Creating Lifestyles Surbiton Limited

Creating Lifestyles Midlands Limited

Inspection report

98 Beeches Road
West Bromwich
West Midlands
B70 6HJ

Tel: 07584826730

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Creative Lifestyles Midlands Limited is a community based service that provides personal care to people living in their own homes in a supported living setting. At the time of the inspection one person was in receipt of the regulated activity personal care. The service is also registered to provide domiciliary care, although this type of service was not being provided at the time of the inspection.

Creative Lifestyles Midlands Limited is made up of seven single bedrooms. There were shared living areas which include the kitchen, lounge, bathrooms and garden. There was a separate office area for staff.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People had not always had all of the risks associated with their care fully mitigated. Reviews of care records had not been consistently effective at identifying where information was missing from peoples care plans.

Systems around ensuring consistent recruitment was carried out needed improving. Whilst individual incidents were reviewed there was no analysis of incidents across the service which may have identified themes and trends.

The provider's systems to monitor the quality and safety of the service had not been effective at identifying the concerns we found at this inspection. There had been a number of managers at the service since registration. The current registered manager showed a willingness and drive to make the necessary improvements within the service.

People were supported by staff who understood how to recognise and escalate safeguarding concerns should they have any. People received safe support with their medicines and checks were carried out on staff to ensure they were competent to administer medications.

People were supported to access appropriate healthcare and any concerns relating to changes in people's healthcare needs were escalated appropriately.

People received meals that they enjoyed. Improvement was required around the directions provided to staff around monitoring fluid intake and in providing staff with catheter care training.

People were supported to have 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.

People had information available to them in an accessible format to aid their understanding of key topics.

There were systems in place that enabled people to complain about their care should they need to.

Staff received an induction and training to support people. Staff felt supported in their roles and were able to make suggestions for improvements within the service.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

For more details, please see the full report for Creating Lifestyles Midlands Limited which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 25 November 2020 and this is the first inspection.

Why we inspected
This is a newly registered service and we needed to inspect and rate the service.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to how the safety and quality of the service was monitored at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Creating Lifestyles Midlands Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team comprised of two inspectors.

Service and service type
This service provides care and support to people living in a 'supported living' setting, 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

During the course of the inspection the manager became the registered manager for the service.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 July 2022 and ended on 8 August 2022. We visited the location's office on 26 July 2022.

What we did before the inspection
We reviewed information we had received since the service was registered with us. We requested feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with one person using the service. We spoke with four members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included one person's care and medication records. We looked at two staff files in relation to the recruitment and supervision of staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care plans and risk assessments described some of the risks to people's care and how to mitigate them. Generic care plans had been implemented for people and some additional risks for the individual added. However, parts of the generic care plans were not relevant and other risks that were relevant had not been noted, such as the risk of social isolation. These discrepancies provided conflicting information for staff.
- Staff understood some of the key risks to people's care and how to support them.

Staffing and recruitment

- Checks on recruitment files showed one staff had gaps in employment and another member of staff did not have photo ID on file. These checks are important to demonstrate that the provider had considered staff's suitability for their role.
- The provider had not introduced a system to ensure all documents relating to recruitment were available in staff files. The registered manager took action to address this concern following the inspection.
- The management team ensured staff were subject to Disclosure and Barring checks prior to employing staff members. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to support people at the service. One staff member told us, "Staffing is adequate for the current people living here." Staffing levels were adjusted to people's current needs and had been increased where people's needs had changed.

Learning lessons when things go wrong

- There were processes in place to ensure incidents and accidents were recorded and reviewed. This enabled action to be taken to prevent the chance of reoccurrence.
- Whilst we were informed all incidents had to be reported to head office to be reviewed, there was no overall analysis of incidents across the service that could enable trends and themes to be identified.

Preventing and controlling infection

- At the time of our inspection, staff informed us they completed regular testing for Covid-19 in line with government guidance. However, the systems to record staff testing needed further improvement. We saw there were unexplained gaps in recording and some staff were not listed on the testing record. Whilst the registered manager was able to account for these gaps, it was important that the system was improved to document this.

● Staff had received infection control training and were aware of the correct PPE to use.
● Audits were carried out around infection control practice and systems were in place to ensure the environment was clean.

Using medicines safely
● People received safe support with their medicines. There were systems in place to monitor the administration of medicines.
● Staff had received training in safe medicine administration. The registered manager carried out checks on staff members competency to ensure they were safe to administer medication.

Systems and processes to safeguard people from the risk of abuse
● Staff had received training in safeguarding. Staff were able to inform us of the appropriate action to take should they become aware of safeguarding concerns. One staff member told us, "I would report any concerns, contact medical services and inform the manager."
● There were systems in place to seek people's feedback on safeguarding and to monitor any current safeguarding alerts that had been made.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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
- People had their needs assessed prior to them moving into the service. The registered manager informed us they would need to consider whether care needs could be met and also the compatibility of people living together should a new person request to live at the service.
- The provider had followed current guidance around care practices such as safe medicine management.

Staff support: induction, training, skills and experience
- Staff informed us they received an induction when they started working at the service. Records we viewed confirmed this.
- Staff had received training around most of people's individual needs. However, staff had not received training around catheter care. Whilst guidance documents were in place around good practice in catheter care, and staff appeared to understand how to support the person, specific training had not been provided. The registered manager informed us that staff had been enrolled on on-line training around this subject following the inspection.
- Staff received regular supervision and staff told us they felt supported by the management at the service.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to prepare meals that they enjoyed and that met their cultural preferences.
- Monitoring checks were carried out on a person's fluid intake to support their healthcare condition. Whilst some guidance was available to staff on the amount of fluid to offer, and records confirmed this guidance was being followed, further specific detail was needed to provide staff with clear instructions. The registered manager took action to address this concern following the inspection.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- People received support to access healthcare as and when needed. The registered manager had escalated healthcare concerns appropriately to enable people to receive the support they needed.
- The registered manager was able to provide examples where they had worked with a number of healthcare professionals to support a person whose needs had changed. These healthcare professionals included doctors, district nurses and psychiatry. Working in this manner demonstrated how the service was working towards achieving the best outcome for the person's health and well-being.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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

- People were supported to make daily decisions and choices about their care.
- Where people had been deemed to lack the capacity to make a certain decision about their care, we saw that MCA assessments and best interest meetings had taken place. These best interest meetings had involved a number of healthcare professionals.
- Staff had a good understanding of the MCA. They informed us how they offered people choices in their care and sought their consent. One staff member told us, "We don't assume someone lacks capacity."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- We observed kind and caring interactions between staff and people. People appeared relaxed in the company of staff and able to approach them with any requests, or just for a general chat.

Supporting people to express their views and be involved in making decisions about their care
- People were actively involved in all aspects of their daily care needs. Staff informed us how they ensured people were involved in making decisions about their care.
- The registered manager had discussions with the people living at the service about their goals and how the service could support them to achieve these. The registered manager told us, "We want them to succeed."

Respecting and promoting people's privacy, dignity and independence
- People had their privacy respected and their dignity preserved.
- People were encouraged to be as independent as possible. The registered manager gave an example of where a person needed additional support to make drinks and meals due to a change in needs. They told us, "Staff support the person. We don't want to remove their independence but want to make sure they are safe."
- The registered manager described their desire for people to become as independent as possible. Different aspects of people's care were being considered such as self- medication assessments. The registered manager told us, "Everything was being done for people before. We are now opening the gateway to independence."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained some personalised information relating to what was important for that person.
- Whilst care plans had been reviewed, these reviews were not consistently effective as they had not highlighted that information was missing in some areas of the care plan.
- People had been involved in key worker reviews. These reviews enabled the person to feedback on their care and amendments to be made to their care plans if required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had information provided to them in an accessible way. The registered manager showed us examples where information had been provided to people in an easy read format to encourage their understanding of the information provided.

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

- People's care plans contained information about their interests and hobbies. The registered manager was able to tell us how they were taking different approaches to encourage one person to access the community despite their reluctance to do so.
- Where people did not have any known family or friend relationships, the registered manager was working with the local authority to try and enable information about past relatives to be shared to work towards relationships being re-established if appropriate.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was also available in an easy read format. We noted there had been no official complaints at the service.

End of life care and support

- The service was not supporting any one who was reaching the end of their life. However, the registered manager informed us of ways they had approached the subject with people living at the service. This

included recording peoples advanced wishes should they be advised they are nearing the end of their lives.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to monitor the safety and quality of the service had failed to identify the concerns we found at the inspection.
- Systems to monitor and record staff testing for Covid-19 were not effective and needed further improvement.
- Systems to review care plans and risk assessments for their accuracy were not effective. Reviews had not identified that parts of care plans and risk assessments were not applicable to the person and therefore did not need to be present. In addition, some specific risks to the persons care had not been fully explored
- Systems to ensure a consistent and safe approach to recruitment needed to be introduced.
- Systems to monitor fluid levels received by a person required further detail to ensure accurate monitoring could take place and enable staff to have clear directions.
- Whilst staff had been provided with training to enable them to support people, there was not a system in place to monitor the 'pass rate' of the training completed. Some staff members had completed some training topics such as first aid, food hygiene and person- centred care with a pass rate of 24% to 27% which had not been highlighted by the provider.
- The provider had not followed their own policy where it had been specified that staff needed specific training around catheter care. This meant training the provider had deemed necessary, as per there own guidelines, had not been provided which put the person at potential risk of not receiving appropriate support with their catheter care.
- There was no system that analysed incidents across the service which may identify themes to prevent reoccurrence.
- The provider had not ensured their statement of purpose had been kept up to date. We found they were supporting people whose needs were not on their original service user bands at the point of registration.

We found no evidence that people had been harmed, however the systems to monitor the quality and safety of the service had failed to identify these areas of concern. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a number of different managers working at the service since it opened. The current registered manager had worked at the service for a few months prior to the inspection and had begun making improvements to areas they had deemed the highest risk. The registered manager was receptive to the feedback regarding the concerns we found at the inspection and had started work to address these.

● The provider had a quality team that carried out audits of the service at various intervals. Where concerns had been identified, action plans were formulated with deadlines for completion.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The registered manager was working towards a culture in the service that was focussed around the person as an individual and striving to achieve good outcomes for them. The registered manager told us, "I want the best for each of the people living at the service." A staff member told us, "The staff really care."

● Staff felt supported in their role by the registered manager and one staff member told us, "I feel very supported. It's not just support it is someone to rely on." Another staff member told us, "I can raise any concerns with the manager, he is the best one we have had and I feel supported in my role."

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 registered manager was open and honest throughout the inspection. They spoke of their willingness to make improvements in the service.

● The registered manager was aware of their responsibilities under duty of candour.

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

● People's views were sought through regular group meetings, surveys and key worker reviews. People were able to suggest improvements to their care during these methods. Surveys were analysed and action taken where themes and trends were identified.

● Staff felt involved in the service and we saw that staff meetings and staff surveys took place. Staff were able to suggest improvements to the service through these means.

Working in partnership with others

● The registered manager and staff team worked alongside other healthcare professionals such as district nurses and doctors to ensure people received the care they needed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to monitor the quality and safety at the service were not always effective and had failed to identify the concerns we found at the inspection. Regulation 17 (1)(2)(a)(b)(d).