Creative Support Limited

Creative Support - Warwickshire Services

Inspection report

Murray House
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Murray House is registered to provide personal care to adults with learning disabilities, autism or autistic spectrum disorders. People had a core number of agreed hours at set times and there was some limited flexibility to provide these hours when people may need them, outside of agreed times. Care and support was provided to people in a specialist 'extra care' housing service, meaning each person had their own tenancy/flat.

People's experience of using this service:
• People were encouraged and supported by staff to make decisions about their care and how this care was delivered to them. Staff knew people's preferred ways of communicating, to assist people to make their own choices.
•Relatives gave us mixed opinions about the consistency of care staff as the service used a high number of agency staff, although there were enough staff to support people. A relative felt staffing rotas, although improved, at times got in the way of certain activities when some staff had to finish their shift.
•Risks to people were managed in a way that kept them as safe as possible. Risk management guidelines helped care workers when supporting people. Risks which affected people's daily lives, both in the home and out in the community, were documented and managed by staff.
•Staff were trained to administer medicines and they did so in a safe way, completing appropriate records which were regularly audited and checked.
•The provider arranged training for staff that met the needs of people using the service.
•Care plans were personalised, but needed improvements to reduce duplication and to make sure they corresponded with each other. This was planned for.
•People's support hours were more structured so people knew how much time they had with staff, to achieve the things they wanted to do.
•People were supported to make daily living choices such as what they wanted to eat and how to maintain good mental and physical health.
•Staff were aware people's needs could change, and understood when to seek advice and involve other health care professionals and services. Staff knew how to keep people protected from poor practice or abuse.
•People were treated respectfully and with understanding. Staff were keyworkers for people which helped them get to know people well. Staff's feedback to us showed they took a genuine interest in people and they knew them well.
•Part of staff's support was to encourage and support people to be as independent as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We found the service met the characteristics of a "Good" rating in five areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good. The last report for Murray House was published on 5 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

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Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:
One inspector carried out this inspection.

Service and service type:
Murray House consisted of nine flats and staff provide a personal care service only within a specialist 'extra care' housing. Each person had their own flat. At the time of our inspection visit, five people received personal care.

Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. Each person has their own individual tenancy agreement and is the occupant's own home and Creative Support provide their care package. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service.

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

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local commissioners (who commission services of care). The provider was not sent a provider information return which gives them an opportunity to share with us what they do well and planned improvements. Through our conversations with the management and staff team, we gave them an opportunity to tell us and show us how what they described to us, translated into practice.

During our inspection, not everyone who received personal care, wanted to or was available to speak with us. One person spoke with us and we spoke with two relatives following our visit. We spoke with a senior operations manager, the registered manager, a supported living manager and two care staff.

We reviewed a range of records. For example, we looked at two people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.
Assessing risk, safety monitoring and management
•The provider took appropriate steps to identify and manage risks to people using the service.
•Care plans included a section where risks to people were assessed, these included environmental risk, any risk in relation to personal hygiene, mobilisation, medicines and skin care.
•Steps to manage or minimise risks to people were included. For example, safe moving and handling techniques and repositioning guidelines to reduce the risk of pressure sores.
•Care staff told us they received training in moving and handling, especially how to transfer people using a ceiling track hoist. Staff said they were confident using this equipment. Staff knew of people's individual risks and knew what action to take to help minimise the risk of harm.

Staffing and recruitment
•People told us they thought there were enough staff to support them when needed, whether this was to go out, pursue their interests or to help them improve their life skills. Relatives agreed, although at times, some activities had been cut short to enable staff to finish shifts, although this was being addressed.
•A lack of permanent staff meant the service had to use high amounts of agency staff to cover shifts. The provider was looking at ways to make the recruitment of staff more successful, so reliance on agency staff could be reduced.
•Staff told us there were enough of them to ensure people received their allocated care hours. Staff said it was much improved because staff rotas clearly recorded what care was needed, to who, on what day. We observed staff responding to people in a timely way, in communal areas during our visit.
•The supported living manager had improved and strengthened the staff rotas. The registered manager felt in the past, there was no structure so some people had more hours than expected, whilst other people had less. They were confident people got the support they needed.
•We did not look at staff recruitment files because there was no information or concerns identified during our planning. Staff working at the service were established staff members and no concerns were raised to us at this visit, about their conduct.

Using medicines safely
• People received their medicines safely. Staff administered medicines safely and records we checked, showed staff had correctly signed medicines administration records when given.
•Staff were suitably trained to administer medication. Staff received on-going training and had their competencies to do so checked by senior staff. In some cases, people self-administered their medicines and where people could so this safely, this was completed within a risk assessed approach.

Preventing and controlling infection
•The environment was clean.
•Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of

infection. We did not see staff wearing aprons and gloves because they said this practice was when personal care was given within people's own flat.

Learning lessons when things go wrong
•The manager learned from accidents and incidents that had occurred within the service and sought ways to reduce the risk of reoccurrence. Trend and analysis reports were sent to the provider by the supported living manager. These were reviewed monthly and if issues were identified, these were further investigated to consider if they could be prevented.

Systems and processes to safeguard people from the risk of abuse
•Staff knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with management or the provider. All staff said they were confident to 'whistle blow' if concerns were not dealt with swiftly. The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience
•The supported living manager told us they, and other staff new to the service, had enrolled on a full induction to the service at the beginning of their employment.
•Staff told us the training was good and equipped them with the knowledge to look after those in their care. One staff member said, "It's constant and it's good to learn with other's (staff) face to face – learn from their experiences."
•Care staff received training and refresher updates to ensure they remained suitably skilled to work with the people they supported. A relative told us they provided 'class support' to staff about how their relative communicated best, and telling staff about their family member, helped staff to better understand the person and their needs.

Adapting service, design, decoration to meet people's needs
•People decorated and furnished their own flats as they wished, in line with their own choices. •Some people had specialist equipment installed, such as a ceiling track hoist. These adaptions made it more effective and safer when transferred from one room to another.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•Regular assessments and care reviews took place to ensure people's assessed care needs continued to be correct. People's care needs, both emotionally and physically were evaluated, recorded, and provided, in conjunction with any support plans where risks were identified. Staff told us they knew people well, read care plans and got to know people's changing health needs through good communication, such as communication book and handover.
•People were included in decisions about how they received their care and their feedback was respected and included within their plan of care. Consent was always sought by staff. This was an important aspect of how care choices and routines were agreed.
•The staff team were aware of the protected characteristics under the Equality Act. The culture of the organisation was open to providing care that met people's needs without fear of discrimination about their culture, religion, gender or sexual orientation. This ensured each person was fully supported in all areas of their care and people received consistent care that met that their needs.

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. We checked whether the service was working within the principles of the MCA.
•People using the service had consented to aspects of their care, such as their care records and for photographs to be held.
•Staff recognised seeking and respecting choice and opinions was an important part of their role. Staff said they always did this, "How would you like it if you could not make a choice." Staff said if people lacked capacity, decisions were made in the person's best interest.

Supporting people to eat and drink enough to maintain a balanced diet
•Staff said some people choose to prepare their own meals and drinks in their own flats. In some cases, people visited the communal areas to eat with others at the service. Where people needed support to prepare and be assisted to eat, this was given.
•Dietary requirements and preferences were included in care plans.
•Care staff were aware of people's preferences in relation to what they liked to eat and drink. Staff said they were introducing themed nights such as a Mexican night – to help people enjoy the social engagement of others.

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 from other healthcare professionals, including GP's, occupational therapists and mental health specialist teams. Multi-disciplinary meetings helped ensure people received the right support at the right time. This included reviews around effective medicine management and monitoring when medicines were changed, increased or reduced.

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

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity;
•Care staff received training that refreshed them of the importance of continually promoting dignity and respect, equality, diversity and inclusion. During our conversations with staff, it was clear they demonstrated how they promoted and supported people's right to live their life as they wanted, through their own choices and decisions. People's religious and cultural needs were respected and some people's support hours were scheduled around supporting their faith.
•Care staff told us they had built meaningful and professional relationships with people. Some staff said over the last 12 months, call rotas were not always planned, so some people went without some agreed care hours, whilst others had more. Staff said now, with clear advanced rota planning, it was more balanced and people received their allocated time.
•Staff's conversations with us showed they had a caring attitude and approach. Staff wanted to help people achieve their best. Staff supported people to achieve their personal goals and complimented people when this was completed.
•Staff said a good carer was someone who was, 'polite, calm, patient and a good listener'.
•Through our visit, we saw staff apply these skills.

Supporting people to express their views and be involved in making decisions about their care;
•Care records considered people's individual views and preferences. This helped to ensure that care was delivered in a way that continued to meet the needs of people using the service.
•Care workers demonstrated they knew how to care for people in a manner that reflected the preferences recorded in their care records, such as following people's individual routines, such as times they got out of bed, or did certain things on set days. One care worker said, "I have been supporting [person] for a while now so I know her preferences and how she likes to be cared for."
•Care records contained person centred information, for example things that were important to people, their likes and dislikes, important people in their lives and their relationships. They also contained details about the emotional support that people needed.

Respecting and promoting people's privacy, dignity and independence
•Care staff talked about how they respected people's privacy and dignity when supporting them, telling us, "I close doors, curtains and treat them how I would want to be treated, give them time – let them make decisions."
•People's personal care routines and their daily activities timetable, along with their level of independence were included in care records. This helped staff to support them in a way that promoted their independence. Staff gave us examples of how through support, people had become more independent. We

were told about one person who was now able to get on a bus and go out for the day. One staff member said, "The constraints they had were their own mind. Through breaking it down into small steps, they could do it." Staff continually adopted new strategies to aid independence, and they were shown to work with good outcomes for people.

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
•Both care staff we spoke with had worked at this service since opening in 2014. They felt they had the experience and knowledge to care for people at Murray House. One staff member said, "We know them, what works and we have seen how they have grown in confidence." Staff said the support people received was good.
•Some people's support hours included one to one support. One relative said their family member had one to one support. They enjoyed shopping and going out which they did, staff drove their car to take them where they wanted to go. Another relative confirmed this, although they had experienced some problems with activities being reduced, this was being addressed through better planning.
•People had individual care records in place which reflected their current needs. These included risk assessments and care plans showing what support people needed, the action that care staff needed to take and desired outcomes for people.
•People's social interests and activities they enjoyed doing both at home and in the community, were recorded. Some people had become involved in voluntary work within the local community. One staff member said, "[Person] loves it – it's routine which they need."
•Some people using the service were not able to communicate verbally. Staff said they knew how to engage people, such as watching eye movements, body movements and using pictures to help aid communication. Care records recorded people's gestures and what they meant to ensure care remained consistent.

Improving care quality in response to complaints or concerns
•There was a complaints policy in place and people knew how to make a complaint. One relative said, "I would tell them, communicate with them." Another relative said they had two outstanding issues which they had spoken to the supported living manager about, who was investigating both matters.
•The supported living manager told us the provider had received complaints but they were all responded to and closed.
•One person told us they would raise a complaint if they had to, and they knew who to speak with but said, "I like it here, I am happy."

End of life care and support
•At the time of our visit there was no one receiving end of life care.
•People's wishes and preferences in the final stages of their life was not yet recorded. The supported living manager said although this was not a nursing home, they would be able to support people at the end of their life where practical and possible.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

•There was a clear management and staffing structure and staff were aware of their roles and responsibilities, and those of others. The registered manager was supported by a supported living manager who had started at this service in November 2018, they had day to day management of the service.
•The senior operations manager and registered manager discussed the changes across this and another local service. They both felt improvements were needed and had been made, especially to show people received their agreed care hours.
•The supported living manager was planning to improve the care plans and risk assessments to make them more person centred and to remove conflicting information. They had introduced a staff rota and those changes meant staff knew at least one month in advance of their shifts, which they had not before.
•Plans were made to increase staff recruitment so the service was not reliant on agency staff, however consistent agency staff were used to provide continuity of care.
•Staff took pride in their roles and supported each other to ensure good care.
•Staff were complimentary of the supported living manager and the changes they had introduced. Staff acknowledged they were for the better and time would see if those changes become embedded in the service and staff practice.
•The registered manager and supported living manager promoted continuous learning, they held reflective meetings and observed supervision with staff to discuss work practices, training, development needs and staff's well-being.
•The registered manager understood their regulatory requirements. A rating poster was displayed on their website and at the location.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•People's feedback about their care, the service and what they wanted was sought through personal reviews and group attendance at meetings. People were listened to and actions were taken to include people's wishes.
•People had the opportunity to attend periodic meetings with management, their keyworker and care staff to discuss issues related to their own care, as well as events and activities within the service.
•Staff attended meetings and felt able to share feedback and concerns. Staff were confident they would be listened to.

Working in partnership with others
•External links with social workers, multi-disciplinary teams, mental health teams and GPs remained responsive to meet people's support needs.
•Advocacy services and relatives supported people and links were established with local churches and faith groups so people could maintain their cultural beliefs.
•Staff promoted opportunities with others, such as seeking work placement and voluntary schemes for people to be part of.
•The supported living manager welcomed a quality assurance visit from the local authority. An action plan was created and followed. The supported living manager welcomed this inspection as it was their first experience of a CQC inspection and agreed to make improvements were recommendations were given, such as care plans and record keeping accuracy.

Continuous learning and improving care;
•Quality assurance audits that were appropriate for the size of the service were completed, with oversight from the provider. The supported living manager responsible for the day to day management of the service, was introducing further checks to assure themselves, good standards of care were being delivered. These included observational spot checks carried out by them. Recent changes to the call scheduling meant there was now a strong structure aligned to the staff rota's and people's agreed hours. Previous management had not always managed this so robustly, so it was unclear if all people received the right number of hours. Medicine administration records and other records such as repositioning charts were completed, checked and followed through audit.