Choice Support

Choice Support - Sutton and Merton Office

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Inadequate**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

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 the Care Quality Commission (CQC) which looks at the overall quality of the service. This was an announced inspection. We gave the registered manager two days' notice of our inspection. The last CQC inspection was carried out in February 2014. At that time we found that all areas we reviewed were met.

The service provides care and support to people living in their own flats, most, but not all, within supported living

Summary of findings

schemes. It specialises in providing care to people who have severe to profound learning disabilities, as well as physical disabilities and autism. There were 36 people using the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People were not always protected from the risks of choking as guidance in place for individuals was not always followed.

Our stock checks showed that some medicines were unaccounted for, and people may not have received their medicines in the way in which records showed.

Staff we spoke with did not have a good understanding of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS) and how these apply to people living in their own homes. There was no policy in place in relation this and the service had not carried out assessments to identify people who required applications to be made. People's rights in relation to this were therefore not properly recognised, respected and promoted.

Systems were not always in place to identify the support people required to make choices and decisions about their care, according to the requirements of the Mental Capacity Act 2005.

There were enough staff employed in the service to meet people's needs. Staff had a good understanding of how to identify abuse or neglect, and knew how to respond to keep people safe. There were policies and procedures in place to help keep people safe. Recruitment procedures were robust, with procedures in place to ensure that only applicants who were deemed suitable worked within the service. Staff were provided with a range of training and received supervision and appraisals to help them to carry out their roles appropriately.

People had care plans in place which reflected their assessed needs. People were supported effectively with their health needs. The service supported people who were at risk of malnutrition and dehydration, and those with specialist needs related to their diet. Referrals were made promptly to specialists where required.

Staff treated people with kindness and compassion and cared for people in an individual rather than a task-based way. Most staff had worked with people for many years and had a good understanding of their needs and preferences. People were encouraged to be involved in the running of the organisation.

People using the service, relatives and staff were encouraged to give feedback on the service. They knew how to make complaints and there was an effective complaints management system in place.

The service carried out regular audits to monitor the quality of the service and to plan improvements. However, these audits had not identified the issues we found relating to deprivation of liberties and medicines management.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the end of this report.

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?

Inadequate

The service was not safe. People were not always protected against identified risks because their care plans were not always followed.

The service did not have effective arrangements for the management of medicines to protect people against the risks associated with medicines.

The service had not considered whether all people were being deprived of their liberties in relation to the Deprivation of Liberty Safeguards (DoLS). Because of this people may have been deprived of their liberties inappropriately.

Systems were not always in place to identify the support people required to make choices and decisions about their care, according to the requirements of the Mental Capacity Act 2005.

There were enough staff employed in the service to meet people's needs. Recruitment procedures were robust so suitable staff were chosen to support people using the service.

Staff had a good understanding of how to identify abuse or neglect, and knew how to respond appropriately to this to keep people safe. There were policies and procedures in place to help keep people safe.

Is the service effective?

Good

The service was effective. Staff received training, regular support and supervision and annual appraisals to help them to carry out their roles.

People who used the service had care plans in place which reflected their assessed needs. Staff had a good knowledge and understanding of people's individual needs and preferences. People were supported effectively with their health needs. The service supported people who were at risk of malnutrition and dehydration, and those with specialist needs related to food. Referrals were made promptly to specialists where necessary.

Is the service caring?

Good

The service was caring. Staff cared for people according to their individual needs, rather than a task-based way and people were supported to take risks, such as going wheelchair ice-skating, as the provider had considered the benefits to people. People were supported to be involved in decisions relating to their care.

Summary of findings

Is the service responsive?
The service was responsive. People's needs were regularly assessed and plans were in place to meet these. People's relatives knew how to make complaints and there was an effective complaints management system in place, with complaints being responded to promptly.

Good 

Is the service well-led?
The service was not always well-led. The provider carried out regular audits to monitor the quality and health and safety within the service and to plan improvements, although these audits had not identified the issues relating to deprivation of liberties and medicines management which we found. There was a registered manager in post. Relatives and staff were encouraged to give feedback about the service.

Requires Improvement 

Choice Support - Sutton and Merton Office

Detailed findings

Background to this inspection

We visited Choice Support Sutton & Merton Office on 20 and 22 August 2014. We looked at records, which included fourteen people's care plans and risk assessments and records relating to the management of the service. The inspection team consisted of a single inspector.

Before our inspection, we reviewed the information we held about the service. This included information we had asked the service to provide prior to our inspection, the 'Provider Information Return' (PIR), notifications which had been received from the service and safeguarding referrals. We spoke with a commissioner of the service. We also reviewed information from questionnaires we asked people using the service, staff and professionals to complete regarding the care people received.

On the day of our inspection, we met with five people who lived at two supported living schemes where the service provided care. We spoke to the people who lived at the service although they were unable to give us feedback on their care. Because of this we spent time observing how care and support was provided to them. We spoke with eight relatives, the area manager, three scheme managers and four members of the staff team.

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 December 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.

Inadequate

Is the service safe?

Our findings

We observed that two people were not supported into an upright position as per their care plan to reduce the risk of choking. For one person, staff told us that the food was not able to "go down" as easily when they were upright, although they assisted them to an upright position when we drew the guidance in their care plan to their attention. For the second person, it transpired that there was an issue with their wheelchair which prevented them from sitting upright. The area manager immediately made arrangements to rectify this issue when we informed them about this. A relative also told us that their family member had particular requirements around drinking. They had observed different staff not following the written guidelines on several occasions, which put their family member at risk. Although the service had created place mats for people, with clear guidelines for staff to follow to support the person to eat and drink appropriately, which were used in their own flats, these were not always followed. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the management of medicines. When we checked stocks we were not always able to confirm medicines had been given as indicated on the Medicines Administration Records (MAR). Our checks also showed that, for two medicines, there were fewer tablets in stock than expected. Staff were unable to explain this. Therefore people might not have received their medicines as records indicated.

Records were not always maintained appropriately when medicines were returned for disposal. For one medicine, the records showed the medicine was in stock but we could not find it. When we asked staff they informed us the medicine had been returned to the pharmacy. This was then confirmed after the inspection when a retrospective record was made and forwarded to us.

We saw that weekly and monthly medicines audits were in place, which included stock balances to ensure that people received their medicines as prescribed. However, these audits were not always completed as regularly as the medicines management policy stipulated. They had not picked up the issues we found.

One person's medicines were administered covertly, hidden from them in their food. However, the provider did not have a policy or protocol to address covert medicines administration. This meant there was insufficient guidance for staff to follow as to how to administer this covert medicine safely.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found the medicines policy covered medicines to be used when required (PRN) and written guidance was available in people's care records to enable staff to administer these medicines correctly. Staff we spoke with had a good understanding of the protocols in place to administer these medicines.

We saw evidence of people's current medicines on their MAR and records of medicines received into the service. Staff had a good knowledge of people's allergy status' and these were recorded to prevent inappropriate prescribing.

Staff received annual medicines competency assessments, and regular training in medicines administration. Staff also received training in specialised medicines administration techniques where necessary and our discussions with staff showed they knew the procedures to follow and felt confident in using their skills.

We found instances where several people might have been deprived of their liberty without necessary authorisation. For example, several people were subject to constant monitoring and/or were only able to leave the service with close supervision, with the communal front door being locked to people. The manager confirmed there had been no consideration as to whether applications for depriving people of their liberty were required for these individuals, as required by law. Management also confirmed there was no policy and procedure in place to address instances where people might be deprived of their liberty. A commissioner from the local authority told us they had identified that the restrictions on entry and egress in one supported living scheme could amount to a deprivation of their liberty that would require authorisations by the Court of Protection, and the local authority were helping to make applications regarding these. They said that the service had not identified this as an instance where people might have been deprived of their liberty or notified them. Staff did not

Inadequate

Is the service safe?

have a good understanding of their responsibilities in circumstances where people might have been deprived of their liberty and how the legal requirements around this apply to people living in their own homes.

Systems were not always in place to identify the support people required to make choices and decisions about their care, according to the requirements of the Mental Capacity Act 2005. For one person we saw that there had been a best interests meeting in 2009 regarding hiding their medicines in their food as they refused to take it. However, records showed this meeting was only attended by the person's keyworker and scheme manager. Other relevant parties, such as their GP, the pharmacist, their social worker or family were not in attendance. The decision had not been reviewed since this time to assess whether this practice was in the person's best interests. The lack of arrangements in place in relation to safeguarding people's rights to make decisions or to ensure their best interests is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that the service had a safeguarding adult's policy and procedure in place and the service had responded appropriately to allegations of abuse. Staff told us they received training in safeguarding adults as part of the induction and also annually. Staff we spoke with had a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place.

Staff understood their right to share any concerns about the safety and the care provided to people at the service. Systems were in place to encourage staff to raise issues of concern appropriately. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. Systems were in place to make sure that the manager and staff team learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risk to people and helped the service to improve.

Staff, managers and relatives we spoke with told us that the staffing levels met the needs of the people using the service. We observed there were enough staff on shift at the schemes we inspected. Staff and managers confirmed that there was a low turnover of staff, with most staff having worked with the same people for many years, including in their previous home. They told us that agency staff were never used, as the service had a reliable pool of bank workers who they could call on at short notice to cover. For example, covering staff sickness. We looked at the recruitment records for three recently recruited staff members. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the service. This meant that people were protected from staff that were known to be unsuitable.

Finance checks were carried out weekly to check whether people's money was being managed appropriately. We carried out balance checks for three people and found the amounts expected tallied with the amounts found, and there was a system in place for storing and checking receipts.

People's risk assessments had been completed for tasks such as personal care and moving and handling. The information in these documents was up to date and regularly reviewed. This meant that staff had access to current information about the people they supported. Our discussions with staff showed that guidance in these areas was followed. Risk assessments included areas in which people were encouraged to maintain their skills, such as undertaking their own personal care where possible.

Good

Is the service effective?

Our findings

Relatives told us they felt involved in their family member's care. One relative said, "Staff are constantly keeping me updated. [My relative] seems very happy and staff seem to treat [my relative] well." Another told us, "We're talking all the time. They let me know if [my relative] is having a bad spell, and recently when they went into hospital."

People were encouraged to eat a healthy and balanced diet. People's records included information about their dietary requirements and appropriate advice had been obtained from healthcare professionals. For example speech and language specialists had been involved in the assessment of people's ability to swallow food.

People's weight was monitored and records showed that specialist support had been obtained where required. For example when a person had lost weight they were provided with dietary supplements and records showed their weight had stabilised.

People's health needs were understood by the staff who supported them to access and receive appropriate care and treatment. For example, people's bowel movements were monitored, and records showed that appropriate action to manage constipation was taken according to people's care plans.

Each person had a health action plan and records showed people had received regular eye tests and dental check-ups. We saw, and staff told us, that written information was taken to each appointment to ensure that the service communicated the reason for the visit effectively to the practitioner. Each health appointment was recorded including the reasons for the visit, what happened at the appointment, outcomes and what should happen next and these had been completed clearly, and action taken in accordance with the guidance given.

People were supported by staff who had appropriate skills. Managers and staff told us that each staff member had a training profile and had to complete a range of training both as e-learning and face to face. Regular training topics included basic life support, equality and diversity, fire safety, food safety, health and safety and safeguarding adults. A scheme manager told us that each year staff were invited to select other courses which would be useful to their role from the annual training prospectus. Staff we spoke with told us that the training provided was "good" and equipped them well to do their jobs.

Staff were provided with specialist training to meet people's individual needs, such as how to administer medicines in the event of an epileptic seizure. Staff told us they felt confident to administer this medicine due to their training and experience and confirmed, "There is always someone on duty that is trained to administer [the necessary medicine]." Relatives told us they found staff to have the necessary skills and knowledge to care for their family members. One relative told us, "The staff are well trained, they are a very good team."

Staff told us they felt well supported and received regular supervision and annual appraisals of their competence to carry out their work role. One staff member told us how they met with their supervisor every six weeks and found them to be "useful" and that at their annual appraisal they set goals for development through discussions with their manager.

Good

Is the service caring?

Our findings

All of the people we met were not able to tell us about their care and support because they had complex communication needs. Relatives we spoke with told us staff were kind and caring. One relative said, “They made a huge effort to get to know [my family member] and are so patient. The staff are fantastic!” Another said, “I know [my relative] is happy there.”

Staff treated people with kindness and compassion. One staff member told us, “I really enjoy my work. It gives me comfort to support people and know they’re happy”. Another said, “I’ve stayed in my job for so long because I love working with the service users.” Staff had developed valuable relationships with people using the service. Our observations and discussions with staff showed they were caring and supportive. Throughout the inspection we observed that people received one to one attention from staff who demonstrated their concern and interest in them. We saw staff patiently spending time supporting people to eat, talking to them throughout, explaining what they were doing or about to do. Staff showed us they understood when people had had enough to eat from their body language and expressions.

Although many people could not express their preferences with regards to their care and support verbally, the service had worked with people over time to build up a picture of their likes and dislikes. These preferences had been recorded clearly in their care plans.

The service provided care to people to meet people’s individual needs and staff told us they had received training in person-centred planning. Each person had an individualised plan in place, identifying their likes and dislikes, abilities, as well as comprehensive guidelines for providing care to them in an individual way. Each person had an individualised activity programme, with people doing a range of regular activities according to their preferences.

The service found innovative ways to support people, and managers told us how they assessed risks positively to support people to lead as full a life as possible. For example, two people were supported to go ice-skating in their wheelchairs weekly as they had expressed enjoyment in their trial sessions. We saw the risk assessments in place regarding these activities and how risks were minimised. Similarly, other people were regularly supported to go swimming and use hydrotherapy pools.

Managers told us how they matched staff and people based on their shared interests, personalities and how they interacted. For example, we heard how a person was being supported to join a walking group, and the staff selected to do this shared an interest in walking.

People were supported to express their views as far as possible. People had communication passports which set out their unique ways of communicating, and staff were familiar with the best ways to communicate with individuals. Staff told us about the different ways they communicated with individuals, such as using pictures and objects to ask whether people wanted to do certain activities.

People’s dignity and privacy were respected when staff supported them. For example, people received personal care in the privacy of their own flats. We observed that staff always knocked before entering people’s flats, and greeted them as they walked in.

Staff told us, and records showed, that people were supported to keep in contact with their relatives and friends. We heard how special events, such as birthdays, were celebrated, and families and friends were invited.

Good

Is the service responsive?

Our findings

People's relatives were very positive about the service and said their family members received support that met their individual needs. One relative told us, "[My relative] was in a bad way when they moved in. They have totally transformed [my relative] and are doing a wonderful job in caring for [my relative]."

People's needs were assessed before they began using the service and care was planned in response to their needs. We looked at care plans and saw that each person had a number of on-going regular assessments to check whether their needs were changing. These included malnutrition and pressure sore risk assessments and areas specific to each person, such as monitoring of their health conditions. Although none of the people we met with were able to express their views and experiences on the assessment process, relatives we spoke with told us that they had been asked for feedback about their family member prior to their admission. One relative told us, "There was a lot of interaction between the service and us before [our relative moved in]. They asked a lot of questions and different people visited. There was a lot of input, they were marvellous!"

Managers told us how the service had supported a person with complex needs to move into their flat, through close working with the local learning disability team, the internal positive behavioural support team and the occupational therapist (OT) to devise a plan which was followed closely. This involved structured visits, with information about the move conveyed verbally, pictorially and through objects of reference and introduced gradually.

People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately.

The scheme manager told us how complaints were dealt with by a specialist "Quality Team" at the head office. The assigned person would respond to the person complaining promptly, and liaise with them, and other relevant people through their investigation. We heard how a recent complaint had been responded to, with appropriate action taken to rectify the issues raised and the relative provided with an apology in a written outcome letter. Relatives we spoke with told us they were confident that if they raised a complaint it would be dealt with appropriately. One relative told us, "We bring up anything we are concerned about straight away. There are always talks and meetings to resolve issues, they are really great."

Requires Improvement

Is the service well-led?

Our findings

Staff told us the managers were approachable and supportive. One relative told us about a scheme manager, "[One time when I had an issue] I told the manager, they listened to me. They are very good." The service achieved a recognised accreditation scheme, the Investors in People Silver Award in 2013 in relation to support provided to staff.

The provider had arrangements in place to check the quality of support people received and ensure that areas for improvement were identified. Staff told us that the area manager regularly visited the schemes. Records showed that they carried out checks of various aspects of the scheme quarterly, focusing on a different area each time they visited, such as support plans, relationships and activities. However, these checks had not always been effective because they had not identified the issues we found concerning people potentially being deprived of their liberties and medicines management.

The provider's quality team visited each scheme annually and produced a report of their findings and recommendations. The reports included looking at people's individual support planning and delivery, people's behaviour and wellbeing and staff skills. Records showed that internal financial auditors also carried out annual audits, making recommendations for improvements where necessary.

The organisation involved people using their services as "quality checkers". A person was paired up with a member of staff who inspected each service in the organisation annually. They spent time talking to people and a report of the findings produced with areas of good practice and issues for improvement identified.

Managers and regional managers meetings were held regularly, as were meetings for each scheme. Records showed that issues such as incidents of concern were discussed and best practice shared. Notes of staff meetings showed that the managers gave staff the opportunity to raise any issues of concern and discussions took place about how to improve each person's experience of the service. These meetings informed staff about relevant issues in the organisation and at a local level.

Investigations into accidents and incidents were thorough and impartial. After a recent staff medicines error a person in the quality team was assigned to investigate. The learning from this was shared across the organisation, including specifying on MAR charts the route of each medicine. The service also liaised with the dispensing chemists to ensure that this information was included on medicines labels to reduce the risks of similar medicines errors happening again. Information notices were placed on the relevant person's fridge, and staff were re-trained internally. There had also been two group supervisions to support staff to share their thoughts on this incident, and to reinforce the action to be taken to avoid recurrence.

Records were kept of accidents and incidents, and each form was reviewed by a manager to identify what had occurred, and what could be done to prevent recurrence. We saw that, for one person who displayed behaviour which challenged the service, records were made of the antecedent, behaviour and consequence, as directed by the behavioural support team. Managers told us how this team regularly reviewed these records to identify patterns and trends so action could be taken where possible to reduce incidents and accidents.

The service had an organisational learning group which met quarterly to discuss lessons learnt from areas including safeguarding, human resources, quality monitoring, health and safety and training. The safeguarding committee also met every three months, monitoring all safeguarding and potential safeguarding incidents, advising and making recommendations to senior managers and the Board of Trustees.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People were not protected from the risks of receiving unsafe care because the delivery of care did not always ensure people's welfare and safety. Regulation 9(b)(ii).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use the service and others were not protected against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for the recording, safe keeping and safe administration of medicines. Regulation 13.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of people using the service, or establishing, and acting in accordance with, the best interests of people using the service. Regulation 18(1)(a)(b)(a)(2).