

## Choice Support

# Choice Support Wakefield (DCA)

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

Choice Support Wakefield (DCA) is a domiciliary Care agency registered to provide personal care to people in their own homes and supported living houses and flats in the community. It provides a service to a range of people with learning disabilities, autistic spectrum condition, physical disabilities and mental health needs. At the time of the inspection the service was providing personal care to 104 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found  
Choice Support Wakefield (DCA) was exceptional at placing people at the heart of the service. The managers and staff had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could. One relative said, "My [family member] does what they want when they want."

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control, independence and inclusion. The management team constantly looked for ways to improve the service. They had engaged people with complex emotional and behavioural needs in decisions and feedback at every opportunity.

Relatives and people we spoke with highly praised the service and the impact it was having. People were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality.

There was a very positive culture in the service and people experienced good levels of staff support and interaction to lead fulfilling lives.

The service was safe and people were encouraged to live life to the full and enjoy taking supported risks. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse had taken place.

Staff knew what to do in the event of an emergency. Risk assessments were individualised and minimised risk whilst promoting independence.

People were supported to maintain optimum wellbeing and quality of life. Care plans were outcome focused, extremely detailed, accessible and based on robust assessments of individual need.

Relatives and people told us how people were highly valued, shown great respect and their dignity preserved. People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were exceptionally caring. They all shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People's voices were of paramount importance in the service.

There was clear and consistent working with other professionals who supported people and staff were proactive and dedicated to promoted people's physical and emotional wellbeing.

Recruitment practices for the service were safe. Staff were supported through induction, training, observations and supervision.

The registered managers welcomed comments about the service. They had an accessible complaint's process available to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was good (published 15 November 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

#### Follow up

We will continue to monitor the service and re-inspect in line with the current rating. If we receive any concerning information we may inspect sooner.

## 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.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Choice Support Wakefield (DCA)

## **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 was planned to check 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 conducted by two inspectors, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers 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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 11 February and ended on 26 February 2020. We visited the office location on 12 and 26 February and visited people in their flats and houses on 12, 13 and 26 February 2020. We telephoned some people's

relatives on 11 and 12 February 2020.

#### What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority and information from third parties to help fully inform our approach to inspecting this service.

On this occasion we did not ask the registered provider to complete 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.

#### During the inspection

We spoke with six people who used the service and three of their relatives in people's own houses or flats. Some people who used the service used non-verbal communication methods and we used different methods to help us understand their experiences. We observed the care and support people received. We spoke with five people's relatives on the telephone and looked at eight people's care plans and other records. We looked at three records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered managers, three services managers, four homes managers, five support workers and the deputy director of operations.

#### After the inspection

We reviewed further information received from the provider, such as quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.
- People and their relatives told us the service was safe and we saw people smiled and interacted happily with staff. One person said, "Yes, I am safe. I'm not worried about being hurt." One relative said, "[My relative] is very safe."

Assessing risk, safety monitoring and management

- Risks were minimised by very detailed risk assessments, with clear directions for staff. Focus was on, the positive benefits of being allowed to take risks. For example, taking part in a variety of activities outside the home, and specific health conditions.
- Fire safety measures were in place, and people and staff were aware of the procedure to follow if they needed to evacuate their homes. One person said, "We talk about if there was a fire. I would go out the front door."
- Staff members knew how to support people if they experienced behaviours that may challenge others.

Staffing and recruitment

- The registered provider deployed a good level of staff to meet people's assessed needs and enable people to safely lead the life they chose. One relative said, "They have difficulty recruiting but they always make sure there's enough cover. [My relative] always has a face [they] recognise."
- Recruitment procedures were safe.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place.
- Staff had completed regular medicines training and competence assessments.
- Medicines were stored and administered in line with good practice.
- Each person had a detailed medicines care plan. Arrangements for people taking 'as required' medicines were in place..

Preventing and controlling infection

- People were protected from the spread of infections by good staff practice and there was a good supply of personal protective equipment.

### Learning lessons when things go wrong

- The registered managers and provider demonstrated learning from incidents and action to help reduce future risks. For example, reviewing incidents with people's behaviour and making changes to how support was given.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- Physical, mental health and social needs had been assessed and care plans included detailed guidance and information to guide staff. The advice of professionals was included in people's care plans and used to ensure best practice and help people to achieve good outcomes.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training and supervision to ensure they could meet people's needs effectively. Senior staff also completed observations in areas such as medicines administration. One relative said, "Oh they're all very well trained. The manager especially is good, she did nurse training."

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on eating and drinking well and staff promoted people's food preparation and self-help skills. One relative said, "They encourage [my relative] to feed themselves. [My relative] gets choice about meals."
- People's individual dietary and cultural requirements and tastes were catered for and healthy eating was promoted. One staff member said, "People can have separate meals, as they like different things. They only eat the same meal for Sunday lunch."

Staff working with other agencies to provide consistent, effective, timely care

- There were many examples of excellent person-centred joint working. For example, working with the local transition team for young adults living with autism, who were moving to adult services. The service also used the providers national communication, assistive technology and positive behavioural support teams to support individuals needs and help increase staff skills.

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

- The service was proactive in identifying people's health needs and promoting healthy lifestyles.
- People had an up to date Health Action Plan and hospital passport to ensure information was easily shared between services. The service was involved in the, 'Treat me well, know your rights' campaign to raise awareness of issues with hospital care for people with learning disabilities.
- People had access to support from community professionals, including speech and language therapists, physiotherapists and occupational therapists. This maintained optimum wellbeing, mobility and quality of life. One person said, "If I get ill, I go to the surgery. They take me to the opticians."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection (COP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- We found COP orders had been applied for where appropriate. Staff had a good understanding of the MCA and it was clear that people's autonomy, choices and human rights were promoted. One staff member said, "The capacity assessments are done between manager, advocacy and family members. For me it means there is more to be aware of safety wise. Working to their best interests."
- Where necessary, people had their capacity assessed to establish if they were able to give consent to areas such as their care plan, help with medicines and their finances. Detailed information regarding mental capacity was in place for people. Whilst families told us they were always consulted where necessary, consultation with the relevant person was not always evidenced in best interest documents. Following our visit, the registered managers sent information to show how all representatives had been consulted with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Equality, diversity and human rights were promoted in innovative ways. One of the managers organised a local LGBTQ support group for people with learning disabilities, 'To be U', which some people from Choice Support attended.
- One person was supported to deliver a presentation called 'who I am', about their equality rights at the learning disability England conference and they received a standing ovation. They said, "Working with [staff] is perfect. [The group] socialise and go to pride. We want people to be safe."
- There was a strong and visible person-centred culture, with staff going out of their way to ensure people were treated equally and fairly and participate in their community. For example, a 'Supported Loving' group met regularly. This helped people's with relationship education, and also coordinated social events.
- The provider was involved in a national campaign to promote good care in hospital for people with learning disabilities, called, 'Treat me well, know your rights'.
- We saw lots of interaction, laughter and joking between people and staff, with people's faces lighting up when staff entered the room. People and relatives told us the teams had a very caring approach. One person said, "Yes, I like my staff, they are funny." Relative comments included, "They provide loving dedication. Everything about it is lovely. I couldn't have chosen a better setting. There's a few staff that are especially brilliant."

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

- The service was committed to ensuring those with complex emotional, physical and communication needs were kept fully involved and engaged, demonstrating an excellent approach to equality.
- People were consulted and involved in every aspect of their lives regardless of communication styles or disability. They had been involved in decisions about risk and their safety. For example, regarding drinking alcohol or managing their own medicines. Two people wrote some of their own care notes and recorded their own medication. This was important for one person who had previously had no control over their care records in long stay hospital and controlling their own records helped them to feel calm.
- People told us they made decisions about their care and planned their own support. They experienced support from staff they chose or were matched with in line with their tastes and interests, including the preferred gender of care staff. People had chosen their furnishings and décor, meals, holidays and how they spent their day.

Respecting and promoting people's privacy, dignity and independence

- The service strove to encourage and promote people's independence, for example learning to cook, self-

manage their medicines and advocate for themselves.

- Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities. Staff never gave up promoting independence and they were genuinely pleased and proud of people's achievements. Relatives comments included, "The staff respect [persons] decisions. In respect of food [my relative] has the choice to go out for shopping and buy whatever is needed because [my relative] knows how to manage their diet, with the staff with them." "Staff arrive at [persons relations house] to support [person] in a different taxi because [person] wants to get there on their own."
- People said their privacy, dignity and independence were respected by staff. They were proud of their individual homes and some also enjoyed the communal spaces, facilities and social opportunities.
- When people became distressed staff stepped in appropriately; they made adjustments to the sensory environment or interacted with the person with good effect.

# Is the service responsive?

## Our findings

This means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Everyone received exceptionally well-planned and co-ordinated person-centred support that was unique to and inclusive for them. One person, who was living with autism was supported to move into their own adapted home with appropriate lighting and environmental controls to reduce stimulation and improve their quality of life. A second person was supported to move into their own supported flat, which reduced their anxiety. A relative said, "Staff seem to know when something is winding [my relative] up and have a knack to wind it down." The person was now able to go out with staff whenever they liked, which put them more in control.
- The service placed great importance on giving people choice and control. Each person had an individual job description detailing what the person needed and wanted from staff. People and families had been involved in interviewing for the staff who met the individual job description. One staff member said, "The support offered depends entirely on what the individual wants, they just tell us, they are in control of their individual service fund model – they can increase or decrease their hours of support, depending on what they want from us."
- People had identified their goals and reviewed their achievements with their chosen core staff team. Person centred plans contained photographs of outcomes that had been achieved. For example, some people were supported to improve their work skills and experience, completing voluntary work placements and training to enable them to apply for the jobs they wanted.
- Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual communication styles. This created a truly person-centred environment. Staff used this detailed knowledge to make people comfortable, have fun and reduce any distress. One person's care plan detailed how they liked to work in a particular area in the kitchen so they could be near to weight loss certificates on the wall, which they were particularly proud of. Since moving to the service the person had gained in self-esteem and took part in many more social activities.
- Several recent compliments from community professionals, recorded how impressed they were with the staff's extensive, detailed knowledge of people's needs and how well people were supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a strong focus on treating people with equality to ensure their voices were heard. For example;

women had been involved in health consultation around Easy Read communication for breast screening. The service regularly used Easy Read information to promote people's rights and share information. For example, to promote voting with easy read general election manifestos.

- People were empowered and informed through access to their own training in areas such as how to prevent constipation, male and female self-checking and relationship education. For example; One manager had built a model of inside the human digestive system to demonstrate health related issues for people.
- Staff demonstrated a detailed knowledge of people's individual mannerisms and communication methods, and how to interpret these. One staff member said, "I've completed a Makaton course with Choice, we have another client who uses Makaton so everyone received the training." One person's care plan contained 'My community map' with photographs of them and the places they enjoyed going locally, such as the local Church and the chip shop set out on a map.
- Assistive technology was used effectively to enable communication, such as a 'Big Mac' button to enable a non-verbal person to easily call for assistance.
- The service carefully considered people's nonverbal communication, such as reactions to external stimuli. Measures were in place to support them. For example, ensuring a low stimulus environment, or supporting several people to move to their own bespoke homes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was innovative, and person centred in ensuring people were not isolated by their disability. Some people with profound and multiple learning disabilities were involved in a special Olympics project, called Motor Activity Training Programme, aimed at increasing their exercise levels, as a way of also increasing interaction and communication. They also took part in a 'unified mile' event in London.
- Staff were exceptionally committed to working with people and helping them maintain relationships that were important to them and to build new relationships. One relative said, "[Staff] arranged a lovely afternoon where [My relatives] mum visited. [My relative] presented her with flowers, had afternoon tea. It was lovely." One relative told us how staff supported them on walks in the community with their relative, which they would not be able to manage on their own.
- People were supported to use Skype to keep in touch with friends and loved ones and most people had their own electronic tablets and computers. Relatives told us they were always welcome to visit.
- Sensitive emotional support was provided for people with complex emotional needs. People's self-esteem was promoted by achieving their goals. For example, moving into their own place, being supported to lose weight or speaking at a conference.
- People's support focused on them having as many opportunities as possible to gain new skills and experiences and have fun, like other adults. One person attended a cooking class and enjoyed using their new skills in their kitchen wearing their chefs' hat. They said, "At the other place they didn't do 'owt. I like anything here. Carriage riding, I have six rosettes. To celebrate valentines, I'll make a cake."
- Some people attending local pubs, clubs and leisure facilities, as well as numerous places of interest. One person said, "I have a support plan. [Name of staff] asks what I want to do."
- Some people experienced massage, music or drama sessions and sensory baking at home as well as hydrotherapy in the community.

Improving care quality in response to complaints or concerns

- An accessible and comprehensive complaints procedure was shared with people and their representatives; complaints were appropriately managed when they arose. People said, "If I have any problems staff help. I talk to someone else if my keyworker is not here." "I am happy with this manager. If I had a complaint, I would go to the support workers."
- The management team created an open culture, where any complaints and concerns were welcomed and

learned from. One relative said, "I don't think I've ever complained. If I needed to it would be resolved immediately."

#### End of life care and support

- Discussions about people's end of life plans and wishes were agreed with them and recorded, where people wished to do so. Best interest discussions had also taken place for some people to ensure their wishes and feelings were respected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The shared vision of an inclusive service was driven by positive leadership. Relative's comments included, "It's very well run; I want to book a place to stay if there's one available." "They send out surveys regularly. I am happy with all the help they give to my [My relative], my [relative] is happy."
- We observed a person-centred, warm and inclusive atmosphere within the services we visited. All the managers and staff spoke about their commitment to fully empower people to manage their own lives. Staff comments included, "We take the lead from the individual." One staff member said, "It's about them. All of our support is aimed at people leading a normal life, whatever that means for them."
- Staff told us they felt supported. Comments included, "It is well led. There is always someone on the end of a phone. You only have to ring. If a problem they are always there." "I absolutely love it. You are valued. They do genuinely care about your wellbeing. Support from the team here [in the office] has been phenomenal."
- The registered provider was open and honest. They were proactive in reflecting on incidents and sharing learning across their services.

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

- Effective systems were in place to assess, monitor and improve the quality and safety of the service. People who used the service completed 'Quality checkers' visits to some of the houses. They produced easy read reports demonstrating their true involvement in improving the quality of the service.
- There was a focus on learning from incidents and adverse events. For example, we saw where things had gone wrong the service had put in place measures to help improve safety. This included action following safeguarding incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, their representatives and staff were asked for their views and these were acted on. Family members felt the staff treated them as true partners. Comments included, "All the things that we've been asking for have been done now. We go for regular meetings where the families come together." "They are working as proactively as possible. They're very good at working in partnership with me."



- Staff were involved in the service through regular staff meetings and a staff survey.
- People were supported to use local community facilities to promote good relationships, equality and inclusion. The service participated in multi-organisational events, such as charity fund raising for the homeless and seasonal events. Some homes also held parties, activities and events for their families and friends to attend.

#### Continuous learning and improving care

- There was a well-developed culture of learning and staff development to improve care. One manager said, "I did a manager's induction about supervisions etc; and now I have done a diploma level five. Twice a year we go to London to meet with the founder of Choice Support. We meet other managers and discuss current issues. It makes you think differently and see what other areas issues are."
- The provider supported staff who wanted to work as managers with an 'aspiring leaders' course. One team was trialling 'self-directed teams' as a way of empowering staff.
- The registered provider shared regular briefings and best practice examples from within their services and elsewhere. Managers meetings, conferences and bulletins kept managers up to date with developments and good practice.
- The registered provider acted as a role model for other services sharing ideas and best practice between services and nationally. For example, the 'Josephine and Jack' project was licensed to Choice Support and used anatomically correct puppets to help people learn in areas such as personal care and health prevention.

#### Working in partnership with others

- The management team worked in partnership with community health professionals to meet people's needs and drive up the quality of the service. We found there was never any delay in involving partners to ensure the wellbeing of the people using the service.