Choice Support - 6 Bowley Close

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Inspection report

6 Bowley Close,
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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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

Choice Support – 6 Bowley Close is a care home for up to four people with learning disabilities. The previous CQC inspection of the service took place on 28 June 2013 when it was found to meet the required standards in the areas we inspected.

During this inspection we met all three people who use the service. They have all lived in the home for over three

Summary of findings

years. The current registered manager has been in post since October 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who use the service were unable to speak to us in detail about their experience of it due to their communication needs. A person's relative, a local authority social worker and a local authority commissioner gave us their view of the quality of the service. They all told us that the registered manager and the staff group were very caring, knowledgeable, experienced and committed to meeting people's individual needs. They said that people were very happy in the service because staff communicated well with them and enabled them to follow their choice of interests and develop their skills.

During the inspection each person went out to participate in activities of their choice which they enjoyed. Records confirmed that they regularly did this. We observed that staff followed the service's guidelines in relation to people's individual communication needs and treated them with kindness and consideration. People received good support from the service in relation to their health needs because staff had ensured people had access to appropriate advice, assessment and treatment from health professionals.

Staff understood and put into practice the legal requirements of the Mental Capacity Act 2005 in relation to people's decision making. People received appropriate support to understand information and make decisions because staff understood their communication needs. Social care and health professionals and relatives were appropriately involved in making 'best interests' decisions when a person lacked the capacity to make a decision. Staff understood the steps to follow in order to comply with the Deprivation of Liberty Safeguards (DoLS) should this become necessary.

Staff fully understood their duty to protect people from harm and keep people safe. They knew how to recognise possible abuse or neglect and how to report it. They were aware that they should report to an external agency if their managers did not take effective action. There were plans in place to minimise the risk of harm to each person. They were regularly reviewed to ensure they were up to date. People received their medicines safely as prescribed.

Management arrangements were effective. Staff told us the provider asked for their views about how the service could improve and made regular checks on its quality. Audit reports identified any areas for improvement and there was appropriate follow up to ensure that people experienced a better service. People's relatives and health and social care professionals were positive about the quality of the service.

Summary of findings

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. People were kept safe from harm because risks to them were assessed and plans put in place to keep them safe. Staff understood how to meet the requirements of the Deprivation of Liberty Safeguards.

People's needs were safely met because the provider had ensured there were sufficient skilled staff on duty at all times. Risks to people were reduced because staff knew how to recognise and report any abuse or neglect.

Good

Is the service effective?

The service was effective. People received care and support which met all their needs. Staff were well trained and experienced. They worked in close partnership with health professionals to promote people's wellbeing and ensure they received appropriate nutrition.

Good

Is the service caring?

The service was caring. People received support from staff who knew them well and gave them individual attention.

People were able to express their views because staff put into practice specific communication guidelines for each person. People were treated with dignity and respect by staff.

Good

Is the service responsive?

The service was responsive. People's care was planned and delivered to meet their individual needs and preferences. People received support to follow their individual interests and were able to choose how they spent their time. The service met the requirements of the Mental Capacity Act 2005. People were supported to make decisions.

Good

Is the service well-led?

The service was well-led. People told us the service was well run and met people's individual needs. The provider had effective arrangements in place to check the quality of the service and made any necessary improvements.

Good

Choice Support - 6 Bowley Close

Detailed findings

Background to this inspection

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 also asked a local authority representative who regularly visited the service for their view of it. We reviewed the information the Care Quality Commission (CQC) held about the home. We read a contract monitoring report completed by the local authority in January 2014. We used this information to plan the inspection.

People who use the service were unable to tell us about their experience of it in detail due to their communication needs. After the inspection we spoke to the relative of a person who uses the service to obtain their view of it.

During the inspection we observed how people were supported by staff in the living room and kitchen and as they were supported by staff to get into a vehicle to go out to an activity. We checked the living room, kitchen and bathrooms and found them clean and well maintained.

We looked in detail at two people's care records. We read the daily notes made by staff on how people were supported and observed how they were cared for during the inspection. We looked at two staff records and spoke with two of the support staff who were on duty. We obtained information from staff on how the service was managed and how they were trained and supported. We asked them about their knowledge of people's needs and how they planned and delivered people's care and support. We talked to a manager who was covering the service whilst the registered manager was on leave.

We checked the arrangements that were in place to check the quality of the service. We reviewed the provider's audits of the service and notes of staff meetings.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People who use the service were safe and their rights were respected. During the inspection all three people who use the service were supported by staff to go out of the service as they wished. Records confirmed that during the previous week people had gone out each day to various activities. Staff training records showed that staff had attended courses on the Deprivation of Liberty Safeguards (DoLS). These safeguards protect a person who may lack mental capacity from illegal restrictions to their freedom. Staff were able to explain how they would, if necessary take action in accordance with DoLS in order to prevent the unlawful deprivation of a person's liberty.

Arrangements were in place to protect people from the risk of abuse and neglect. Both support workers we spoke with said they had been trained to recognise and report any safeguarding concerns and received regular 'refresher' training on this topic. Training records confirmed this. They were both knowledgeable about the signs of abuse and the steps they should take to safeguard people. They also knew that they could 'whistle blow' to an external agency if their own organisation failed to take effective action to safeguard people. A person's relative told us, "I have known the service for years and have every faith in the staff to care for [my relative] safely."

People's finances were safeguarded through staff following clear procedures when dealing with people's money and financial affairs. Written records were made of financial transactions and there were regular checks to ensure that people were supported to manage their money appropriately.

Care plans we looked at included up to date information about the risks to people and the plans that were in place to keep them safe. Staff told us the registered manager and the person's key support worker reviewed each person's risk assessments at least once a year to make sure they were effective in keeping the person safe. For example, a risk assessment had been completed in January 2014 in relation to the use of a hoist to help a person move from their bed to their wheelchair. The 'contingency plan' explained how the person was supported safely. It stated, "two staff must co-ordinate and plan the procedure, use the correct size sling to hoist me, support me to keep my hands out of harm's way and make sure I am comfortable." Staff told us that the person was supported in this way and daily records confirmed this.

Staff told us they received regular training on dealing with emergencies and practiced fire evacuation procedures. A support worker explained to us how he had appropriately dealt with a person's health emergency the previous evening in accordance with guidelines in their risk assessment. An incident report had been completed and the person's daily records had been updated. A person in the service was unable to reposition independently in their wheelchair. A risk management plan was in place in relation to pressure relief. This had been developed with input from the person's district nurse. This specified how the person should be supported in order to reduce the risk of skin damage. We confirmed that their support was delivered as planned and the person had not developed any skin damage.

There were sufficient numbers of skilled staff on duty. For example, when we arrived at the service three support workers were working with two people to enable them to go out in a vehicle to an activity. Another support worker stayed at the service to support the other person who uses the service. All four of these support workers told us they had worked for the provider for several years and knew people well.

Staff records showed they had all been assessed for their competence in relation to key areas such the use of manual handling equipment. Staff told us that when they were new in post they always 'shadowed' a more experienced worker whilst they learnt how to care for people. They said that sickness was covered by the service's staff team or by a worker from the provider's bank of staff. A local authority representative told us, "Staffing levels are good and people are well looked after."

People's medicines were stored securely. We checked two people's medication administration record (MAR) charts. They were fully completed with staff signatures. They showed that people had received their medicines safely as prescribed in the week before this inspection. Staff we spoke with were able to explain how they ensured people were appropriately supported to take their medicines. Records confirmed that staff had been trained in the

Good

Is the service safe?

management of medicines and their practice was observed by the registered manager to ensure people received them safely. They had then signed a report confirming the staff member's competence in this area.

People's MAR charts showed that they had only received their medicines from staff who were confirmed as competent to do so. Some people received 'as required' medicines but were unable to ask for them due to their communication needs. Their records included a form signed by their GP with information about the circumstances in which the person should be supported to receive their 'as required' medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. A support worker we spoke with said, "I have worked here for five years. Over the years I have had a lot of relevant training in people's medical conditions and learning disabilities, communication skills and how to help people move safely. I have recently completed two distance learning courses. One was on enhanced medication training which helped me understand more about people's medicines. The other course was on End of Life Care which I think is important to learn about as the people who use the service are getting older."

Training records confirmed that staff had completed a wide range of relevant training. Courses included subjects such as understanding autism, mental health and learning disability and diversity and equality awareness. A support worker said, "I am due to update some of my training. We have to re-do our training each year on subjects such as fire safety, safeguarding, first aid and food safety to make sure we know what to do."

A local authority contract monitoring visit had checked staff training arrangements. The report of the visit dated January 2014 stated the local authority had no concerns about the service.

A support worker explained how the registered manager had observed their practice, for example in relation to using manual handling equipment to ensure they could use it effectively. Both support workers we spoke with told us they had received regular supervision and an annual appraisal of their competence to carry out their work role. Records confirmed this. They showed that staff discussed the needs of people they supported and any training needs they had.

People were encouraged to eat a healthy and balanced diet. People's records included information about their dietary requirements. For example, one person was allergic to certain foods. Staff told us how they followed guidelines which ensured the person always received a balanced and appropriate diet. Another person had a health condition and staff explained to us how they followed medical advice in relation to how often they supported the person to eat and what foods they were given.

We observed a support worker whilst they supported a person to eat their lunch. Afterwards the support worker told us, "I do it as stated on [person's name]'s support plan. I need to make sure they are enjoying their food and have what they like. We use pictures and show them the food to check what they want to eat." They told us, "[Person's name] used to eat a very unhealthy diet. The dietician and speech and language therapist were involved and gradually things have improved. They now enjoy eating fruit which they never used to eat."

A support worker told us how the diverse needs of people were met. They said, "sometimes we cook three separate meals because people like different things to eat due to their different cultural backgrounds."

The staff we spoke with were well informed about people's individual health needs and supported them to access appropriate care and treatment. Records showed that staff worked effectively with a range of health professionals. For example, staff had been trained by a district nurse to monitor a person's health condition. Afterwards the nurse had written to commend the staff on their commitment to meeting the person's needs stating, "you do a wonderful job caring for your clients."

Each person had a health action plan and people had received regular eye tests and dental check-ups. Each health appointment was recorded on a 'record of health appointment' form which set out "the reasons for the appointment/visit; action/ what happened at the appointment; outcomes/what should happen next and any other comments". Support workers had fully completed these forms. For example, a physiotherapist had given advice to the service about how a person should be supported in relation to their position in their wheelchair. During the inspection we observed that staff had followed this guidance.

Good

Is the service caring?

Our findings

People received support from staff who respected them as individuals and treated them kindly. During the inspection we observed that staff looked into people's eyes, used humour and smiled as they explained to them how they were going to be supported. For example, a support worker said, "[Person's name] come on now we are going out now to your music class. I am sure it's going to be fun like last time." The person looked happy and excited in response. In another instance a support worker, said "[Person's name] can you please help me in the kitchen again?" The person then helped with meal preparation and appeared to be fully absorbed in this task.

People were treated with respect. During the inspection staff came on and went off duty. When they came into the service they greeted each person by name and said "goodbye" when they left. A person's relative said, "From what I know of the service, and it's from visits over many years, the staff are very kind and caring. It's a good, happy atmosphere there and the staff must influence each other." Staff members were able to explain how to demonstrate respect for people by speaking politely to them and by respecting their personal space and privacy. A staff member said, "We always knock before going in someone's room and make sure we give personal care in a respectful way. We are trained to do that."

A social worker told us, "My client is very happy there from what I have seen. The staff group is very experienced and stable. They know [my client] so well and give them so much individual attention." A person's relative said, "It is a great relief to me to know [my relative] is there and being cared for properly."

People's care records included a lot of information about people's background and their preferences. For example, there was information about their friends and how they had got to know them. Staff explained to us that whenever possible at events such as birthdays staff organised for people's friends to come.

People received close attention to their social needs. A person had recently been visited by a relative. Staff had taken a photograph of them and their relative and a large copy of this had been put on the person's bedroom wall. Staff told us the person had greatly enjoyed the meeting and seeing the photograph each evening reminded them of it and made them happy. Staff told us that they made sure people could see their relatives in private and aimed to make sure relatives felt welcome by offering them refreshments.

People's dignity was upheld. Staff explained to us how they ensured each person's privacy when undertaking their personal care in the person's bedroom or in a bathroom with the door locked.

People received one to one attention from staff who demonstrated their concern and interest in them. For example, a support worker asked a person, "How are you feeling now? Do you want a drink?" A staff member told us they had worked with people in the service for several years and had got to know them well. They said, "All the staff that work here love supporting people and seeing them happy. I really do think everyone does their best for people."

Good

Is the service responsive?

Our findings

People received support that reflected their individual needs and preferences. On the day of the inspection each person went out to follow their hobbies and interests in accordance with their personal preferences which had been noted in their care records.

Each person's records included a support plan with details of their likes and dislikes and what is important to them. Full details of their background were included. Staff told us they had read this information and it helped them to understand the person and give appropriate support.

Staff had made detailed daily records in relation to the support they gave each person to follow their interests and how the person had responded. These records showed that people regularly went out to classes and social groups as well as to local parks and on shopping trips.

The provider complied with the Mental Capacity Act 2005. People were supported to make decisions. Each person had a 'communication passport' which set out how staff supported them to express their views about their support. A staff member told us each person communicated differently and some people used photographs and others used 'objects of reference' such as a cup for wanting a drink. During the inspection we observed that a support worker used simple sentences and spoke slowly when talking to a person about going out to an activity so that they understood. This was in line with the information in their 'communication passport'. Staff used their knowledge of people's behaviour to understand what they wanted to do. A support worker told us, "I can tell by the way that [person's name] holds onto the spoon whether they are still hungry."

In some instances staff had worked with social care and health professionals to assess people's mental capacity to make a specific decision and if appropriate, ensure decisions were made in accordance with the Mental Capacity Act 2005. For example, staff had worked with a person's GP, hospital consultant, relative and social worker to ensure a 'best interests' decision was made about their medical treatment. A person's relative told us, "I am always involved in making serious decisions."

Each person had a key support worker who was responsible, under the supervision of the registered manager, for ensuring that people received support that met their needs. Staff told us that as the service was small, and the staff group stable and experienced, all the staff knew each person well. They said that significant matters were discussed at shift handover so that the staff on duty were fully aware of people's needs. On the day of the inspection we found that at shift handover all the staff on duty had received up to date information about a person's recent health emergency and how to respond to their needs.

People's care records were well completed and their support plans had been regularly reviewed to ensure they were up to date. A relative told us, "I am told about any changes that have occurred and little adjustments are made as they go along to ensure [my relative] gets what they need. I think it's been very good."

People were supported to become as independent as possible. Each person's records included information about their 'Reach' goals which were set in relation to developing life skills. For example, a person's goal was to develop their skills in relation to cleaning their room. Daily records showed that staff had supported the person in line with this goal.

The service had a formal complaints procedure in place but no complaints had been received in the past year. Support workers we spoke with were aware of it and the provider's incident reporting procedures. Compliments from health care professionals and relatives had been received.

A social worker told us "People seem very happy. I think it is a very responsive service that deals effectively with issues as they come up." The provider had a system to document incidents and ensure lessons were learnt. For example, on the day of the inspection the covering manager read an account of a person's emergency hospital admission and checked that appropriate follow up arrangements had been made.

Good

Is the service well-led?

Our findings

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Staff told us the service was well led by a positive and engaged registered manager. A member of staff said, "The registered manager has encouraged me to develop my skills. It keeps me motivated and helps me care for people better which is what I want to do." On the day of the inspection the service's registered manager was on leave. Management cover was being provided by the registered manager of another of the provider's care homes which was located close by. We observed that this acting manager was well known to people who use the service and staff and interacted warmly with them. Members of staff told us that both of these managers were "hands on" when necessary and were easily accessible for advice.

Local authority commissioners of the service viewed it positively. They had written to the provider in January 2014 to commend their commitment to meeting people's needs and the quality of the service. The commissioner had stated in their report, "The manager is extremely client focussed and staff work in unity to develop person centred activities and support for the residents."

The provider told us that the service's core values included dignity, respect, and kindness. Staff we spoke with had a good understanding of these values and told us that their supervision arrangements included reference to these. For example, in relation to showing respect for people, staff were required to document and report on each person's achievements in relation to their goals. Another aspect of the respect shown to people was evident during the inspection in relation to the attention given to meeting people's communication needs. Feedback from people and their relatives about the quality of the service was collected at annual reviews of people's support and during audits of the service.

Arrangements for checking the quality of the service were robust. Records confirmed that regular checks were made in relation to the condition of the building and equipment and any issues were addressed. The provider had undertaken a detailed audit of the service in October 2013. This had checked record keeping, the quality of people's support and staff training and supervision arrangements. The audit had found that the service was effective. Some minor record keeping issues had been identified for improvement and action had been taken in relation to these. Staff told us that the senior managers who audited the service asked them for their views. They told us that they felt their views were taken into consideration and gave an example of arrangements for bank staff improving as a result of staff comments.

Staff told us that they were easily able to raise any concerns at team meetings. Notes showed that these meetings included discussion of how to best meet people's needs and improve team work. During the inspection an incident report was completed by a member of staff in relation to the actions they had taken in response to a person's medical emergency. The acting manager reviewed the information provided and ensured that all appropriate action had been taken in response to this incident.