

Choices Housing Association Limited
Choices Housing
Association Limited - 60
Holdcroft Road

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:

There were enough staff to support people safely. We made a recommendation for the provider to review their contingency plans in place to deal with staff absences. People were supported by safely recruited staff who had the skills and knowledge to provide effective support.

People who used the service were supported safely. People had opportunities to access the community and be involved in interests they enjoyed. People were supported by caring and kind staff who promoted choices in a way that people understood. Information was available to people in an accessible format. People's dignity was maintained and their right to privacy was respected.

Effective care planning was in place which guided staff to provide support that met people's diverse needs and in line with their preferences. The design and layout of the service was adapted to meet people's needs. People received support in their best interests and in the least restrictive way possible.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the manager who acted on concerns raised to make improvements to people's care. The manager understood the responsibilities of their registration with us.

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 31 December 2015)

About the service:

60 Holdcroft Road 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:

The inspection was partly prompted by a notification of an incident following which a person using the

service sustained a serious injury. This incident may be subject to a criminal investigation and as a result; this inspection did not examine the circumstances of the incident. The service continued to meet 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:

60 Holdcroft Road 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 previous registered manager had left the service and were still showing as registered with the commission. However, the provider was in the process of registering another manager 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 one person and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two staff, the assistant manager and 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 three 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 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.

Staffing levels:

- We observed there were enough staff available to support people in a way that lowered their assessed risks and to maintain people's personal care. However, on the day of the inspection and the week prior to the inspection there had been a high level of sickness within the service. This had impacted on the availability of staff to provide support for people to access the community and be involved in meaningful activities. The rotas showed that staffing levels had been maintained prior to this and people's activity logs showed that people had accessed the community regularly in the period leading up to the period of staff sickness.

We recommend the provider reviews their contingency plans in place during periods where staffing levels were low due to sickness.

- Safe recruitment procedures were followed to ensure staff were suitable to provide support to people. This included criminal record checks and references from previous employment.

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 manager had a system in place to report suspected abuse to the local authority.

Assessing risk, safety monitoring and management:

- Relatives told us that staff ensured their relatives were safe and looked after. One relative said, "I am assured that my relative is safe at 60 Holdcroft Road. They have a good quality of life and are looked after well by staff".
- 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.

Using medicines safely:

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering their medicines.
- Procedures and protocols were in place and followed by staff to ensure people received their medicines as prescribed.
- Staff had received training in the safe administration of medicines.

Preventing and controlling infection:

- The service was clean and free from odours.
- There were systems in place to ensure the risk of infection was prevented. For example; staff used gloves and aprons when supporting people with personal care and guidance was available for staff to ensure people were protected from cross infection.

Learning lessons when things go wrong:

- The provider had a system in place to learn from incidents that had occurred at the service. The manager analysed the incidents 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.
- People and the relatives had been involved in the development of support plans to ensure preferences and diversity were considered when planning people's support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff skills, knowledge and experience:

- Staff received a detailed induction and training which ensured they had sufficient knowledge to support people effectively.
- Staff told us they received a supervision session with the manager to discuss people's support and to identify any areas of development in their skills and knowledge.

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

- 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. For example; one person required their food preparing in a way that reduced the risk of choking and specific cutlery was needed. We observed staff supporting this person in line with the advice received.

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

- People were supported to access healthcare professionals. A relative said, "The staff make sure my relative attends appointments and if they are unwell they see the doctor".
- People had health action plans in place which had been developed to ensure people were supported to maintain their health and wellbeing.
- 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 changes in people's needs, 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 if they needed to visit the hospital.

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

- People were involved in the decoration of their personal bedrooms, which we saw were decorated in line with people's personal tastes.
- The service had large corridors to ensure people who could move about the service in specialised wheelchairs were able to do so.
- Equipment had been sought to ensure people were safe. For example; a bath seat and shower seat were available to ensure people were supported safely.

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.

- 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 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:

- Relatives told us that staff were kind and caring. One relative said, "The staff are wonderful. They have such a caring manner which my relative responds well to". Another relative said, "The staff are lovely and there is always a calm and caring atmosphere in the home".
- We observed caring interactions between people and staff. Staff showed compassion when they spoke with people and provided comfort when people needed it, such as a caring touch which people responded well to.
- People were supported to establish and maintain relationships with their families and friends. Relatives told us that they were welcomed into the home when they visited.

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

- People were encouraged to make choices in the way they received their care. Staff listened to people's choices and respected their wishes when providing support. A relative said, "Staff help my relative make choices. Staff know them well and understand what they like".
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on people's individual methods of communication.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices. This helped people have control over their lives.

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 they provided support.
- People chose when they wanted time alone, which was respected by staff.
- People were encouraged to maintain their independence. For example; people were encouraged to eat independently where able and to move around the service in their specialised wheelchairs.

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.

How people's needs are met

Personalised care:

- People had opportunities to access interests and hobbies that were important to them. We saw activity plans which showed people had been involved in activities that met their preferences. One relative told us their relative enjoyed attending a trampoline activity before they lived at the service and staff ensured this was still maintained.
- 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:

- Relatives understood how to make a complaint and the manager was responsive to issues raised. One relative said, "I have raised minor issues in the past and the manager has acted on my concerns to make changes to my relative's care". This meant that concerns raised were acted on to make improvements.
- 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:

- Advance discussions about people's care at the end of their life had been gained from people in conjunction with family members and other professionals. Pictorial information sheets were used to aid people's understanding when discussing their end of life needs. This ensured people's wishes were respected and enabled the provision of appropriate support that met their preferences.

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:

- Staff explained the values of the service which were to promote independence, dignity and ensure people experience good outcomes. One staff member said, "I enjoy helping people to have a good quality of life".
- Staff we spoke with were positive about the assistant manager, manager and the provider. One staff member said, "The management team are all approachable and I am able to raise any concerns I have, which I feel are listened to".
- A relative said, "I know the manager as they have worked for the organisation for some time. The newly appointed assistant manager is very good and is settling in at the home well".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; the 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 provider had a quality assurance system in place, which the manager followed in practice. When quality audits had identified an issue, the manager had acted on these to ensure improvements were made.
- The 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 manager was undertaking their role effectively and working in line with regulatory requirements. The regional manager regular visited the service to check the manager was managing the service effectively.

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

- People were involved in the planning of their care and most relatives told us they felt involved in their relatives lives. However, one relative told us they would like to be more involved in their relative's life. They told us that communication had broken down due to the changes in management. We fed this back to the assistant manager who told us they were not aware of these concerns but would act on the feedback immediately to ensure all relatives felt involved.
- Feedback was gained from people and their relatives which was used to make improvements to the quality of the care provided. The manager analysed feedback and the result were made available to people and relatives, which showed how feedback received had affected service delivery.
- Staff told us they were supported by the manager, who listened to their opinions and acted on these to make improvements to people's support.

Continuous learning and improving care:

- The 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 with other professionals, which ensured people received effective and consistent support. This included people's physical health needs and support with people's emotional wellbeing. The manager held staff meetings to share updates in social care practices.