Crediton Care & Support Homes Limited

Creedy Court

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

An unannounced inspection was completed at this service on 1 December 2015. Creedy Court is registered to provider accommodation and support for up to 18 people with learning disabilities. The service is divided into two homes within one site.

A registered manager was in post who is also registered to manage another home which is part of the same limited company. 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 2014 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves

Summary of findings

or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. The registered manager told us these were waiting to be approved.

Some improvements were needed to ensure medicines management was robust and fully protected people from errors. Some records were incorrect or incomplete and the current checks in place had not identified this.

People indicated they felt safe and well cared for. Staff knew people's needs and preferences and had the right training and support to enable them to deliver care safely and effectively. Care and support was being well planned and any risks were identified and actions put in place to minimise these. This included triggers for what may cause a person to become distressed and anxious and how staff should work to divert people and encourage positive behaviours.

People were offered a variety of activities and outings and their human rights was respected promoted. People had opportunities to access the local community. This included work placements at a local farm as well as social clubs in the local town and vicinity.

Healthcare professionals said people's healthcare needs were being well met and the staff team were proactive in seeking advice in a timely way to ensure this.

There were enough staff available to meet people's needs. We observed care and support being delivered in a kind and compassionate way. Relatives said their views were considered and they were kept informed of any changes in people's needs and wishes. Some relatives said they would like more regular contact and information about what their relative had been doing each month. The registered manager agreed to facilitate this.

Staff knew how to protect people from potential risk of harm and who they should report any concerns to. They also understood how to ensure people's human rights were being considered and how to work in a way which respected people's diversity.

The provider ensured the home was safe and that audits were used to review the quality of care and support being provided, taking into consideration the views of people using the service and the staff working there. There were also some audit systems in place to look at infection control and medicines.

The ethos of the service was to promote people's independence and provide care and support in the least restrictive way, but also ensuring the service understood people's complex needs. Staff had specialist training in understanding autism and working with behaviour which challenge.

There was one breach in regulation and you can see what action we have asked the provider to take at the end of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was mostly safe, but improvements were needed in respect of how medicines were being managed.

Recruitment practices were robust to demonstrate that staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Requires improvement

Is the service effective?
The service was effective.

People were supported by staff who were trained and supported to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect people.

People were supported to access healthcare services to meet their needs.

People were supported to eat and drink to maintain good health.

Good

Is the service caring?
The service was caring.

People were treated with dignity, kindness and respect.

People were involved where possible in planning their care and support and their wishes respected.

Good

Is the service responsive?
The service was responsive.

Care and support was well planned and any changes to people's needs was quickly picked up and acted upon.

People's or their relatives concerns and complaints were dealt with swiftly and comprehensively.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The home was well-run by the registered manager and provider who supported their staff team and knew the people living at the home well and promoted an open and inclusive culture.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis. This ensured the service was safe and quality monitoring was on-going.

Creedy Court

Detailed findings

Background to this 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.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We reviewed the service's 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.

This inspection took place on 1 December 2015 and was unannounced. It was completed by two inspectors. Following the inspection we asked for feedback from six relatives and received information back from three. We also spoke two health care professionals.

During our visit we met with eight people using the service, two of whom were able to give their views about the care and support they received. We also met with five care staff, the registered manager and the providers. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes.

Requires improvement

Is the service safe?

Our findings

Management of medicines was not always safe. This was because there were some medicine records which should have had two people to sign when medicines were administered to mitigate mistakes occurring. There were gaps in these records, which meant that there was no clear audit that two people had checked the quantity and dosage of medicine to be given. However, the correct number of medicines were available in the cupboard and they were stored safely. Also, other medicines which were counted each time it was given, did not always tally with the numbers recorded on the administration records. There were medicine audits in place, but these did not include these areas. The deputy manager agreed to alter her audits to ensure these records would be part of the weekly checks.

Medicines were provided by a pharmacist and staff had identified some problems with the ordering system. They had visited the pharmacy to try and resolve matters and agreed this was work in progress. People were able to decide if they wanted to take their medicines and no one was given medicines without knowing. If someone refused, they would try again later in the afternoon. Staff told us that they would offer as required medicines to people who appeared anxious, for example if they were showing signs of agitation, as people were not always able to express that they needed extra medicines.

There was a fridge for storing medicines. There was some prescribed topical cream in the fridge which was no longer being used and was out of date but had not been disposed of. The fridge also contained items of staff food. Medicines that needs to be refrigerated (e.g. insulin), should be stored in a separate, secure, fridge that is only used for medicines. The deputy manager agreed to add the fridge to her weekly checks.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff recruitment files showed checks were completed in line with regulations to ensure new staff were suitable to work with vulnerable adults. New staff were required to complete an application form although the service did not record how they had explored any gaps in their employment history, nor if there was a concern from a previous employer. There was no documentation of what interview questions had been used. We discussed this with the registered manager, who explained their process did involve a formal interview usually with two senior members of staff. This included the potential new staff member looking around the site. He agreed he would ensure they kept records of the interview process for any future new employees.

Maintenance and safety checks were completed by the provider on a weekly and monthly basis to ensure the environment was safe and well maintained, but these were not always recorded. The registered manager said they would address this immediately as he was aware checks were being done and was confident people were kept safe by ensuring the environment was well maintained.

People were unable to say whether they felt safe, however we observed people moving freely around the houses and in the court yard. Staff talked about ways they had ensured people felt safe. One example was the use of a weighted blanket for a person who displayed behaviours which would indicate they did not always feel safe or comfortable. The registered manager said this strategy had worked well for one person and said ‘‘You can see them visibly relax and calm down when the blanket is out around them.’’ For another person, staff described how they needed to ensure they gave clear simple instructions about what was happening for the day. This helped the person understand what was happening and this in turn helped them feel safe.

Staff understood how to identify possible concerns and abuse and knew who they should report this to. Several staff talked about issues they had identified as concerns, where they had gone to their manager and sought advice and support. Staff said their concerns had been dealt with swiftly. One staff member said ‘‘One of the senior managers is always on call, so you can get hold of them if you need to at any time.’’ The registered manager understood their responsibilities to report any concerns to the local safeguarding team and to CQC. There have been three alerts raised by the registered manager and two raised by other people. In all incidents, the registered manager worked with the local safeguarding teams to ensure people remained protected and the right strategies were in place to prevent further safeguarding incidents.

There were sufficient staff available on shift for the number and needs of people living at Creedy Court. Several staff mentioned they had been short staffed in previous months due to staff sickness and covering shifts at the providers

Is the service safe?

other site. The registered manager said where possible gaps were filled by staff who had expressed a preference to do overtime. If staff were not available and there were known gaps, agency staff were used. The registered manager said they had a contract with an agency and always asked for the same agency workers who were experienced at working with people with learning disabilities and behaviour which may challenge. The registered manager also said that when managers were on site, if there were gaps in the rota, they would help in the houses. In addition to this, they had an on-call senior, who if required could be called back to do a shift if needed.

Staff rotas showed there were eight care staff available across the two homes. In addition there was a senior team leader, assistant manager and registered manager. The care team were supported by a cook and two housekeeping staff. There were two awake staff at night plus one sleep in member of staff who could be called upon if needed. The registered and deputy manager looked at incidents and behaviour charts on a monthly basis to see if more staff were needed depending on the incident. They explained they looked for patterns and links to try and establish the cause of the incident. They were able to bring in more staff if needed, or contact the local specialist health care professional for advice.

Relatives confirmed there were enough staff available in their view. One relative did say there had been a lot of staff changes and staff shortages in the past, but felt this was settling down now.

Risks assessments were in place and were up to date for people's physical and mental health needs. For example, where someone was at risk of their health deteriorating due to refusing to eat, there were clear guidelines for staff to follow about when their GP should be contacted for advice. Another example included how staff should watch for signs the person was becoming distressed or agitated and gave clear instructions about the sorts of diversionary techniques which had proved successful with the person. This included offering the person additional support, doing an activity they enjoyed, going out for a walk. Health action plans clearly identified risks for people in relation to their health and what staff needed to do to support them to have good health outcomes. This also included what people found difficult such as examinations by their GP.

Each person had a personal evacuation plan in the event of a fire, which may include ensuring they were behind a fire door if they refused to move out of the building. Fire alarms were tested every week and a fire evacuation took place every three months. People living at the home could choose to participate of they wanted. One of the senior staff was responsible for the fire safety checks, although these were not routinely recorded. The registered manager agreed to ensure that all checks were recorded so that there was a good audit trail for future reference. The registered manager also discussed plans in place for events such as adverse weather conditions. They had facilities for staff to stay over if needed. The registered manager also talked about careful planning for the Christmas rota to ensure new staff were aware that for some people, Christmas was a deficult time of change and they would be sensitive the staff heightened sense of excitement. There were monthly checks of the building to ensure it was safe. Other checks were completed such as electrical testing. A full time maintenance person was employed to carry out works as required.

Good

Is the service effective?

Our findings

The registered manager understood the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager demonstrated a good knowledge of their responsibilities under the legislation. We had a discussion around the supreme court ruling regarding when DoLS applications were now required. The registered manager confirmed they had acted on this change in legislation and people had DoLS in place or applications were awaiting assessment by the local authority. He was not aware they needed to notify CQC about any authorised DoLS, but agreed to do this as soon as possible.

Staff said they had received training in understanding the MCA and DoLS and could explain how the principles of the act worked in practice. They were also able to describe how they worked in a way to ensure people had their rights protected and worked in the least restrictive way. One staff member said ‘‘Some people need one to one support, but we don’t make this obvious, we provide the support in a way they know we are their but they still have space and freedom to do what they want in their own home.’’ They went on to describe how one person was quite difficult to motivate into doing anything, so staff shared time spent with them, to provide a fresh approach and give the person time with different members of staff, trying different activties.

Where people needed to be restrained for their own safety or safety of others, this was done in the least restrictive way. The registered manager explained they did not use full restraint techniques, but safe holds were used to keep people safe. Where this was being used, their plans clearly showed when this was to be used; in the event of the person being at risk of harming themselves or others. Staff had training on how to safely use holds to protect people. This was completed by an external training provider who was accredited with British Institute for Learning Disabilities (BILD). Staff confirmed they received this training and had annual updates. The registered manager said new staff did not get involved in safe holding until they had received training and were confident in working with people with complex needs. The registered manager said when staff got to know people and the person got to know them, often a firm command/voice would be enough to de-escalate a situation without having to use a safe hold.

Staff understood how to work in a way which ensured they gained consent before providing care and support. They were able to describe how people who were non-verbal could let them know if they were happy with an interaction or not. Staff talked about checking people’s non-verbal cues to ensure consent was gained. One staff member said ‘‘I just explain what I need to do and why and usually that’s enough for the person to agree, say to have their bath and hair wash.’’

People were supported to eat and drink to ensure they maintained good health. Some people were actively involved in making their own drinks and snacks. There was a main kitchen where most meals were cooked for both houses. The main meal of the day was served at lunchtime, but this was flexible if people were going out, their meal could be saved. The cook knew people’s likes and dislikes and based menus around these. They said people were offered a variety and choice of meals all cooked from fresh ingredients. Allergies, allergens and special diets were clearly indicated in the kitchen and the cook was aware of who needed addition calories to ensure good maintenance for their health and who required monitoring for weight loss or maintenance. Where people required modified diets to prevent choking, the cook pureed each element separately to allow the person to experience differ tastes and to give the meal a more appetising appearance. The cook said here were always items available for snacks, but they encouraged healthy eating with snack breaks offering fresh fruit.

Care records showed that health care needs were closely monitored and where needed healthcare professionals were called for advice and support. Two healthcare professionals were contacted following the inspection and confirmed that they were contacted appropriately for advice and support when needed by the care team at this service. One healthcare professional said ‘‘This provider will contact me sharing relevant information quickly and/or seeking advice when problems arise. We then review the situation and agreed the most appropriate approach to minimise any service user issues or concerns. Personally I find that this provider listens and will act up on the advice

Good

Is the service effective?

we have agreed.'' The service used the local GP health centre and felt they had a good connection with them. They generally encouraged people to have their appointments at the centre

Everyone had a health action plan and hospital passport, and they always contacted the learning disability liaison nurses at the hospital before someone's appointment. This meant that the person's visit went much more smoothly.

People were supported to have their needs met by staff who understood these and were given training and support to provide care and support effectively. Training included all aspects of health and safety as well as some more specialised areas such as working with people with autism, epilepsy and specific healthcare conditions. Staff confirmed they had the right level of training to feel confident to do their job effectively. Staff also confirmed they were offered one to one supervision sessions every three months to talk about their role and training

.Appraisals were held once a year. Most staff who had been at the service for more than a year had achieved a national vocational certificate in care at level two or three and three staff had completed a level three leadership and management course.

New staff were required to complete an induction programme which included completion of the new nationally recognised Care Certificate. The staff also were made aware of the standards expected by CQC. This ensured new staff had a comprehensive induction covering all aspects of care. New staff also undertook a number of shifts working alongside more experienced staff. They could not work in an unsupervised capacity until they were deemed competent and confident in their work. They were also given time to read care plans and risk assessments to help them understand people's needs and how staff support people.

Good

Is the service caring?

Our findings

Prior to this inspection CQC received some anonymous information which indicated care was not always being delivered in a way which ensured people's privacy and dignity was being respected. We did not observe any instances during the inspection which supported this. Staff were able to describe ways in which they provided care and support to ensure privacy and dignity was upheld. For example, keeping doors closed when attending to people's personal care. Staff said there was some individuals who lacked awareness about their own dignity and staff had to support them appropriately to safeguard this. For example some people lacked understanding about privacy and undressing in public places. Staff said they supported people to maintain their dignity by encouraging them to undress in their own room and to wear appropriate clothing when in communal areas.

Staff understood the importance of offering people choice and respecting people's wishes. Support was offered in a gentle way and when people did not follow staff advice, such as joining an activity, staff respected the person's wish not to participate, but offered them an alternative activity. Staff talked about how they valued people as individuals and made sure the things people enjoyed doing were a regular part of their week.

Staff were knowledgeable about people's diverse needs and wishes. They tried to promote their independence whilst at the same time giving care and support in a gentle and supportive way. Staff talked about how people's behaviours may impact on the wellbeing of others. They described how they worked to ensure everyone had a say about how their care and support was delivered. Staff discussed how they also took steps to respect people's rights to privacy. Staff showed genuine affection towards people they supported and it was clear there were good bonds between staff and people living at the service. When one person became distressed, support was offered quickly to ensure they were comforted and given time and support to calm down. Relatives confirmed staff were caring in their approach. One said ''Staff are very caring. They know my relative well and this helps.''

Good

Is the service responsive?

Our findings

Care plans showed people's needs in respect of their physical, emotional and mental well-being were being closely monitored. Daily records showed staff were responsive to people's changing needs. For example where there were changes in a person's emotional well-being , contact was made with the community learning disability nurse and consultant. Health action plans clearly detailed any follow up with GP, hospitals and relevant consultants. For example one person who had not previously had an issue with swallowing or choking was observed to be having some difficulty in eating and drinking without coughing. The staff alerted their GP and after further tests and investigations, it was found the person had polyps. Staff were given detailed information about how to ensure the person did not choke whist awaiting further consultation on this health issue.

Care files showed people cared for in an individualised way. For example where people had particular passions, routines and things which may distress them, these were clearly identified. One person loved running a tuck shop for other people and this was supported by staff. Another person really enjoyed a work placement at a local farm. Everyone had an allocated day where they were supported to do an activity of their choice with their keyworker or staff who they enjoyed working with. People enjoyed shopping, meals out, visiting places of local interest and attending local social clubs. Activities within their home included art sessions, drama therapy, music, Thai chi and pottery.

Some people were able to tell us what they enjoyed doing and confirmed they had been out shopping for Christmas decorations, out for meals and to a local social club to do art. Staff confirmed people were being offered a range of activities which were geared to suit their hobbies and interests. One staff member said ''Some people know exactly what they want to do; they enjoy and are happy to take part in activities. For others, it is a bit more difficult to determine what they enjoy and what you can try. We are always trying to come up with things people might like to try. For some it's the old favourites. Like (one person) who loves watching steam trains.''

Staff tried to ensure that there were goods links with the local community, by using the local swimming pool, a pub with outdoor facilities, out for local meals, church and so on.

The provider had purchased a holiday property in Cornwall for people to use for holidays. They also used other venues and places depending on what people wanted to do for their holidays. The registered manager said they tailor holidays to suit people. He described how one person could only cope with short times away from all that was familiar to them, so they offered these person short breaks, rather than a week's holiday.

The service had a complaints process and the provider information return stated that families had been sent the new complaints process. The provider gave information about how four complaints had been resolved over the last 12 months. On each occasion, these were investigated and where substantiated, a written apology was sent to the complainant. One concern came from a family who were concerned about their relative's low mood. This was being looked at with involvement of the local specialist team.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had worked for this service for over 15 years. He was also the registered manager for a second service set up by the same provider. He discussed plans to expand in the future to add a further residential home. The registered manager said they would then look for a second registered manager to assist with the overall management of the service. He is currently supported by a deputy, two assistant managers and full time administrator.

The registered manager understood their role and responsibilities and had ensured CQC were kept informed of all accident and incidents, as well as seeking advice from time to time in respect of safeguarding issues.

Staff said the management approach was open and inclusive. Staff felt their views were listened to and valued. One staff member described how they could go to the registered manager about any issue, including a personal issue and felt confident this would be handling sensitively. Two staff talked about how they had raised concerns about another staff members work practices. This had been acted upon by the registered manager. Staff said there were staff meetings and regular opportunities to have their views heard on the running of the service and any quality improvements.

The ethos of the service was to promotes people's independence and provide care and support in the least restrictive way, but also ensuring the service understood people's complex needs. Staff understood the ethos and were able to give examples of how this worked in practice. For example, one person had been having regular episodes where they needed to be restrained for their own safety. In getting to know the person, the staff team had been able to reduce the amount of times the person needed this type of intervention and importantly, had reduced the practice to a safe hold rather than a full restraint.

Healthcare professionals confirmed there was a good partnership working with the service, to follow best practice and work in a way which promoted positive behaviours rather than look at negative behaviours.

The registered manager and senior staff met with the providers once a month, with an external mediator to discuss any problems they might have, the budget, what they had done well, staffing queries and forward planning. The providers also visited the home several times during the week. The registered manager had his own budget to be able to operate as needed. There were team leader meetings each month and regular full staff meetings. The registered manager attended them all.

There were quality assurance surveys every year and these looked at a wide ranging selection of topics from staff, health and social care professionals and relatives. These were analysed and compared with the previous year's results in order for the registered manager to decide where improvements needed to be made. This year's results had been analysed, but people's written comments about the service had not been added to the results as yet. A formal action plan had not been written, but the deputy manager explained they had discussed completing this. The information was waiting to be collated and then addressed in a staff meeting. The staff regularly talked to people about whether they liked living at the home, but they were thinking about how to capture their views more formally. This was likely to be with the persons named key worker.

There were various methods of checking for infection control, these were recorded each month. Incidents were analysed every three months; trends and patterns were explored. Finance records were kept and only the administrator held the key code to people's bank cards to minimise the risk of monies going missing. There were medicine audits, but these did not check all relevant areas so the deputy manager agreed this would be rectified. Similarly, with some of the routine building checks, these would now be recorded more fully.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with the unsafe use and management of medicines.