

Choices Housing Association Limited

Choices Housing Association Limited - 2 Cowley Way

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 - 2 Cowley Way ('2 Cowley Way') provides personal care and support for up to eight people who have a learning disability, in one purpose built detached house. The service was full at the time of our inspection.

People's experience of using this service: The culture was welcoming and inclusive. People enjoyed living at 2 Cowley Way.

Staff, most of whom had been at the service for several years, cared passionately about their roles and people receiving good health and wellbeing outcomes.

The registered manager had confidence in their staff and the respect was mutual, with a good team spirit and shared understanding of how best to support people.

Feedback from people, their relatives and external professionals was positive regarding the continuity of care and the sensitive, dignified approach of staff. Staff turnover was extremely low and agency staff were not used.

There were sufficiently trained staff, suitably deployed, to meet people's needs safely.

Healthy eating was encouraged, as was healthy living, notably through people being supported to use the gym.

People's individual preferences, likes, dislikes and important information such as allergies and potential triggers to anxiety, were well known by staff.

Regular meetings were held with staff and people who used the service. These meetings were an opportunity to openly discuss a wide range of topics. People and staff confirmed they could raise queries or suggestions in a welcoming, inclusive atmosphere at these meetings.

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.

Good community links were in place and people felt a part of their community. People were encouraged to try new activities and make new friendships.

Records were accurate, up to date and person-centred. Clear systems were in place for the review and audit of all aspects of the service, with support in place from the area manager.

The registered manager had been in post for five months and demonstrated a good knowledge of the needs

of people. People got on well with the registered manager and relatives confirmed they were approachable.

Turnover of staff remained low and staff morale was high.

The care service was managed in line with the values that underpin 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.

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

Rating at last inspection: Good (report published December 2016).

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

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 - 2 Cowley Way

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, 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 completed the inspection.

Service and service type: 2 Cowley Way is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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: The inspection was unannounced.

What we did: Before our inspection we reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

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 spoke with two people who used the service and observed interactions between staff and people who used the service. We spoke with four members of staff: the registered manager, the area manager and two support staff.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the provider's policies and procedures for the service, meeting minutes and maintenance records. Following the inspection we contacted four relatives and two health and social care professionals.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse.

- Safeguarding procedures were well understood by staff. Regular refresher training took place for staff and those we spoke with were clear about their responsibilities.
- People behaved in a relaxed fashion and interacted freely with staff, who evidently knew them well. All relatives and external professionals confirmed they had no concerns about people's wellbeing and confidence in the ability of staff to keep people were safe.
- Systems and processes were in place to ensure that any matters of a safeguarding nature were investigated and reported appropriately to the local authority safeguarding adults team.

Assessing risk, safety monitoring and management.

- Risk assessments were person-centred and clearly incorporated a range of information based on people's previous risks and input from professionals. Assessments were reviewed regularly and supported positive risk taking.
- A recent multi-agency initiative on the reduction of falls was clearly displayed and the registered manager had ensured staff were aware of the protocol.
- The service had a restraint policy in place but there had been no recent instances of restraint. Where people had previously displayed behaviours that may challenge there were detailed de-escalation strategies in place as well positive approaches to improving their quality of life.
- Staff undertook regular checks of the premises to ensure it was well maintained. The premises were well maintained and utilities regularly serviced.

Staffing and recruitment.

- Pre-employment checks took place to ensure prospective staff were suitable to work with vulnerable people.
- Staffing levels were appropriate to meet people's personal care and social needs. Staff felt staffing levels were always appropriate and additional staff were on duty when activities took place.

Using medicines safely.

- Medicines were managed safely and in line with good practice. For instance, where people were prescribed medicines 'when required' this was supported by a detailed protocol for staff to follow. Positive strategies other than using certain types of medication were clearly set out in people's care records.
- Regular audits of medicines records and stock levels took place, along with regular competence checks of staff. Staff received appropriate training in the safe management and administration of medicines.

Preventing and controlling infection.

- The service was clean throughout, including communal areas and people's rooms. People were not at risk of infections or living in a home that was in need of repair.

Learning lessons when things go wrong.

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. For instance, one person was particularly anxious when an external contractor arrived and performed some works. The registered manager reflected on this and ensured they better involved people in planning how and when external contractors should visit.

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's needs were assessed prior to using the service and reviewed regularly after that.
- Good practice was adhered to. For instance, each person had a health action plan in place, a hospital passport, and had been supported to attend an annual health check.
- The registered manager demonstrated a good knowledge of current best practice. They followed it to ensure one person had access to physiotherapy support and helped them complete their daily exercises.

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

- Staff worked well with healthcare professionals to meet people's needs. For instance, one person's sight had deteriorated significantly. Staff had sought specialist advice and ensured specialist equipment was made available to the person.
- External healthcare professionals gave positive feedback about the service. Comments included, "Records/files were all kept up to date on the client under review and I had no concerns."

Staff support: induction, training, skills and experience.

- The registered manager ensured training was regularly reviewed and new training sourced. Training was planned based on the needs of people and the training preferences of staff. One staff member told us, "Training is really good and they make sure you are confident in the subject."
- The registered manager did not have a deputy manager in place but staff had clearly defined support roles in addition to the care roles. For instance, one staff member completed the monthly health and safety check whilst another completed financial checks.
- Staff received regular supervisions from the registered manager, along with informal support and observations. They demonstrated a good knowledge of the training they had received.
- Staff were encouraged to act in people's interests and to use their detailed knowledge of people's needs to help them achieve greater health and wellbeing outcomes.

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff helped people prepare healthy meals using a four-weekly menu and listening to people's choices. We saw people enjoying a range of meals, drinks and snacks during our inspection.
- Staff and the registered manager demonstrated a comprehensive knowledge of people's dietary requirements, for instance specific food intolerances.

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

- The home was purpose built and accessible for all people who used the service. Corridors were wide and

light, whilst there were ample accessible bathing facilities. A sensory area was being developed in a disused corridor. This was still being developed but demonstrated a willingness to use space innovatively.

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

- People enjoyed going to a local gym regularly, supported by staff who encouraged them to beat previous 'personal bests'.
- People were supported to healthcare appointments when needed.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager kept a record of who had a DoLS in place and when these needed to be reviewed. Each decision was detailed and in line with good practice.
- People's consent was documented in care planning records. People we spoke with confirmed staff always asked them for their consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; respecting equality and diversity.

- Staff demonstrated sensitivity towards people's needs and ensured they felt involved and valued. Staff had got to know people for several years and had formed strong bonds with them.
- Staff ensured the atmosphere was welcoming and vibrant.
- One representative comment in a recently returned survey stated, "The home is one of the very best and I am very happy when my [person] tells me he is so happy. He loves the care there."
- Relatives commented on the positive impact on people of the continuity of staffing levels. Agency staff were not used and people had formed strong bonds with their keyworkers. One staff member told us, "The best bit of the job is the people – they are fantastic and they give you a lift." There was evidently mutual respect between staff and people who used the service.
- Staff interacted with people warmly and with evident knowledge of their preferences. People said, "Staff are very, very patient."

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

- Where they were able, people were fully involved in the planning and review of their care. They had access to a local advocacy service should they wish to access this support. People were also supported by family members. Staff had regard to their opinions and ensured decisions were taken in light of their knowledge and input, where a person lacked capacity to make a specific decision.
- The culture was inclusive. For instance, people who used the service helped interview prospective members of staff. Likewise, the provider sought information about the preferences of prospective staff members prior to employing them to help establish which person they may be a good keyworker match for.
- Staff acted in line with the 'tenant's charter', which was displayed prominently in the hallway and which set out people's core rights. There was scope to personalise this charter with more current input from people.
- Relatives confirmed they had been made welcome at the service whatever time they visited. This contributed further to the homely feel.

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

- People were encouraged to live full lives and to be independent. People accessed local facilities and interests with the help of staff. People were confident in their environment and felt at home.
- People's rooms were well decorated to their tastes and personalised how they wanted.
- People were encouraged to build new friendships at a local church club and the service benefitted from good local links. People were supported to be a part of their local community.
- One person took an active role in helping the handyman complete various checks as well as going with

him to undertake work at other services.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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.

- Care plans were extremely detailed and contained comprehensive levels of information regarding people's preferences and wishes. Each person's file also had a photograph and one-page profile to give staff a snapshot of their individuality. Staff confirmed they were given time to review people's care files prior to supporting them.
- The majority of people's care records related to people's long-term support at the service and were informed by detailed previous medical information and ongoing input from external professionals. Staff demonstrated a sound knowledge of people's individual needs and preferences.
- People were encouraged to provide feedback on an ongoing basis through formal and informal reviews and discussions with staff. The culture was one of continuous engagement with people to ensure they were included.
- People were supported and encouraged to pursue a range of hobbies and interests meaningful to them. Staff knowledge of people's interests and how they helped them pursue these on a day to day basis was good.
- Staff also helped people plan towards larger aspirations in line with their interests, such as visiting national motor shows, county shows and sea life centres.

Improving care quality in response to complaints or concerns.

- The complaints policy, along with other key information such as safeguarding information, was visible and in easy-read format. The provider acted in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- People and their relatives confirmed they knew how to raise any concerns they had and were confident in staff resolving any issues. Complaints had been few and relatively minor. There was a system in place to learn from complaints.
- Relatives confirmed they were always involved and always updated regarding any changes to people's needs or other updates. The registered manager had recently sent out satisfaction surveys to relatives and the two returned at the time of inspection were wholly positive.

End of life care and support.

- No one using the service at the time of inspection required end of life support. The registered manager had begun conversations with people and their relatives about this topic and some had plans entitled, 'When the time comes.' Some people chose not to talk about the matter at the time but the registered manager told us they approached the topic sensitively, involved people's relatives where appropriate, and ensured staff had the relevant training.

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.

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

- The registered manager had ensured the culture of openness and inclusivity, established by the previous registered manager, continued. They had taken time to get to know the strengths of staff and to understand people's personalities and needs.
- Relatives and external professionals expressed confidence in how the service was run and the fact they could approach any staff member with a query. They confirmed the provider was proactive in informing them of any changes to a person's needs, or incidents that may impact on the way care was delivered.

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

- The registered manager had established clear oversight of all core processes and ensured records were up to date and accurate.
- The area manager visited the service regularly to undertake checks of care planning documentation and other records. The registered manager was accountable for ensuring these were maintained to a high standard.
- The registered manager had the support of an experienced team of staff, who performed delegated duties to help them in their role.
- Staff were passionate about their caring roles and were encouraged to share ideas about how to improve people's wellbeing and access to the local community. They told us, for example, "The registered manager hasn't been here long but they haven't come in and wanted to make sweeping changes for the sake of it – they have listened to us."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People's individualities and disabilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The registered manager and staff team had successfully maintained a welcoming, inclusive atmosphere.

Continuous learning and improving care:

- The registered manager articulated a clear vision for how the service would continue to support people. They had in place a service improvement plan for 2019/2020. This was informed by learning from the provider's auditing of services nationally, responses from staff surveys and feedback from local commissioners.

Working in partnership with others.

- The registered manager worked well with external professionals. They and staff were aware of local community links that helped people experience good quality of life outcomes. The provider supported this with a regular social event specific to people with learning disabilities where people could attend, socialise and make friends.