatives told us they felt that their relatives were safe when staff supported them. One relative said, "I absolutely feel that my relative is safe. The staff treat them so well, and I have no concerns at all". Staff were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I would tell the manager straight away if I thought someone was displaying signs of potential abuse". We found that there had been no recent safeguarding concerns but saw that records that any past concerns had been reported to the local safeguarding authority and an investigation had been carried out. The registered manager understood their responsibilities to report any concerns to the local authority and to notify us (CQC) of any incidents of alleged abuse that had been reported. This meant people continued to be protected from the risk of abuse.

People were supported with their risks whilst their independence was promoted. One person said, "I help with the cooking but I need a staff member with me. I can make my own drinks too". We saw this person made drinks at their leisure whilst staff were available if support was needed. A relative we spoke with told us that staff support their relative safely because they knew how to manage their different risks when they went out. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these. The records we viewed confirmed what staff told us and we saw that the risk assessments in place contained positive risk taking strategies so that people were able to remain as independent as possible, whilst their risks were managed. This meant people continued to be safe from harm because their risks were managed and mitigated whilst their independence was promoted.

Relatives told us there was always enough staff available to support people. One relative said, "There are always enough staff available and they make sure they are staffed to enable my relative to go out and do things they like". Staff also told us that there were enough staff employed to ensure that people were supported safely and were able to access the community when they wanted to. During the inspection we saw that there were enough staff available to provide support when people needed it. Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant that people continued to receive the support they needed from staff that were safe to provide support.

We saw that people were supported with their medicines as required and staff administered medicines in a dignified and caring way. Staff explained to people what medicines were being administered and gave people time to take their medicines. We saw that where people required 'as required' medicines these contained detailed guidance for staff to follow. Medicine Administration Records (MARs) we viewed showed the medicines people needed, the frequency and the amount and we saw the MARs had been completed accurately by staff. This meant that medicines continued to be managed safely.

Is the service effective?

Our findings

People consented to their care where able and were encouraged to make decisions about their daily living routines. We saw staff gave people time to make decisions about their care and were patient to enable people to respond. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with had a good understanding of how they needed to support people to make decisions and their responsibilities where people had difficulty in making certain decisions. One member of staff said, "I help people to make decisions in every aspect of their daily life. Some people are unable to make certain decisions but we have plans in place to follow to help in their best interests". Where people were unable to make certain decisions by themselves, capacity assessments had been completed and they were supported by family and advocates to make decisions that were in their best interests. People continued to be supported to have as much choice and control as they were able to in their daily life. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where restrictions had been identified deprivation of liberty authorisations had been applied for to ensure any restriction was lawful and in people's best interests.

People we spoke with were very happy with the food. People told us that they were able to choose their meals and they discussed the food they wanted as a group at regular meetings. One person said, "The food is nice. I like it very much". People were given choices and where people wanted something different the staff ensured people were supported to have the food they wanted. We saw staff sat with people and chatted with them whilst they were eating, gave encouragement and asked if they were okay. We saw that people helped themselves to drinks throughout the day with support from staff if they needed guidance. We saw there were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as fork mashed. We observed staff supported people in line with their assessed nutritional needs during the inspection.

People were supported to access health professionals when they needed to. We viewed records that showed people had been supported to access dentists, nurses, G.Ps and consultants. We saw that people had health plans in place, which contained an assessment of all aspects of people's individual physical and emotional wellbeing and the support needed to keep people healthy. The records we viewed showed that people's health was assessed and monitored regularly. This meant people continued to be supported to maintain their health and wellbeing

Staff told us they had received an induction when they were first employed at the service. One staff member said, "I had an induction before I started to provide support to people. I shadowed a member of staff before I provided support to people and undertook training which was very useful". Staff told us and we saw that they received specialist training to ensure that they had the knowledge to support people safely and

effectively, such as behaviour that may challenge. The records we viewed confirmed staff were trained to carry out their role effectively. Staff told us they received supervision on a regular basis, where they discussed any issues and their development. One member of staff said, "Supervision is good. It gives us an opportunity to discuss any issues and if I need any updates in training". This meant staff were supported to carry out their role effectively

Is the service caring?

Our findings

We observed staff were kind, caring and respectful when they supported people. One person said, "It's great. They [staff] look after me. I like them all a lot". A relative said, "I am over the moon with how caring the staff are. All the staff are caring towards them and know them really well". Another relative said, "The staff are very caring, fabulous with my relative". We observed dignified and caring interactions between people and staff. For example; staff spoke with people in a polite and caring way and showed patience when people asked them for support. We saw staff communicated with people in a way that met their needs. For example; staff told us that one person used sign language as their way of communication. Staff explained the different signs that this person used and what they meant, which were all clearly detailed in their records. During the inspection we saw this person communicating their needs and staff responding to their wishes.

People who used the service were supported to establish and maintain relationships with their families and friends. One relative said, "We visit [person who uses the service] regularly and we are always welcomed by staff. It is important for us to see how happy they are". Another relative said, "It's wonderful how I am welcomed into my relative's home. I have lunch with them and I am invited to go out on outing with them. It means a lot to me to see how caring staff are with them". The records we viewed confirmed what relatives had told us and showed that people were supported to visit friends and family on a regular basis, which ensured that people were able to maintain links with people that were an important part of their lives. This meant that people were supported to maintain important relationships.

We saw that people's independence was promoted and they were involved in various areas of daily living, such as; cooking and maintaining a clean and tidy home. One person said, "I like to help with the cooking and I tidy things up too". We saw this person preparing a meal and they had their own apron and chef's hat which they wore with pride. We saw staff supporting people throughout the day to prepare their own meals and promoted their choice and independence. Staff encouraged people to make choices in the way they received their care and people's choices were respected. One person had difficulty communicating and their relative had been involved in the planning in their care so that staff could ensure their choices and preferences were respected. For example; this person liked to wear red and we saw that they had been supported with clothes that matched their choices.

We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. We saw people accessing all areas of the service and some people sat in the lounge area, some people in the dining area and some people had time to relax in their rooms. We saw this was people's choice and staff respected what people wanted to do throughout the inspection. We also saw that people's dignity was protected because staff ensured that people received personal care in private and spoke with people in a way that made them feel that they mattered. A relative said, "Staff are always respectful. They kneel down when they talk with my relative and staff know them really well". This meant the service continued to respect people's right to privacy and their dignity was maintained.

Is the service responsive?

Our findings

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One relative said, "I am so pleased that my relative has been able to do the things they love. I get to see photos and videos of their days out and can see how happy they are. His social life has improved a great deal". We saw people smiling and laughing as staff talked about the outings that they had been on with people. Records we viewed contained details of people's interests and how staff had supported them to visit places that were of interest to them. For example; one person loved to see horses and we saw that staff regularly supported the person to visit stables and events where the person could enjoy the horses. Another person enjoyed various types of automobiles and they had been supported to a racing event on numerous occasions. This meant people continued to be supported to access interests that met their preferences.

We saw that people's preferences and interests were detailed throughout the support plans, which showed people's lifestyle history, current health and emotional wellbeing needs and what is important to people. The information we viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. We saw records of reviews that had been undertaken which showed people and their relatives had been involved. One relative said, "I am always involved in the reviews and it is nice to hear what my relative has been doing and what plans they have for the future". We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs.

Relatives we spoke with knew how to complain and felt able to approach staff if they were unhappy with the service their relative's received. One relative said, "I have never had to make a complaint but if I had I would speak with [registered manager's name]. I know they would deal with it straight away I have complete confidence in them". The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We found there had been no formal complaints at the service since the last inspection, but there were systems in place to deal with any complaints that may be received.

Is the service well-led?

Our findings

We saw that people approached the registered manager and talked with them with ease and the registered manager listened to people and took account of people's wishes. Relatives told us that the registered manager was approachable and they felt able to talk with them if they needed to. One relative said, "[Registered manager's name] is wonderful, they are so respectful to people and this is returned by respect from staff and people. They are very kind and considered the residents first. They have a good overview of people's needs and will contact me if they need any advice as I know my relative well". We saw that the registered manager spent time working alongside staff and staff told us that the manager was approachable and gave them guidance and support when they needed it. One member of staff said, "The registered manager is very supportive and I have always felt that I can approach them with both work and personal issues. They have helped me a lot". This meant the service was led by a registered manager who was approachable and supportive to people, relatives and staff.

We saw people were encouraged to give feedback on the way they were supported through meetings and surveys. We saw that people were involved in monthly advocacy meetings, which showed that people had been asked if they were happy with the care provided, the activities they have been involved in and people's future plans were discussed. The feedback we viewed was positive and people were happy. We also saw that people had been involved in surveys that were presented in an easy to read format to ensure people understood the questions. The feedback gained from these surveys was positive and there were no actions required. The registered manager told us that people were also involved in the recruitment of new staff and if people wanted to they could be part of the interview panel for new staff. One person confirmed that they had interviewed a new member of staff, who had been recruited and they were happy that this person would be their keyworker. This meant that people were involved and their feedback was gained to inform the delivery of their support.

The registered manager told us that there was an on call system in place for staff to use if there were any concerns when the registered manager was unavailable. This system was covered by all registered managers' from the provider's locations on a rota basis. Staff we spoke with told us that they understood how the system worked although staff always contacted the registered manager from 20 Dairy Close because the registered manager liked to be aware of any concerns. The registered manager said, "We have got an on call system in place. However, I like staff to contact me alongside the on call system because I know people well and I feel it is important that people who use the service are supported by a manager who they know as unfamiliar people can heighten people's behaviour that may challenge". This showed that the registered manager respected and understood people's potential challenges in the event of an emergency and took action to reduce these.

The registered manager carried out regular quality checks on how the service was managed, which were forwarded to the provider to ensure they had an overview of the service provided. These included checks on individual support plans, medicines management and people's health and wellbeing. We saw where concerns with quality had been identified the registered manager recorded how improvements were to be made. For example; we saw that an infection control audit had identified that soap dispensers were required

and new shower mats were required to lower the risk of infection. An action plan was in place and we saw these actions had all been completed. We saw that the registered manager understood their responsibility of their registration with us and their requirement to notify us of any incidents that had occurred at the service. This meant there continued to be effective systems in place to monitor and manage the service.