

Choices Housing Association Limited

Choices Housing Association Limited - 63 Hoveringham 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

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

People who used the service were supported safely whilst staff promoted their independence. People were supported by caring and kind staff who promoted choices in a way that people understood. People's right to privacy was upheld.

People were supported to be involved in hobbies and interests that were important to them. Complaints systems were in place, which people and relatives knew how to use. Advance planning was in place to ensure people's end of life wishes were gained.

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, where 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 9 February 2016)

About the service:

63 Hoveringham Drive is a residential care home that accommodates up to six 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 of Good at the last inspection. We found the service continued to meet the characteristics of Good in all areas.

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:

The inspection was carried out by two inspectors.

Service and service type:

63 Hoveringham 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:

The 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. Before the inspection we contacted commissioners to gain their experience of working with the service.

We spoke with one person who used the service and two relatives. 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 two people'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

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

Systems and processes:

- People told us they felt safe at the service. One person said, "I like it here and I get the help I need. I feel safe when staff help me".
- People were safeguarded from the risk of abuse. Staff understood how to recognise and report suspected abuse and the registered manager had followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management:

- People's risks were assessed and risk management plans were put in place to support people safely whilst promoting their independence. For example; people who were at risk of falls had detailed support plans in place, which we saw staff followed in practice.
- There was equipment available to help people remain safe whilst promoting independence, such as grab rails, shower seats and walking aids.

Staffing levels:

- People and relatives told us there were enough staff available to meet their needs. We saw that people received support when they wanted it and there were enough staff to support people to access the community.
- The provider followed safe recruitment procedures which ensured people were supported by staff that were of a suitable character.

Using medicines safely:

- People's medicines were administered by staff that had received training to do so. Staff gave explanations to people of the medicines they needed to take and ensured people had taken their medicines before completing the Medicine Administration Records (MARs).
- Detailed guidance was available to staff when administering 'as required' medicines and regular audits were carried out which ensured people had received their medicines as prescribed.

Preventing and controlling infection:

- People and their relatives told us that the service was always well maintained and clean.
- Staff wore gloves and aprons which demonstrated that systems were in place to ensure the risk of cross infection was minimised.

Learning lessons when things go wrong:

- Incidents that had occurred at the service were recorded. The registered manager had a system in place to analyse the incidents and action had been taken to ensure people's risk assessments and care records were updated. This meant that people were protected from further incidents and lessons had been learnt when things went wrong.

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

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

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

- People told us they enjoyed the food and they were involved in the planning of the menus. One person said, "I like the food. We have a meeting to discuss what we want each week".
- Pictures of the weekly menu were displayed on a noticeboard which aided people's understanding.
- People's nutritional risks were managed and monitored. For example; one person was at risk of choking. Staff understood this person's needs and assisted them during meals to reduce their risk of choking. This was in line with guidance received from the Speech and Language Team.

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

- People were supported to access healthcare professionals. One person said, "If I am feeling poorly, the staff arrange for me to go to the doctors".
- People had health action plans in place which had been developed with people and their relatives to ensure people maintained a healthy lifestyle. These were regularly reviewed to ensure the plans included up to date information.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

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 what I want to do. Staff always ask what I need and listen to me".
- Where people lacked capacity to make specific decisions the registered manager had completed mental

capacity assessments to ensure decisions were made in people's best interests.

- Deprivation of Liberty Safeguards had been applied for which ensured people were supported by staff in the least restrictive way possible.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs:

- 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 which ensured 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.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where people could socialise and people's private rooms were decorated in line with their personal tastes.
- The service had been adapted to ensure people remained safe. Equipment was in place to ensure people were safe whilst promoting their independence within the service.

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.

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.

Is the service caring?

Our findings

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

Good: 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, "The staff are all very nice, I really like it here". A relative said, "The staff are all very caring and my relative always looks well looked after. My relative likes it when staff are affectionate towards them".
- We observed caring interactions between people and staff. People were comfortable in the presence of staff who showed patience and kindness when supporting people.
- People were supported to maintain relationships with their families and friends. One person said, "My relative comes to see me every week, we sit and chat. I like it when they come". A relative said, "When I visit I am always welcomed, I can visit anytime".

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 choose what I want to do and when I want to do it. Staff ask me if I need any help".
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communication to help people express their views.
- Information was available in a format that people understood. Pictorial aids were available which helped people to understand decisions and choices. This encouraged people to have control over their lives.

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

- People were treated with dignity and respect. Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- One person told us they enjoyed spending time alone in their room watching television in the evenings and this was respected by staff. This meant people's right to privacy was upheld.
- People were encouraged to live their lives independently and to maintain their daily living skills within the service. One person said, "I've done my laundry today. I have a routine and I like to do this on my way to breakfast". We saw staff encouraging another person to be involved in the preparation of their lunch.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care:

- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "I like going out shopping and I like watching the television". Records showed that people had been supported to plan and access activities that they enjoyed.
- The registered manager was responsive to people's changing needs. For example; through monitoring the registered manager had recognised one person's needs had changed. The registered manager worked with the person's consultant which culminated in the person's medication being reduced and they were able to become more active. The registered manager said, "It is really important to continually monitor people's needs, which make a difference to their lives".
- 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 and diverse needs. For example; one person was supported to regularly attend church services as relatives had stated this had always been an important part of their life.

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 [registered manager's name] if I was unhappy. She is lovely and always about if I needed to speak with them". A relative said, "The registered manager is always available and answer any queries or issues we have raised".
- 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

Good: 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:

- Staff we spoke with were positive about the registered manager and the provider. One staff member said, "The registered manager is very approachable and supportive. If I have raised anything they sort it straight away. They encourage me to follow any ideas I have through which makes me feel a sense of achievement".
- A person told us, "I like [registered manager's name] they are lovely". A relative said, "[Registered manager's name] is very approachable and their door is always open to us".
- The registered manager promoted the values of the service, which the staff followed in practice. The registered manager told us they were always open to ideas to improve the service people received.

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 had taken 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 (CQC) 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:

- Feedback was gained from people and their relatives which was used to make improvements to the quality of the care provided. Details of the actions taken were available to people on the noticeboard so they were aware of how their feedback had been used.
- Staff told us the registered manager listened to their opinions and acted on these to make improvements to people's support.

Continuous learning and improving care:

- Staff told us they had opportunities to undertake further development and the registered manager actively sought training updates for staff. This meant people received effective support from staff because staff were supported to continually develop their skills and knowledge.

Working in partnership with others:

- The registered manager worked with other professionals, which ensured people received safe and effective 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 provider meetings which ensured good practice within the organisation was shared to make improvements.