

Choices Housing Association Limited

Choices Housing Association Limited - 40 Stafford Avenue

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

About the service: Choices Housing Association Limited - 40 Stafford Avenue is a residential care home providing personal and nursing care to five people with a learning disability at the time of the inspection. Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:

People were safe and received effective care. Staff had the skills to support people with meeting their needs. People were protected from the risk of abuse and risks to safety were assessed and managed.

People received support from kind and caring staff who knew them well and understood their preferences. People had their privacy and dignity respected and were encouraged to make decisions and choices for themselves.

People were supported to follow their interests and were involved in planning their care and support. People had their views sought about the care they received and they were listened to. There were systems in place to monitor the quality of care and these were effective in identifying improvements.

The registered manager encouraged a positive culture and understood their responsibilities. Learning and partnership were encouraged and promoted to improve people's quality of life.

The service met the characteristics of Good in all areas; more information is available in the full report below.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 5 September 2017).

Why we inspected: This was a scheduled inspection based on previous rating.

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 was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Choices Housing Association Limited - 40 Stafford Avenue

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Choices Housing Association Limited - 40 Stafford Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with three people who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with three staff and the registered manager.

We looked at the care records of two people who used the service, 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 training records, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked at evidence people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- At our last inspection in 2017, we found some people did not have guidance in place to support staff to know when to administer their medicines. At this inspection we found the provider had made the required improvements.
- People's needs had been assessed. Guidance was in place for staff including specific guidance on when to give medicines which had been prescribed on an 'as required' basis.
- People received their medicines as prescribed. We observed people receive their medicines in line with the guidance and this was done accurately and on time.
- Medicines were stored safely and stock checks were carried to ensure people had an adequate supply of their medicines.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were kept safe from the risk of harm and abuse. People told us they felt safe. There were individual safeguarding plans in place to support staff in ensuring people were kept safe from the risk of abuse.
- Staff could recognise abuse and describe the procedures for reporting any safeguarding incidents. One staff member said, "There is a need to record and report concerns. This then gets reported to the local authority and I have no doubt this would be done."
- The registered manager could describe how incidents had been investigated. Where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:

- People were supported to manage risks to their safety.
- People's risks were assessed, monitored and there was clear guidance in place for staff on how to reduce the risks for people.
- One person was at risk of harm due to a health condition. Staff could support the person to manage their health condition and the risks associated with it.
- There were records in place to show how the person had received their support to manage the risk.
- Risks assessments and plans were reviewed and where needed other professionals had been involved in planning how to manage risks to people's safety.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- People told us there were always staff around to support them. One person told us, "I like going out on the train and the staff always come with me."
- Staff confirmed they thought there was enough staff to support people safely. Staff said any short-term absences were covered with familiar bank staff. We saw people did not have to wait for their care and support. When people required observation for some aspects of their care this was continually in place.
- The registered manager told us they made sure there was enough staff to meet people's needs. For example, when people had appointments staff were always made available to attend.

Preventing and controlling infection:

- There were cleaning schedules in place which guided staff to keep the home clean. We found the home was clean, well maintained and free from the risk of infection.
- Staff had been trained in preventing the risk of cross infection and we saw they used protective clothing when supporting people and followed handwashing procedures.

Learning lessons when things go wrong:

- There was a system in place to learn when things went wrong. The registered manager told us when incidents occurred they were reviewed by themselves and the provider, and an action plan was developed to reduce the risk of reoccurrence.
- Staff told us they had opportunities to reflect on incidents. One staff member said, "We have regular learning discussions with the registered manager and other staff, this helps us to reflect on what we could have done differently."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had their needs assessed and plans put in place to meet them which were reviewed on a regular basis. We found people were involved in the assessments, plans and reviews and were central to shaping how their care was delivered.
- People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion, disability and sexuality. Staff could give examples of how the information about peoples protected characteristics had helped shape their care plan.
- We found other professionals provided guidance on managing specific health concerns for people and were involved in planning peoples care where this was required.

Staff skills, knowledge and experience:

- People received support from staff that had the required skills and knowledge.
- Staff completed an induction and had regular updates to their training. We found staff had the skills to support people safely.
- Staff told us training was good and they felt confident in using the skills they had been shown. One staff member told us about the competency checks with medicines to check their knowledge. We saw there was a training matrix in place to ensure staff stayed up to date and the registered manager monitored this.
- Staff were supported in their role. Staff received supervisions and had regular meetings to discuss their role and the way the service operated.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they enjoyed their food and could choose what they had to eat and drink. One person said, "I had cereal for breakfast." Another person told us, "I take a packed lunch when I go out, I have cheese sandwiches."
- People were supported to maintain their independence with meals. Care plans identified what people could do for themselves and staff were observed following the plans.
- Where people had risks associated to their food and drinks intake and required specialist input this was sought. Where people needed monitoring, this was in place and where people required specialist diets they were followed.
- Staff were knowledgeable about people's needs. They could describe how people were supported to have enough food and drinks and how they supported people in line with their risk assessments.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to ensure staff worked as a team and shared information to ensure people received consistent support. There were systems in place to communicate any changes to people's care at the start and end of the shifts.
- Other health professionals were involved where needed in providing care for people. There were clear communication systems in place and this ensured people received consistent support.

Adapting service, design, decoration to meet people's needs:

- The environment met people's needs and suitable adaptation had been made for people.
- Adjustments had been made, for example, decoration had been used in one person's room to support with meeting their needs. We saw sensors were in use when needed to alert staff and there were adaptations such as handrails in place for people to use.
- People were able to personalise their bedrooms as they wished and were involved in discussions about the home's environment.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to support with their health and wellbeing. Staff told us they were able to access appointments for people to see their doctor and involve other health professionals in people's care.
- We saw referrals had been done to other professionals where needed. Advice from professionals had been used to inform care plans and we could see staff were following the advice.
- Guidance was in place for staff about people's individual health conditions. We saw staff understood people's health needs and there were regular reviews of their health records to ensure people stayed well and maintained their wellbeing.

Ensuring consent to care and treatment in line with law and guidance:

- The 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they 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.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had a MCA and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us the staff were nice. One person said, "I like the staff they do things with me."
- Staff told us they had good relationships with people and knew them well. One staff member said, "We have a good rapport with people here, we are like a second family and for some their only family. We have some really lovely interactions with people." Another staff member said, "The best thing about this place is working with the people and knowing I have made a real difference."
- We saw kind and caring interactions between people and staff. Staff considered people's wellbeing and ensured people were comfortable and happy. For example, when providing continuous observation staff were discreet with how this was done and used the time to engage people in conversations about things that mattered to them.

Supporting people to express their views and be involved in making decisions about their care:

- People could make their own decisions and choose for themselves. One person told us they wanted to go outside, they spoke to staff and they supported the person to do this straight way.
- We found people made day to day choices for themselves and we saw staff supporting people to do this throughout the inspection. For example, people chose what time to get up, when to have their meals and were given choices about food, drinks and their clothing.
- Regular discussions were held about people's choice and staff had clear guidance in place to know how people needed to be supported to make decisions.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected by staff.
- Staff were observed speaking to people respectfully and ensuring their privacy was maintained. Staff gave us examples of how people were encouraged to maintain their privacy.
- People were supported to maintain their independence. One person was observed clearing up in the kitchen after lunch. Staff chatted to the person as they cleared dishes. The person appeared to enjoy the activity.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were fully involved in developing and reviewing their care plans. Care plans included information about people's preferences and their life history. For example, information about likes, dislikes and what was important to people.
- Peoples assessments and care plans took account of their protected characteristics. Information about people's preferences relating to culture, religion and sexuality had been considered.
- There was a description of the characteristics of staff which would best suit the individual to help ensure the right relationships were in place.
- Staff knew people well and used their knowledge of peoples and their interests to have meaningful conversations with people.
- People told us about the things they enjoyed and how they could follow their interests. One person told us, "I like going out on the train, I love looking at birds and rabbits as we travel." The person told us how they loved one type of animal. Staff confirmed the person loved to do things associated with them and this was a theme in the person's bedroom.
- People had their communication needs assessed. Plans included information out people's ability to speak, key phrases and their meaning, the use of images and objects of reference.
- We saw staff followed the plans and people could communicate effectively. We saw there were easy read documents available to people to help them understand key information such as their care plans and the complaints policy.

Improving care quality in response to complaints or concerns:

- People had information about how to complain about the service. There were regular discussions with staff and people they supported about the home and any areas they were unhappy about.
- There was a complaints policy in place. There had not been any complaints since the last inspection.
- The registered manager was able to describe how any complaints would be recorded, investigated and responded to in line with the procedure.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's future wishes were considered. Staff spoke to people about what they would like and other professionals were involved in developing plans.
- The service had documented peoples wishes which included any preferences relating to their culture and religion.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection we found the providers systems for monitoring and improving the quality of the service were not consistently effective. At this inspection we found the provider had made the required improvements.
- The registered manager had systems in place to check the quality of the service. There were checks in place to make sure people had their medicines as prescribed. We saw these checks were effective in driving improvement.
- We saw checks were carried out by the provider on other areas including checks on protected mealtimes, dignity and activity choices for people.
- Accidents and incidents were analysed and this was used to identify any actions needed to prevent reoccurrence. The registered manager had a learning process in place to check for areas of improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager told us the vision for the service was to provide people with a good quality of life, positive relationships, and achieve a healthy lifestyle in a calm and peaceful environment.
- Staff confirmed their ethos was to provide people with the support they needed to make choices, build relationships and achieve things which were important to them.
- The registered manager understood their responsibilities and acted on the duty of candour.
- The provider understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home.
- The rating from the last inspection was on display in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. We saw regular opportunities for people to share their thoughts about the service were in place.
- Meetings were held to talk with people about their experience of the service. This included understanding their wishes for the future and the home environment.
- Staff were engaged in the service and felt able to make suggestions to the registered manager. One staff

member told us, "You can speak with the registered manager about anything, have a chat and raise a suggestion."

- We saw peoples feedback was used to make changes to the service and there was a 'listening' report completed to show what people had suggested.

Continuous learning and improving care:

- The provider told us in the PIR there were systems in place to continuously learn and improve the quality of the care. For example, leadership meetings were attended and business briefs held on a quarterly basis. Any highlighted best practice was fed back to the team via team review meetings.
- The registered manager told us they looked for opportunities to extend staff knowledge and undertake training and reflection.

Working in partnership with others:

- The provider told us in the PIR they worked in partnership with other agencies and sought advice about peoples care from health professionals. They told us they made links with the local community for people.
- Staff told us and records confirmed there were other health professionals involved in peoples care plans.