Crediton Care & Support Homes Limited

Creedy Court

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?	Good

Summary of findings

Overall summary

Creedy Court is a residential care home without nursing for up to 18 people who live with a diagnosis of learning disability and/or autism. Some people living at Creedy Court also have physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home was made up of two wings, Eastleigh and Westleigh. Both wings opened onto a central courtyard. There were also two apartments used by two people who were able to live more independently. These apartments also opened onto the courtyard.

At the time of the inspection there were 18 people living at the service; most people had been resident at the service for a number of years.

We undertook an unannounced comprehensive inspection on 18 and 25 April 2018.

Creedy Court is owned by a provider, who has two other homes for people with a learning disability and/or autism. Both the other homes are within a five mile radius. All three homes were managed by the same registered manager, supported by two deputy managers as well as a senior team. The registered manager had registered with the CQC. 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.

The providers visited frequently to meet with the registered manager, staff and people living at Creedy Court.

The home had previously been inspected in December 2015, when it had been rated as Good overall. However, the Safe domain, which is one of five domains we inspect, had been rated as requiring improvement. This was because people were not protected against the risks associated with the unsafe use and management of medicines. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Improvements to the medicines administration systems and practices had been implemented which meant these were now safe.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as Good

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Although the home was larger than the recommended size, it had been split into distinctive areas, which each had a homely ambience. People were supported to be as independent as possible. This included doing activities of their choice, individually and in groups. Many of these activities were carried out in the community.

There was a quality assurance and governance framework which helped to ensure the home was safe, well maintained and clean and free of infection.

The home had a complaints policy and process. No complaints had been received since the last inspection.

People were relaxed and happy in the home; staff and people chatted and laughed together. Staff knew people well and communicated with them using both verbal and non-verbal methods. People were supported to eat healthy food they liked and stay hydrated.

Families and professionals were positive about the care and support provided in the home. Comment included "They make us very welcome." Families also said staff helped their relative stay in touch with them.

Care records contained risk assessments and care plans which described people's risks, needs and preferences as well as how these should be met. Wherever possible, people and, where appropriate, their families were involved in planning their care.

People were kept safe at Creedy Court as assessments had been undertaken to reduce risks. Staff were able to describe how they worked with people to minimise the risks. Staff worked with health professionals to ensure people maintained good health. Staff also worked with social care professionals to support people with choices about their care.

People were supported to eat a healthy diet and stay hydrated. A choice of food was freshly prepared by staff who also supported people to eat where this was necessary. Medicines were stored, administered and recorded safely by staff who were trained.

There were safe recruitment procedures. Staff had the knowledge, skills and experience to support people with their care.

Further information is in the detailed findings below

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.

Staff were recruited safely.

Staff understood how to keep people safe from abuse.

Risks to people were considered and care plans developed to maximise their independence taking into the risks into account.

Medicines were stored, administered and recorded safely.

The home was clean and infection free.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

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.
This comprehensive inspection was unannounced on the first day of inspection, which took place on 18 April 2018. The lead inspector returned to the service on the 25 April 2018 to complete the inspection and feed back to the management team. We gave the provider notice we were returning the second day of inspection.
The inspection was carried out by one Adult Social Care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had experience of caring for someone with a learning disability and caring for an older person.
Before the inspection we reviewed information held on our systems, this included notifications we had received from the service. A notification is information about important events, which the service is required by law to send us. We used information the provider sent us in 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.

During the inspection we met thirteen people living at Creedy Court and we spoke with six of them. Some people living in the home did not have verbal communication skills; we therefore spent time in communal areas informally observing them and their interactions with staff and each other.

During the inspection we talked with the registered manager, their deputy, a member of administrative staff, six care workers and three housekeeping and catering staff. We also met and spoke with both the providers. During the inspection we met and spoke with a visiting social care professional.
We reviewed two people's care records, two medicine administration records, two staff records, staffing rotas and staff training records. We also reviewed records of audits and checks carried out in the home.
After the inspection we contacted six relatives and friends of people living at Creedy Court and received three responses. After the inspection we also contacted seven health and social care professionals, including staff at a local GP surgery, to ask about their views on the service. We received one response.

Good

Is the service safe?

Our findings

At the last inspection in December 2015, the service had been found to require improvement in the Safe domain as people were not protected against the risks associated with the unsafe use and management of medicines. We therefore found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulations 2014). At this inspection, medicines administration systems and practices were safe and the requirements of the regulation were met.

Everyone living at Creedy Court had been assessed as needing support with their medicines. The provider information return (PIR) described "All service users have PRN protocols [for medicines which are administered on an 'as required basis] signed by their GP. All homely remedies [medicines which can be bought over the counter such as cough linctus or pain relief] are recorded separately for each service user and personalised for them and then signed by their GP."

Two staff were involved in administering medicines to each person. One member of staff checked the medicines needed at that time and the second member of staff counter checked this. This helped to reduce the risk of people receiving the wrong medicine. Medicine administration records (MAR) were only signed by staff once they had observed the person take the medicines.

Medicines were stored centrally in locked medicines cupboards located in staff rooms. Medicines which required greater security had correct storage facilities and recording. There was no refrigerator for medicines which had to be kept below room temperature. However, the staff said no-one living at Creedy Court required this type of medicine. Medicines which were no longer required were disposed of safely. Staff had completed medicine administration training which was updated regularly.

People were supported to be safe while having as much independence as possible. Some people were not able to verbally communicate. We spent time observing them in communal areas, where staff ensured they were safe. People appeared relaxed and happy in the home; we observed friendly interactions between people using the service as well as with staff. For example, one person was seen playing a game of throw in a communal area with a care worker. The care worker sat on the floor and was making jokes and talking to the person while they threw the ball back and forth. It was evident that they were enjoying each other's company and were having fun in a safe manner. A relative commented "Staff bring [person] up to see us. We always take [person] back and therefore have a good idea of the home – [person] always seems happy to go back there."

There were policies and procedures to ensure staff knew what to do to keep people safe. Staff had completed safeguarding vulnerable adult training and were able to describe what they would do if they identified a concern. The registered manager had informed CQC and worked with the local authority safeguarding team about safeguarding issues when they arose to address any issues.

Each person had a care plan which contained details of the risks which made them vulnerable. This included risks to their physical and mental well-being as well as general risks. Care plans had been

developed to support the person so that they were kept safe. Daily notes showed that staff were following the care plan, which included monitoring the person's safety. Care plans were reviewed on a regular monthly basis and also when changes to a person meant the risks may have altered.

Staffing levels were sufficient to meet people's needs. When needed, additional staff supported t people to undertake particular activities, such as attending groups in the community, going swimming or shopping.

The registered manager monitored the staffing levels and worked with senior staff to ensure enough staff were on duty each day.

Staff were recruited safely. The policies and procedures described the checks that were completed before a new member of staff was allowed to work with people at Creedy Court. These checks included an interview, satisfactory references from previous employers as well as a Disclosure and Barring Service (DBS) check. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We reviewed the recruitment records for one new member of staff member. These showed appropriate checks and training had been completed before they started at Creedy Court. The provider information return described how staff were recruited to meet people's preferences, taking into account protected characteristics under the Equality Act. This included taking into account the gender of people being cared for.

The home was free from odours and well maintained. Areas of the home were cleaned during the day by staff who had been trained in and understood how to reduce the risks of infection. During the inspection, we observed areas where some mess had been made. These were cleaned up in a timely manner. A member of the housekeeping staff kept records of when parts of the home had been 'deep cleaned', which helped with infection prevention and control. Records of audits showed that there were systems in place which covered all areas of the home, including bedrooms, communal areas, bathrooms, kitchens and the laundry. A sink in the laundry room was not very accessible due to laundry items hanging beside it and other items immediately in front of it. We discussed this with staff, who agreed; they immediately rearranged the laundry room to ensure the sink area was kept clear.

Staff had completed food hygiene training; they were able to describe how they ensured people were kept safe when eating and drinking. This included staff and people at the home having good hand hygiene. The Food Standards Agency had rated the home at a level 5, which is the highest level that can be attained.

Some bathrooms in the home did not have soap or towels available. We discussed this with a senior care worker. They said this was because some people would, on occasions, put these items down the toilet. They said therefore staff provided soap and towels for people to use when they visited the toilet. They also added they would consider introducing soap dispensers and electric hand driers as an alternative.

Staff wore personal protective equipment such as disposable gloves and aprons when supporting people with personal care.

When things went wrong, staff considered ways in which to reduce the risk of a recurrence. The provider's information return (PIR) stated "Monthly audits are carried out on incidents, PRN medication and ABC forms. This information is gathered along with any feedback or positive support that made the situation better. We also try and find a reason behind the behaviour and use this information to improve the care that we provide and to update care plans and risk assessments if required."

Care records showed that, where an incident had occurred, the event had been reviewed and actions taken

to reduce the risks of a similar incident reoccurring.

Good

Is the service effective?

Our findings

Staff completed an induction programme which was aligned to the Care Certificate when they started working at Creedy Court. The Care Certificate is a national set of minimum standards designed by Skills for Care that social care and health workers that should be covered as part of induction training of new care workers.

Staff refreshed their knowledge and skills at regular intervals. This helped them to keep abreast of national guidance to support people effectively. Staff were also supported to undertake nationally recognised qualifications in care.

Staff were provided with specialist training so they were able to support people with particular needs. For example staff had completed training in managing behaviour that can challenge. This training helped staff to work effectively with people.

Staff said they received regular supervision from a senior member of staff. This was confirmed by records of the supervision meetings. Supervision provides an opportunity for staff to reflect on their performance and identify any training needs they might have. Staff also had an annual appraisal each year. Staff said the management team were very supportive and had "an open door" if they ever needed guidance.

People were supported to eat and drink and have a balanced diet of their choice. Meals were prepared from fresh ingredients. Catering staff knew people well and were able to describe their likes and dislikes. Catering staff ensured specialist diets were provided for some people.

People said they liked the food; they also said if they did not like a particular meal they could have an alternative. People had portion sizes varied to suit their appetite. Some people chose to eat in the dining room while others chose to eat outside in the garden. People were able to eat at a time that suited them

Care workers took time to assist people to eat lunch; for example one person needed one to one support. Throughout lunch a member of staff encouraged the person to eat something from a spoon.

People were encouraged to have healthy snacks including fruit during the afternoon. Drinks were available throughout the day. Staff encouraged people to have a drink and remain hydrated.

The registered manager was aware of the CQC guidance entitled "Registering the Right Support". This guidance describes the approach on registration for providers supporting people with a learning disability and/or autism. The approach is designed to provide choice, promote independence and support inclusion for people living with a learning disability and/or autism. Creedy Court had been converted from older buildings into a care home. The providers had worked to ensure that Creedy Court was a setting which provided people living there with freedom, choice and independence. The buildings surrounded a grassed courtyard. There were two wings to the home, Eastleigh and Westleigh, one of which incorporated two semi-independent living areas. This arrangement of buildings helped provide a 'smaller' more personal feel

for people living there. In addition to people's bedrooms, there were several communal seating areas as well as workshops where activities including art and pottery could be run. There were also several garden areas where people could sit or do activities. People were free to move around the home and use the various facilities.

The home was well maintained and checks were carried out to identify any maintenance or decorative issues. People had chosen colour schemes and furnishing for their bedrooms

We checked to see whether the provider was working within the requirements of the Mental Capacity Act (2005). Best interest meetings had been held where there were concerns about a person's ability to make a specific decision. Meetings had involved, where possible, the person, their family, staff and professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An application for a DoLS authorisation had been made for each of the people living at Creedy Court. Records showed six applications had been authorised. There were systems to ensure staff were aware of the date an authorisation was due to expire. This meant they were able to apply for a re-authorisation in good time.

People were supported to use technology to enhance their independence. The provider information return stated "A service user has purchased a tablet so he can listen to his music on it rather than trying to carry all his CDs around which doesn't help with his mobility. Another service user has a mobile phone to contact her advocate and it is has technology on it so she doesn't have to ask the staff to help her. We saw evidence of this during the inspection.

Staff worked with health professionals to support people to maintain good health. When necessary, staff contacted health professionals appropriately. This included their GP as well as specialists such as speech and language therapists and learning disability professionals.

Staff also worked with social care professionals including social workers; independent mental capacity advocates (IMCAs) and paid relevant person's representatives (PRPR). IMCAs are professionals who assess whether an application for a DoLS should be authorised. PRPR are professionals who support people with a DoLS authorisation, to voice their opinions and have a choice.

A professional commented "I am always welcomed by staff, who ensure I can meet with [person]. I have asked them to record [of a particular behaviour] which they have done. This has helped in making decisions."

Good

Is the service caring?

Our findings

Staff treated people respectfully. Staff were discreet when talking with people about their personal care needs. Staff knocked on bedroom doors before entering and supported people to have private time in their bedrooms.

People and staff responded to each other with friendly chatter and caring gestures throughout the inspection. A relative commented "[Person] is happy; staff are always kind; I have no concerns there and that is what counts." When asked whether staff were caring, another relative said "Very much so" adding that they thought people were treated with dignity and respect.

Staff were able to describe people's communication preferences both verbal and non-verbal. Some people living at Creedy Court were not able to communicate verbally. Interactions between people and staff showed that staff understood people and were able to interpret non-verbal communications including facial expressions and physical responses. Staff showed compassion and kindness to people, treating them gently and with consideration. People who were able to communicate verbally, for example one person said "It's my home, it's nice."

Each person had a key worker who helped them to make choices. Key workers helped people with activities and hobbies and with personal shopping, family birthdays and Christmas presents.

Staff showed patience with people, responding to how they presented and any gestures they made. Staff were able to describe how each person communicated when experiencing changes of moods. Staff took time with one person, finding out what the person was trying to communicate, before helping them achieve this.

People were supported to express their views and be involved in decisions about their care and support. Where possible, people were involved in developing their care plan to support their preferences. This included what activities they wanted to do. For example one person's care plan described how they enjoyed music. During the inspection some people were involved in a music therapy session which staff said was run regularly.

Staff were able to describe people's history and backgrounds as well as their family. People's families were encouraged to visit whenever they wanted. One relative commented "I am always made welcome; staff are always friendly whenever I come." Staff also supported people to stay in touch with their families by arranging visits to the family home. One relative commented "They always bring [person] up to see us."

Relatives said that communication with them was good; Staff informed relatives about what their loved one was doing and kept them informed of any issues or changes to the person. This helped relatives to be reassured about the care the person received.

The provider had a holiday cottage in Cornwall where people were able to have a break. Staff supported

people to visit the cottage for a break. Staff also accompanied people on holidays to other places.

Care records were stored confidentially and securely in both electronic and paper forms.

Good

Is the service responsive?

Our findings

People said they did lots of activities which they enjoyed and were able to choose what to do. Activities were run both in the home and in the local community. For example, people attended art classes, skittles, bowling, swimming, a farm placement, discos, the local leisure centre, a climbing wall and walks around the neighbourhood. Photos of people doing activities confirmed this. Staff also supported people to go shopping. Some activities were carried out with groups of people from the home, whereas some activities involved an individual supported by a member of staff. People were supported to go to the local public house, where they enjoyed social evenings.

On the first inspection day, four people had chosen to do a Thai Chi class taking place in the home. The atmosphere was soothing, and people were clearly enjoying their class. They followed the guidance given by the instructor and tapped their feet up and down simultaneously to the music. Care workers were also taking part, which helped the class feel inclusive.

One person enjoyed doing craftwork using wool. Staff were seen helping the person to achieve this. Another person spent time playing music with staff, who said the person frequently enjoyed this activity. The staff member said "I've learnt to read the situation and I spend as long as she appears to be enjoying herself." The person appeared very happy with this activity and at times found it funny when they played loudly. The member of staff also described how they enjoyed working with each person "it's all about sharing time and interactions with each other."

People's communication preferences were known and understood by staff. Some people had limited or no verbal communication. Staff were able to describe how they communicated with each person individually. For example, one person used simple sign language to communicate. Staff were able to understand what the person wanted; they were then able to communicate to the person effectively. A relative commented "…the overriding fact is our son is very happy and settled, on the occasions when he has had upsets the staff have responded to settle him in a most appropriate manner.

There was a complaints policy and procedure which was available to people and their families. The staff had recognised that not all people had the same communication skills and abilities. They had therefore developed individualised complaints procedures. One such procedure incorporated photos of the person, their key worker and the registered manager. There were simple images which illustrated what the person could do if they were not happy and how the complaint would be dealt with.

There had been no formal complaints in the last 12 months. People and their relatives said they had not had to complain but knew how to. One relative commented that although they had never had to formally complain; "We have always been content with the way the home has responded to queries, and have answered them to our satisfaction…" Another relative commented "I have been in contact with them for some time and have no complaints with any of the information or the replies to any concerns I have communicated to them."

Care was personalised and responded to people's needs and preferences. Care plans were person centred and described the person's levels of independence and their physical, psychological and emotional needs. Each plan held information about what they liked to do socially; times they preferred to get up and go to bed; whether they needed support with personal care; activities they enjoyed and how they maintained relationships with family and friends.

Although most people were not close to the end of their life, staff recognised that some people had lived at the home for a number of years and were now 'older people'. Staff had discussed with some people, and their families, where appropriate, how they wanted to be supported at the end of their life. This meant staff were aware of what they could do to support the person to have a comfortable, dignified and pain-free death.

We looked at how provider complied with the Accessible Information Standard. This standard is a framework which came into effect in August 2016 makes it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. Everyone living at Creedy Court had a learning disability which had an impact on their means of communication. Staff were seen communicating with people using a variety of methods, including verbal and non-verbal ways as some people had little or no verbal communication. Methods used included objects of reference, body language, facial expressions, hand signals; gestures and key words. Objects of reference are items which the person is able to link to an activity, for example showing a person car keys might be used to indicate they were going for a drive. Care records described how each person communicated and how they were able to understand information. The service worked with professionals to ensure that communication needs were met. This helped to promote people's independence. People were supported to use electronic communications to support contact with relatives.

Good

Is the service well-led?

Our findings

The providers had a vision of the services which aimed to deliver personalised care and support to people with learning disabilities and/or autism. One provider described how important it was that people and staff saw themselves as part of a family, where staff worked in people's home rather than people living in a place of work. The registered manager and staff understood this and were engaged in ways to deliver the ambitions.

The culture in the home was very open; for example staff said they felt able to talk to the registered manager, their deputy, other senior staff as well as the providers. They felt they were listened to and empowered to suggest changes to the way care was delivered. Staff confirmed they attended staff meetings where they were able to discuss issues and share ideas for improvements. Staff also said they were given some autonomy which meant they were able to take responsibility for particular areas. They said the registered manager and senior staff had "an open door, they are always happy to provide support if we need it."

The registered manager had systems in place to regularly monitor and audit the home. This included routine maintenance checks on equipment and facilities in the home. Audits were also undertaken of the care records, the medicine administration records and the medicines.

Both the providers were actively involved in the care home; with regular visits where they met and talked with people and staff. Once a month the provider undertook more formal quality assurance checks on the quality and safety of the home. There were records of these visits and the actions that were undertaken to address concerns and issues.

There was a manager at the home who had been registered with the Care Quality Commission (CQC) since the home had opened in March 2017. 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. The registered manager also managed two other homes owned by the provider.

There was a quality assurance and governance system to ensure that people received safe and good quality care. Audits and checks were routinely carried out; these monitored the environment, equipment and the care delivered. For example there were records of checks on water temperatures, kitchen hygiene, housekeeping, fire safety, medicine administration and care records. Appropriate actions were taken to address issues when they were found.

Feedback from people, their families and professionals was collected to find out what the service was doing well, what not so well and how the service could improve. The responses were analysed and fed into how the service planned to improve in the future.

The providers visited the service several times each week to meet with the people living there as well as talk to the registered manager and staff. Once a month the provider undertook a formal quality assurance visit to monitor the quality and safety of the home. There were records of these visits and the actions that were undertaken to address any concerns and issues.

The registered manager submitted notifications and other information to the CQC as required. A notification is information about important events, which the service is required by law to send us. The registered manager contacted the CQC appropriately to discuss concerns and issues. This showed they were open and transparent.
The home promoted diversity and equality in their workforce. The service had policies to meet the needs of staff and people with protected characteristics under the Equality Act 2010. For example, adjustments had been made to support staff with dyslexia. Staff who did not have English as a first language were supported to attend classes to improve their language skills.