

Choices Housing Association Limited

Choices Housing Association Limited - 150 Community Drive

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

What life is like for people using this service:

People who used the service were supported safely whilst staff promoted their independence and inclusion within the community. People were supported by caring and compassionate staff who promoted choices in a way that people understood, this meant people had control and choice over their lives.

People were supported by safely recruited staff who had the skills and knowledge to provide effective support. Effective care planning was in place which guided staff to provide support that met people's diverse needs and in line with their preferences.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, people and staff could approach the manager who acted on concerns raised to make improvements to people's care.

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

Rating at last inspection:

Good (report published 24 August 2016)

About the service:

150 Community Drive is a residential care home that accommodates up to eight people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were six people living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen 'Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in all areas. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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 ●

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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:

One inspector carried out this inspection.

Service and service type:

150 Community Drive is a care home. People in care homes receive accommodation and nursing or personal care. 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:

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with four people who used the service and one relative. We observed care and support in communal areas to assess how people were supported by staff.

We spoke with two staff and the registered manager. We viewed one person's care records to confirm what we had observed and staff had told us. We looked at how medicines were stored, administered and recorded for two people. We also looked at documents 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

Safe – this means people were protected from abuse and avoidable harm

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

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

- Staff understood their responsibilities with regards to reporting suspected abuse. Concerns were acted on to keep people safe and the registered manager had a system in place to report suspected abuse to the local authority.

Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "Staff treat me nicely and I like them to come with me when I go out, which makes me feel safe". Another person said, "Staff help me to understand how to keep safe when I go out on my own and what to do if I don't feel safe".
- Risk assessments and support plans were in place which gave staff guidance to follow to keep people safe. Staff knew people well and explained how they ensured people's risks were lowered.

Staffing levels

- People told us there were enough staff available to meet their needs which included staff being available to support people to access the community and undertake specific activities when they wanted. We observed staff were available to people and supported people in an unrushed way.
- Safe recruitment procedures were followed to ensure staff were suitable to provide support to people. People were involved in the recruitment of new staff and were encouraged to express their views about potential new staff. One person said, "It's good I can help to choose staff I like to support me". The provider had a system in place to ensure that staffing levels were reviewed and updated in line with people's changing needs.

Using medicines safely

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering medicines. For example; staff explained to people what the medicine was so people understood what they were taking.
- Protocols were in place to ensure that there was sufficient guidance for staff to follow when administering 'as required' medicines.

Preventing and controlling infection

- The service was clean and free from odours.

- People and staff helped to maintain the environment and there were systems in place to ensure the risk of infection was prevented. For example; the use of gloves and aprons when supporting people with personal care and guidance for staff regarding effective handwashing.

Learning lessons when things go wrong

- The registered manager had a system in place to learn from incidents that had occurred at the service. Incidents were analysed and action was taken to reduce further incidents and keep people safe from harm.

Is the service effective?

Our findings

Effective – this means 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's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Support plans had been developed with people to ensure their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. This gave staff guidance on how to support people in line with their preferences.

Staff skills, knowledge and experience

- Staff received a detailed induction and met people before they started to provide support. Staff told us training was provided which ensured they had sufficient knowledge to support people effectively.
- Staff told us they received a supervision with the registered manager to highlight any areas of development within their role.

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

- People told us they were involved in the preparation of meals and they had meetings to discuss and plan their weekly meals. One person said, "We have a meeting and decide what we want to eat. If I don't feel like the food on the menu I just have something else".
- People were encouraged to maintain a healthy diet and monitoring was in place to ensure people had sufficient amounts to eat and drink.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively where risks had been identified.

People are supported to have healthier lives and have access to healthcare services

- People were supported to make and attend healthcare appointments. One person said, "Staff remind me to make an appointment and they come with me so that they can help me if needed".
- People had health action plans in place which had been developed with people to ensure people understood how they needed to maintain a healthy lifestyle.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Staff providing consistent, effective, timely care

- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift, which ensured that people received a consistent level of support.
- People had a 'hospital passport' which included details of people's medical history and support needs. This was used to ensure that people received a consistent level of support that met their needs if they needed to visit the hospital.

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

- The layout of the service enabled people to move around the service freely. People had access to communal rooms where people could socialise. People told us they had been involved in the decoration of their bedrooms, which were decorated in line with people's personal tastes.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seat and toilet seat with grabrails were in place to ensure people were safe whilst promoting their independence within the service.

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

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. 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.

- People were encouraged to make decisions about their care. One person said, "I choose lots of things myself but staff are here if I need a bit of help".
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- The registered manager had submitted referrals to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.

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 that staff treated them in a kind and caring way. One person said, "I love the staff they are very nice to me and help me when I need them". Another person said, "Staff are kind and help me if I am upset".
- We observed caring interactions between people and staff. People shared a laugh and a joke with staff and enjoyed chatting about the day ahead they had planned. People were comfortable raising any concerns with staff and the registered manager.
- People were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with friends and family which was important to them.

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

- Staff encouraged people to make choices in the way they received their care and people's choices were respected. People told us they could make choices to live their life as they preferred. One person said, "I like to do a lot by myself. I choose where I want to go, I can get up and think I will go to town today so I let staff know and go out. I know staff are here if I need them".
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices. This gave people control over their lives.
- Staff understood people's individual methods of communication and support plans were in place to give staff guidance on the most effective way of communication to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- We observed staff treated people with dignity and respect and promoted independence. Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People were encouraged to live their lives independently and staff sought opportunities for people to be an active part of the community. Staff encouraged people to maintain their daily living skills within the service.

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.

Personalised care

- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "I do lots of things that I like. I like to go walking and I like to spend time with my friends. I do things by myself and with other people who I live with".
- People had opportunities to work. One person said, "I really like working. I catch the bus myself. I have two jobs which I really enjoy".
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences which were followed by staff when they provided support to people.
- People and their relatives were involved in the planning and reviewing of their support which ensured people received support in line with their wishes.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would speak with staff. I have spoken with staff when I have felt unhappy about things and they helped me".
- The provider had a complaints procedure which was available in a pictorial format to aid people's understanding. At the time of the inspection there had been no complaints at the service. However, there was a system in place to investigate and respond to complaints.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care
- People had been involved in advance discussions about their care at the end of their life, which ensured their wishes would be respected at this time in their lives. Pictorial information sheets were used to aid people's understanding when discussing their end of life needs.

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager promoted the values of the service. They said, "I am passionate about providing high quality care and our main aim is to promote independence and inclusion for people". Staff explained the values of the service and how they felt empowered by people receiving person centred care.
- Staff we spoke with were positive about the registered manager and the provider. One staff member said, "It is a great place to work and people are at the heart of what we do. The registered manager ensures we understand the importance of good outcomes for people".
- A person told us, "I like [registered manager's name] they have helped me when I was worried. It's all sorted now. They are very nice".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider had a quality assurance system in place, which the registered manager followed in practice. Where the quality audits had identified an issue, the registered manager took action to ensure improvements were made and people received their support as planned.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us as required by law and the rating of the last inspection was on display.
- The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements. Action plans were checked by the regional manager to ensure action had been taken in a timely way to make improvements to people's care.

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

- People told us that they were involved in their support. One person said, "I have a meeting with my keyworker to talk about the things I want to do and if I am happy".
- Feedback was gained from people and their relatives which was used to make improvements to the quality of the care provided. Feedback gained was analysed and made available to people, which meant people were aware of how their feedback had affected service delivery.
- Staff told us they were supported by the registered manager, who listened to their opinions and acted on

these to make improvements to people's support.

Continuous learning and improving care

- Staff told us they received supervision with the registered manager to discuss their development needs. The registered manager and provider supported the development and learning of staff, which meant people received effective support from staff.

Working in partnership with others

- The service worked in collaboration with other professionals, which ensured people received support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing. The registered manager held staff meetings to share updates in people's care and attended best practice meetings within the social care environment to ensure best practice was shared across the service.