

Choices Housing Association Limited

Choices Housing Association Limited - 5 Greenbrook Court

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 – 5 Greenbrook Court is a residential care home providing personal and nursing care to six people with a learning disability at the time of the inspection.

People's experience of using this service:

People received safe and effective care. Staff were trained and able to support people's needs. People felt safe and they were protected from the risk of abuse and risks to safety were assessed and managed.

People were treated with kindness by staff who knew them and understood their preferences. People's privacy and dignity was respected and their independence was encouraged. People could choose for themselves.

People had access to activities and did things they enjoyed. People, relatives and other professionals were involved in the planning and review of their care.

People were listened to and had their views sought about the care they received. The systems in place to monitor the quality of care were effective and actions plans were driving improvements.

There was a positive culture and the management team understood their responsibilities. Learning and partnership were encouraged and promoted.

The service met the characteristics of Good in all areas;

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 Good (report published 2 August 2016).

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 - 5 Greenbrook Court

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 – 5 Greenbrook Court 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 four 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 four staff and the registered manager.

We looked at the care records of three 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 2016, we found medicines were not consistently managed safely which meant people were at risk of receiving too much or not enough of their medicines and were at risk of harm. At this inspection we found the provider had made the required improvements and medicines were managed safely.
- People told us they received their medicines as prescribed. One person said, "The staff help me and give me my medicines at night time." Records we saw confirmed people received their medicines as prescribed.
- People's needs had been assessed and guidance was in place for staff including body maps to show where to apply topical medicines.
- Where people had medicines, which needed to be taken on an 'as required' basis for pain or anxiety management there was guidance in place for staff.
- 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 told us they felt safe. One person said, "It is safe here". Another person told us, "It is safe, I am very happy here."
- Staff could recognise abuse and describe the procedures for reporting any safeguarding incidents. One staff member said, "There is a reporting process and we have a policy to go outside of this if we feel it has been ignored or not dealt with."
- 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 told us staff knew their risks and helped them to keep safe. One person told us, "I can't go in the kitchen on my own, I need the staff to help me." Another person told us, "I have to use my wheelchair when I go out."
- People's risks were assessed, monitored and managed. For example, one person was at risk of harm due to a health condition. Plans were in place to guide staff which they could describe to us. Another person was at risk of falls. The care plan had guidance for staff which we saw staff following during our inspection.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- People told us there were enough staff to help them when they needed it. One person said, "I have help from the staff when I need it." Another person said, "The staff are always around."
- Staff we spoke with felt there was enough of them to meet people's needs. The registered manager told us they made sure there was enough staff to meet people's needs, and that there were arrangements in place to provide consistent cover for any staff absences.

Preventing and controlling infection:

- We found the home was clean and checks were in place to ensure the home remained clean, well maintained and free from the risk of infection.
- Staff used protective clothing when supporting people and confirmed they had received training in how to minimise the risk of cross infection.

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.
- This was then discussed with staff in meetings to share any learning from the incidents. For example, a medicines incident had changed the way staff and managers checked medicine administration to prevent a reoccurrence.

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. Plans were reviewed on a regular basis to ensure changes to people's needs were met.
- 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.
- Our checks confirmed people were involved in assessments and care plans. We found other professionals provided guidance on managing specific health concerns for people.

Staff skills, knowledge and experience:

- People were supported by staff who had the required skills and knowledge.
- One person said, "They [staff] get me out of bed and if I want to go to the lounge they will take me. They know me well and seem well skilled in all they do with me."
- Staff completed an induction and had regular updates to their training. One staff member told us, "I have worked for the provider for a long time but when I moved here I have undergone an induction."
- Staff competency was checked following training and at regular intervals to ensure their knowledge was up to date and accurate. One staff member told us, "Medicines training is good, it's refreshed often and we have observed practices and our competency is checked."
- Staff were supported in their role. Staff received supervisions and had regular meetings to discuss their role.

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

- People received support to eat and drink enough to maintain a healthy diet and could choose their own meals. One person told us, "I enjoy the food, I choose what I want."
- People were supported to maintain their independence. Care plans identified the support people needed and we saw people received this support from staff.
- One person had been advised by a health professional to follow a healthy eating plan. Staff described how they supported the person and records confirmed the person had received a healthy diet and maintained a healthy weight.

Staff providing consistent, effective, timely care:

- Staff worked well together and with other professionals to provide effective care to people. Where needed,

other professionals were involved in people's care and their advice was followed.

- Staff confirmed they had good communication systems in place to stay up to date about any changes in people's needs. We found there were written and verbal handovers at the start and end of each shift to ensure people had 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.
- People had a choice of bath or shower. Adjustments had been made to doorways for people requiring a wheelchair and there were hand rails in place.
- People had the opportunity to personalise their bedrooms as they wished and they had access to communal areas.

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

- People had access to support with their health and wellbeing. One person told us, "I get to see the doctor if I need to."
- Staff were aware of people's individual health needs and there were clear plans in place to support people with their health and wellbeing.
- Plans had involved health professionals and where advice had been given we saw this had been followed by staff.

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 staff were nice and they got on well with them. Comments included, "I know the staff well I like them all," "Staff talk to me every day and we go out," "I am happy here I really like the staff." • Staff told us they had good relationships with people and knew them well. One staff member said, "I know people well and when you are new you have time to build a relationship, we get to know all the relatives really well too."
- We saw kind and caring interactions between people and staff. Staff considered people's wellbeing and acted to ensure people were comfortable and happy.

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

- People told us they could make their own decisions and choose for themselves. One person said, "I can choose when I get up and go to bed." Another person said they chose their own meals, whilst another commented, "I can get up when I want, but staff remind me if I need to be up for a particular time."
- Staff told us people could make their own choices and decisions and could describe how they supported people. We saw the level of support needed was documented in care plans.
- We saw that people were given choices including what and where they wanted to eat and where and how they wanted to spend their time.
- Peoples communication needs were assessed and there were plans in place to guide staff. We saw staff used this information to ensure people were fully involved in their care.

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

- People told us their privacy and dignity were respected by staff. One person described having privacy in their bedroom, commenting, "The room is mine and I can go there when I want to."
- Staff knocked doors, when going to peoples bedrooms. We saw staff were respectful of privacy and ensured they were discreet when speaking with people.
- People were encouraged to maintain their independence and do things for themselves. We saw care plans included information on how to promote choice and independence with people

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 involved in developing and reviewing their care plans. Care plans included information about people's preferences and their life history. One person said, "There was a meeting the other day about what I liked doing."
- Staff could describe how they used their knowledge of people's likes and dislikes to support people. We saw this was recorded in care plans.
- People had access to activities they enjoyed. One person told us, "I am going out to lunch today and there will be dancing." Another person told us, "I have lots of music and instruments in my room, I love these." Another person told us, "I love to go out I go to different places each day I also like doing my knitting when I am in and staff help me to get the wool."

Improving care quality in response to complaints or concerns:

- People told us they felt able to raise any concerns or complaints if required. A person said, "I would speak to the staff if I was worried about anything."
- Staff knew how to respond to complaints and all complaints were recorded, investigated and responded to in line with the procedure in place and lessons were learned following investigations and information shared with staff.

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.

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; and how the provider understands and acts on duty of candour responsibility:

- There was a clear vision for the home which was used to deliver person centred care. The registered manager told us, "We want people here to live a fulfilling life. We promote choice and independence."
- Staff confirmed this, with one staff member telling us, "The best thing here is watching people increase in independence and confidence, it makes me proud of what we do here."
- The registered manager understood their responsibilities and acted on duty of candour.

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

- The provider had systems in place to check the quality of the service. For example, there were checks in place to make sure people had their medicines as prescribed. The registered manager carried out checks on peoples care records to ensure they were up to date and accurately completed.
- We saw these checks were effective in identifying where improvements were needed. The service also had external staff come to review the quality of the care people received. Action plans were in place and used to drive improvement.
- Accidents and incidents were reviewed to identify if there were any actions needed to prevent reoccurrence.

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

- People were involved in reviewing the quality of the service and making suggestions. One person said, "We talk about things with staff in meetings the other day we had a get together about what we like doing."
- Staff were engaged in the service and felt able to make suggestions to the registered manager. One staff member told us, "It's nice here we have regular meetings and discuss things daily."
- We saw peoples feedback was used to make changes to the service and staff were involved in discussing how improvements could be made.

Continuous learning and improving care:

- The provider had systems in place to continuously learn and improve the quality of the care. For example, information was shared across the provider's other homes about different ideas and changes which could

make improvements.

- The registered manager said they actively sought new ideas and researched different approaches to stay aware of changes to practice.

Working in partnership with others:

- The registered manager told us they worked in partnership with other agencies and sought advice on making improvements to the service.
- Staff confirmed they had access to a range of different professionals to support with developing effective care planning and records we saw supported this.