

Craegmoor Supporting You Limited

# Craegmoor Supporting You in East Anglia

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Craegmoor Supporting You in East Anglia is registered to provide personal care to people living in their own homes. It provides a regulated activity to nine people with varying needs including autism, mental health issues and, or learning disabilities. Support ranged from an outreach service, to a 24-hour service.

People's experience of using this service:

- We have rated the service as good overall but requires improvement in well led. There were systems in place to review the service in respect of compliance and risk. We found however there were a number of issues which had not been identified at the time of the inspection. Health and safety audits had identified concerns but these had only been put in place recently.
- Some people were living in poor standards of accommodation which could have an impact on their health and safety. This was a landlord issue but we discussed this with the service who told us how they were supporting people to raise these issues with the landlord or advocating on their behalf.
- The provider had identified that not all their staff training was adequate in terms of supporting people who behaviour might challenge. We found that some staff were not confident in supporting people who had behaviours which could impact negatively on themselves or others. Staff had e-learning around managing and deescalating behaviours but agreed this was not in sufficient depth, or give them the necessary confidence.

Incident management was in place but information not clearly collated too see if additional actions might help reduce the level of incidents. Behavioural plans and risk assessments did not show how other health care professionals had been involved. Gaps in record keeping were identified and clear processes were not in place for every situation.

- People spoken with were happy with the service they received and staff enhanced their experiences by providing care and support in a timely way around their assessed needs. This was reflected in people's support plans.
- The service engaged with people about the service and their wider care issues.
- People felt safe and staff were supported in their role to help them deliver effective care and support. Clear records of induction were not seen on each staff file we looked at but the registered manager was aware of this and showed us how they were addressing it. Staff recruitment and induction was sufficiently
- Staff training was an area for development to ensure all staff had been assessed as competent in the work

place and felt confident in their job role.

- The service was well planned to ensure staff were available to provide the support needed and emergency situations had been assessed and planned for.
- Risks were managed and we found systems in place to help ensure people had their medicines as required. Audit tools were not fit for their current purpose and medicines records were not audited as often as the service said they should be. This was an oversight which the registered manager told us how they would address.
- People had capacity to make decisions and their consent was recorded. They were involved in their support and encouraged to be autonomous and independent.

Rating at last inspection: (Good) the last report was published on 05 August 2016.

Why we inspected This was a scheduled planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well led findings below.

# Craegmoor Supporting You in East Anglia

## **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:

The inspection team consisted of one inspector.

**Service and service type:** 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. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service currently provides support to people in a number of shared and individual dwellings and provides some outreach support to people to improve their access to the community. Staff provide some sleep in cover at night where contracted and there is a 24 hour on call service.

The service had a manager 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 to ensure there would be someone at the office and to arrange visits to people that use the service. Due to unforeseen circumstances the inspection did not go ahead when planned but was rescheduled.

The inspection site visit took place over one day on the 1 March 2019.

#### What we did:

Before the inspection: We looked at information already known about this service which included previous inspection reports, notifications which are important events the service are required to tell us about. We gained feedback from the service from share your experience and emailed commissioners but got limited response. We reviewed the provider information return. This is information we require providers to send us at least once annually 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.

On the day of our inspection we went to the registered office and met with the registered manager, the deputy manager and the quality assurance officer. We then went to meet a number of people receiving a regulated activity. They have their own housing tenancies managed through a housing association. We met and spoke with four people, one relative and two staff on site and spoke with a further three staff following the inspection. We reviewed three care and support plans, looked at medicine records, staff records and other records relating to the management of the business. Following the inspection, we received a robust and up to date action plan the service are working towards.

# 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.

Systems and processes to safeguard people from the risk of abuse.

- The service had a governance programme which helped ensure the regulated activity was delivered effectively and people were kept safe. Care staff and senior staff met regularly to discuss any risks to people they were supporting and staff were clear about their responsibilities in reporting and documenting concerns. Recent minutes were available and recorded any safeguarding events and actions taken.
- Staff spoken with had a reasonable understanding of safeguarding and felt confident in raising concerns where needed. Staff confirmed they had received training to help them identify and act upon any suspicions of abuse.
- A safeguarding audit tool was in place to help prompt actions to be taken and to ensure completeness of forms being filled in.

Assessing risk, safety monitoring and management.

- The service supported people, some of whom had complex behaviours due to underlying health care conditions, or poor mental health. The service completed a detailed risk management plan which incorporated both health and behavioural needs. This was based on a traffic light system which identified escalation of behaviours and possible triggers.
- Since the inspection the registered manager has confirmed that they have updated the behavioural support plans and risk assessments we had concerns about. They said these will be updated every six months. The registered manager also confirmed that a review with the funding authority has been requested and an appointment with the GP made for a referral for specialist input. This will strengthen the guidance and show how the plan was based on best practice/ current guidelines. These actions were taken because we found behavioural support plans were not in place for everyone we reviewed/discussed and had not been drawn up showing consultation with other health care professionals, particularly mental health specialists.
- The registered manager told us how they support staff when lone working to reduce the risk to their health and safety including having clear guidance to follow and access to relevant training. Two staff spoken with during the inspection had raised concern about lone working and the behaviours people they were supporting might display. Staff expressed historical concern about unacceptable working conditions and the fact that people might assault them. We were reassured that this was taken seriously by the provider

and staff were matched to clients taking into account their skill level and confidence.

- Staff had received training in deescalating potentially difficult situations and behaviours which might result in injury to themselves, staff or members of the public. Face to face training had been identified by the service and booked for next month. This was because the previous training had been provided on line and the service were not able to evidence how the training was sufficiently robust to support staff safely in their role and ensure people they were supporting were properly safeguarded.
- The number of incidents recorded had been collated monthly. A clear overview of the number of incidents over a longer period would enable the registered manager to take actions to review and reduce the number of incidents, or if actions in place were effective. Since the inspection the registered manager has reviewed and clarified the processes in place. Staff complete an incident/accident form and submit to management, this is reviewed by management and any urgent measures would be identified and actioned.
- Incidents where required are reported to the safeguarding team and a CQC notification form send.
- One person's record included a very detailed risk assessment which would help staff support them appropriately. As part of their risk assessment they were prescribed medicine when necessary to help reduce their anxiety. We had concerns about how this was being used and asked the registered manager to look into this. The registered manager confirmed following the inspection that the guidance around the use of PRN medicines had been reviewed and clear actions for staff documented as part of the risk assessment and behavioural protocol. They also reviewed the use of PRN medicines over eight months to assure themselves it was being used appropriately and not excessively and that other strategies were being used to support the person with their anxiety rather than resorting to the use of PRN medicine in the first instance.

#### Staffing and recruitment.

- Staffing was planned around people's individually assessed needs. There were contingency plans in place to ensure support hours were covered. The service had built up a team of bank staff who could step in to cover holidays or sickness. Staff sickness was appropriately monitored and managed to minimise the effect on the business and to ensure staff support mechanisms were in place.
- People told us they had regular staff who supported them and the use of agency staff was reducing. This helped ensure people received continuity of support. One person said, "Yes I know all the staff, they have been here a while. They are all very kind."
- The registered manager gave us a breakdown of agency usage which was not excessive. They explained how agency staff were supported so it did not impact negatively on the care and support people required.
- People told us staffing had improved in terms of each person was now supported by a smaller number of staff members. A relative told us things were much improved.
- The registered manager took swift action upon our feedback and has since developed a clear protocol for people to follow if staff did not turn up. This was because the registered manager told us if staff did not turn up on shift for any reason then people could contact the office, this diverted to a on call number out of hours. Some people we asked were not clear who to contact should staff not turn up. No one mentioned calling the registered office but said they would ring care staff directly.

- Staff recruitment files showed there were safe recruitment practices in place to help ensure only suitable staff were employed. Audits of records had taken place to identify gaps within recruitment files so these could be addressed. People using the service had recently been invited to take part in the staff interview process. People told us new staff were introduced and supported by other staff when first starting work.

#### Using medicines safely.

- Some people were supported with medicine administration to ensure they took it safely and as needed. Staff completed on line medicines training and competency assessments were carried out to ensure staff could administer medicines safely. There were plans to assess staff's competencies at least annually.
- One person told us how they kept their medicines locked in their room and how they took them independently but staff just asked each day, 'Have you taken them?'
- Staff training in medicines management was up to date and refreshed annually.
- Medicines audits were completed monthly at the service. The registered manager told us medicine records were transferred to the office for the preceding month to be audited for accuracy.

#### Preventing and controlling infection

- Infection control measures were in place which included staff having access to personal protective equipment: gloves and aprons. People were supported to keep the premises clean and staff assisted with the cleaning of shared communal areas. We had concerns about the condition and cleanliness of one property which could increase the risks to people living there and fed this back so it could be addressed with the landlord.

- As part of the governance processes infection control audits were completed at each of the premises. An action plan had been developed.

#### Learning lessons when things go wrong

- The registered manager confirmed processes were in place to identify lessons learnt and support staff such as debriefing following an incident, safety huddles to brain storm and gain everyone's input on what went well, could work better. They gave us examples of practices which had changed as a result of an incident to show lessons learnt. For example, a burns kits was introduced into all service due to an incident with hot water.

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ There were thorough assessments of individuals in their files that detailed all of their needs in line with best practice guidance and the Equalities Act 2010.
- ☐ People's choice and preferences were clearly documented to enable staff to support people to be as independent as possible.
- ☐ Policies were in place and linked to best practice and current guidance.

Staff support: induction, training, skills and experience.

- The registered manager was aware there was not a clear audit for each staff member to show they had been properly inducted. They had audited files and data was being brought up to date and staff induction records where missing were being completed again.
- There had been eight new staff since August and each were doing the care certificate. This is a nationally recognised induction for new staff and covered all the training relevant to adult social care. Within the staff team some had gone on to do additional learning to gain a professional qualification which meant staff were supported with their professional development.
- The service had induction champions who supported new staff and helped them complete their care certificate. There were also dignity champions and the service were implementing a Health and Safety champion to support with health and safety checks in each service.
- Staff training was completed through the priory academy, and most of the training was completed on line by staff, in their work place or at home. Staff confirmed they got paid to undertake training. Staff confirmed they had completed and were up to date with their learning. Interactive training, they had done included fire, first aid and manual handling.
- Staff supervisions were regular, every eight weeks but there were no spot checks on staff performance other than for medicine competencies and visual checks during their probationary. This meant we could not see how the provider established that training was firmly embedded in staff practice. Annual appraisals were being planned. Not all staff felt the training gave them sufficient confidence to support people

appropriately.

- Induction included two weeks of shadowing existing staff and logging on to the academy, to complete assigned training and access key policies. Staff were also given and signed for handbooks, which gave them information they needed to know prior to starting work.

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

- People were independent in this respect but were supported to budget, shop and prepare meals. We observed where people lived together, monies were contributed from each person towards a shop for the weekly essentials. People were supported to purchase their own food based on their dietary preferences and menus planned. People were involved in cooking for themselves and sometimes for others. Support plans were linked to health care needs and prompts for staff to promote healthy eating but ultimately it was people's own choice.

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

- Staff supported people to stay well which included supporting people to access health care appointments as necessary. Following the inspection, we received confirmation that the service would engage with the GP and mental health services about developing people's behavioural plans.

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

- Staff supported people to stay healthy and access services where required where this was something identified in their support plan. People had annual check-ups and access to screening services. Mental health input was in place for some people, some of whom were supported by families to attend.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People supported by this service had been assessed as having the capacity to choose and to live independently with minimal support. Consent was established before any care or support was provided and people were regularly consulted about all aspects of their care. Staff worked in partnership with family members where appropriate to do so. Some people had limited capacity regarding managing their finances but this had been assessed, documented and systems of support put in place.
- Guidance and training was in place for staff regarding mental capacity and safeguarding and decision specific assessments were in place.

# 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 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

- During our visits to people in their own homes we met staff and observed their interactions with people. Staff were respectful of people's private space and gave them the opportunity to talk in private having first again gained their consent and permission for us to speak with them.

- Staff were relaxed with people and clearly understood their routines and support needs.

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

- We observed that staff knew people well and gave people support and encouragement whilst recognising people's right to choose and to make their own decisions.

- We saw a form which considered people's views in the selection of new staff and what was important to them. This was good practice and helped ensure people could influence who was employed based on their attributes.

- People were listened too and action taken. Several people commented on the personality and character of a staff member which did not suit them. They said when raised this had been addressed. One person said, "I am much happier now."

Respecting and promoting people's privacy, dignity and independence.

- Staff promoted people's independence and this was reflected in people's care and support plans. These made it clear what level of support people needed and when. Most of the support provided was to encourage people to live independently and to manage their day to day lives. Staff told us about the progression they had seen in people in terms of increased community participation, greater levels of independent in the home and increased emotional resilience.

- Independence was actively promoted. A relative said of their family member; it was right for them to have a place of their own and for them to be living their own life. A commissioner told us that the service worked with individuals and as such some people had moved to more independent living and the service had supported two people who had developed a relationship to move out and live together.

- Care and support plans gave guidance for staff about supporting people with relationships and their

sexuality which was in line with good practice.

# 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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care and support plans which were implemented following an assessment of people's needs. The purpose of the plan was to identify areas of support each person required and actions required by staff to support the person in line with their needs and wishes.
- Support plans were held in both the main office and in the persons tenancy. We were unable to check on a care record during our site visit as it had been taken to be updated. The registered manager confirmed actions they have since taken to ensure there is a clear audit for records removed from the service, by whom and for what reason.
- Placement reviews took place and these were followed up by the service. This helped ensure people's support was in line with their needs. and any unmet need or progress towards goals could be identified.
- Communication plans were in place. The care plans established clear routines for people being supported for each day of the week with outcomes to be achieved based on people's wishes. People had a document 'my life so far' which gave an overview of their family, education, background and younger self. This had not been updated to reflect what people had achieved since being supported by the service.
- Staff said as named keyworkers they oversaw named peoples care and support and reviewed care and support plans monthly. The service was currently using electronic and paper records but staff said they were soon having laptops so could update records electronically. This should improve accuracy.
- Health action plans and hospital passports were in place which gave details of people' health care needs and any medical conditions and treatment they were having. This helped ensure people's needs were known by staff and other professionals who might provide care.
- People were supported to manage their finances, some had appointees to manage finances on their behalf and this included the registered manager having a prepaid card, and taking out monies on the persons behalf. Financial record sheets were kept and cross referenced with receipts. These were collected from people's homes every two weeks and checked. Annual financial audits were also completed to help safeguard against financial abuse.

Improving care quality in response to complaints or concerns.

- There was an accessible, easy read complaints procedure in situ and details of advocacy organisations.

- Each person had an identified key worker who oversaw the person's care and support. People were encouraged to discuss all elements of their care and support in their monthly, 'My meetings', which were recorded and staff would support people to raise a more formal complaint where necessary.

End of life care and support.

- People were supported for as long as appropriate. We noted that people's care and support plans did not look at people's wishes in relation to treatment they might require or advanced wishes as they got older. Accommodation in some circumstances did not lend itself to adaptation and some people did not find it easy to move around or navigate stairs. People in discussion with us talked about losses they had experienced and the impact this had on them. Longer term plans would benefit people living with tenancies.

# 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

Requires improvement :□ Service management and leadership had not always been consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an established governance process in place which included quality walk arounds and discussions with staff and people receiving a regulated activity. We noted however from recent minutes that previous minutes could not be located. Gaps in records keeping and poor filing of information was being addressed by the local current management team but does raise concerns about the lapsed provider oversight.

- The condition of the homes people were living in was raised as a concern by us in terms of health and safety and infection control. Supporting people and advocating on their behalf was not timely and we could not see sufficient actions to genuinely support people and raise their living standards concerns with the landlord about people's housing. Audits of premises had been introduced but we could not see that these were well established as a means of assessing compliance. The deputy manager showed us the actions they had taken to ensure premises were safe. Recent audits identified some significant issues such as exposed wiring, no cleaning schedules and no health and safety checks on the premises. This had the potential to put people at risk who needed support to live well.

- The service had systems in place to identify improvements and there was a robust action plan in place. A designated quality assurance team supported the registered manager to help ensure the service was effective. Staff and a relative told us about changes in the provider over a number of years which had affected the service, although most felt the service was currently stable.

- We viewed emergency contingency plans for major incidents, and fire risk assessment, and evacuation, including individual risk assessments for people being supported and what help they might need.

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

- The registered manager came into post in November 2017. A deputy manager recently left and a new deputy just came into post. We received positive feedback about the registered manager, everyone knew who she was, and said she was visible and approachable. We found areas of concern as part of our

inspection but these were addressed immediately giving us confidence in them.

- During our inspection we found some of the information asked for took a while to find but also found following the inspection the registered manager took on board any feedback and reviewed their systems and processes to ensure the quality of the service was immediately improved and changes were effectively communicated. For example, protocols were developed around what people should do if their support worker did not turn up. Changes were made to the storage of records to ensure information was accessible and there was a clear audit trail when records were moved of site. We identified a breach of the Data Protection Act and this was addressed immediately and reported internally to their data protection team to ensure full compliance with GDPR requirements.

- We raised concern about incident/accident reporting as the files were poorly organised and the audit and analysis was completed monthly without clearly being able to look at trends and number of incidents over a longer period. The registered manager has since reviewed and collated this information. They have updated behavioural support plans and given us examples of lessons learnt and actions taken following incidents.

- Medicine checks took place regularly but systems for checking medicine records were not firmly embedded. This meant errors might not be addressed quickly. The audit forms used to review medicines at the service were not service specific, i.e. they were on a template designed for care homes, and contained generic information not relevant to a supported living service.

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

- The service had a quality assurance system which established people's views and information was used to help improve the service. Surveys were sent out quarterly, and sent to people being supported, family, and professionals. People's support was reviewed at least annually with monthly support meetings being held.

- At the time of our inspection service user satisfaction surveys and relative surveys were being issued with a cut off point for return by the end of march. Responses would then be analysed and feedback given as part of the 'You said' 'We did.'

- 'Your Voice' meetings were planned to gain feedback from people about the service provided but the registered manager confirmed no one had attended these and people we spoke with were not aware of them. The registered manager said a memorandum had been sent out and people would be reminded about these meetings and their chance to have a say.

.Continuous learning and improving care

- Staff were supported through induction and training and staff appraisal was an opportunity to assess their performance in the work place and identify any training or support needs they might have.

- The action plan in place was progressive and looked at areas which could be improved upon, how this would be achieved and by what time scale. There was a genuine commitment for getting it right.

Working in partnership with others

- The service worked across a number of different councils and had established links with them. They worked with housing associations and health care professionals to try and ensure people received the

support they needed or could be signposted to other organisations.