

Craegmoor Supporting You Limited

Craegmoor Supporting You in Lincolnshire

Inspection report

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29 June 2017

10 July 2017

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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

The inspection took place on 28, 29 June and 10 July 2017, and was announced to make sure senior staff could be present.

There was a registered manager in place. 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.

This was the first inspection of this service since the provider moved location, following the last inspection.

The service supports people in their own homes and in the community. There are three supported living services in Immingham. Two of the locations are purpose built to meet people's needs. The aim of the service is to support people to live the life they choose.

The service is registered to support younger adults, people with a learning disability, physical disability and people living with autism.

Staff understood their responsibility to safeguarding people from harm and abuse. Risks to people's health and wellbeing were identified and understood by staff. People were supported to live their lives using a positive approach to risk, which helped them to live a life that was fulfilling.

Sufficient staff were provided, with the right skills and knowledge to support people. Staff undertook training to ensure they had the skills needed to support people.

Recruitment processes were robust, which helped to protect people from staff who may not be suitable to work in the care industry.

People's nutritional needs were monitored and reviewed. Special diets were catered for, to make sure people's nutritional needs were met.

People in two of the supported living service's had their new home environments created to suit their personal needs. They and their family were consulted about the building of their new homes. People and their family or advocates liaised with the landlord about ensuring the facilities provided were suitable to meet their needs.

People's rights were protected and staff advised and supported people to make informed decisions for themselves. The Care Quality Commission (CQC) is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is

necessary to deprive them of their liberty in order to protect their rights. The registered manager and staff were aware of their responsibilities in regard to this.

Staff treated people with kindness, care, dignity and respect. People's confidential information was held securely to maintain their privacy.

People and their advocates were consulted about the help and support they wanted to receive. People were encouraged to set personal goals to achieve. Staff supported people to attend college, undertake social events and maintain their hobbies.

There was a complaints procedure in place that was provided in a format that was suitable for people who used the service. Issues raised were dealt with appropriately.

People were consulted with during the building of their new homes and liaised with their landlord. People were supported by the management team during the moving process.

Audits were in place to monitor the quality of service provided. People and their relatives were asked for their views, and these were acted upon. Staff meetings were held and staff were encouraged to raise their views to help maintain or improve the service.

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.

Safeguarding training was provided. Staff knew what action they must take to report potential harm or abuse. This helped to protect people.

There were enough skilled and experienced staff to meet people's needs.

Risks to people's health and wellbeing were identified and staff were knowledgeable about the risks present.

Staff supported people with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff who supported people were trained in a variety of subjects to help them meet people's needs. Staff received regular supervision and appraisals.

Staff understood the Mental Capacity Act 2005. Decisions made about people's care followed best interest decision making processes. This helped to protect people's rights.

People's nutritional needs were met.

People and their family members were supported by staff during their move to supported living.

Is the service caring?

Good ●

The service was caring.

Staff were aware of people's individual needs and choices in relation to their care.

People were treated dignity and respect by staff and people's privacy was respected.

Advocates were available to people to help to protect their rights.

Is the service responsive?

Good ●

The service was responsive.

Staff provided person-centred care. Staff understood people's individual likes, dislikes and preferences in relation to their care and support.

People were supported to maintain relationships and social interests.

They maintained family ties and developed their social interests whilst being supported by staff.

Complaints were dealt with in line with the provider's policy and procedure. People were assisted to raise issues, if required.

Is the service well-led?

Good ●

The service was well-led.

The management team monitored the service to make sure people received the service they required. An on call system was in place so people, relatives and staff could gain help and advice at any time.

People were asked for their views about the service. Feedback provided was acted upon to help maintain or improve the service.

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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 announced inspection occurred on 28 and 29 June and 10 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and a supported living service to people and we needed to be sure that someone would be in. We completed the inspection on 10 July 2017 because the registered manager had been unavailable on the first two days.

The inspection team was made up of 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.

Before the inspection we looked at the information we held about this service. This included the provider information return (PIR) and notifications we had received from the provider since the last inspection. We also contacted the local authority to gain their feedback about the service.

During the inspection we talking to people using the service and with their relatives. We spent time with the registered manager and with two locality managers. We met with a member of staff and one person who they were supporting in the office. We also visited two out of three supported living locations and observed the care that people received in the communal areas of the services. We undertook a brief Short Observational Framework Inspection (SOFI). (Observation of care and support of people who could not tell us their views). We spoke to all the people using this service at the two supported living locations we visited. We spoke with one relative visiting the service and with two relatives by phone. We interviewed four staff. We reviewed four people's care records during the inspection.

Is the service safe?

Our findings

People were safely looked after and assisted by staff. People we spoke with said; "I am safe with my carer, no doubt about that" and "Yes, the staff try and support and help me so I feel safe." Another person, when asked if they felt safe, smiled and gave a member of staff a 'high five'.

Relatives told us they felt the service was safe for their relations. We received the following comments from relatives; "I am quite happy. I know [Name] is safe here", "They are safe because there are plenty of staff. There are no issues" and "I feel he is safe because if he ever needs them [Staff] he rings them."

We saw staff were provided with training about safeguarding people from harm and abuse. There was a whistle blowing [telling someone] policy in place for staff to follow. The registered provider had effective policies and procedures in place to help to protect people. The registered manager and staff were able to describe the action they would take to report any potential abuse or harm. This helped to keep people safe. A member of staff told us, "Safeguarding issues would be reported immediately."

We looked at information about the staffing levels provided during our inspection. This information confirmed there were enough staff to support people. The registered manager and management team were able to support people if unexpected sickness or absence occurred, which ensured people consistently received the care and support they required. The registered manager told us that staffing levels were monitored. They increased staffing levels for activities, such as outings and hospital appointments or if someone required more intensive support to meet their needs. Staff we spoke with confirmed there were enough staff. One member of staff said, "Staffing levels are fine. Not many staff ring in sick, they all turn up." Another said, "Staffing levels are fine."

People's care records included detailed and personalised information about potential risks to people's health and safety. This information was contained in people's risk assessments. For example, the risk of falls, behaviours that may challenge, crossing the road, going out unaccompanied and the prevention of skin damage or choking were identified. These risks were reviewed and were re assessed as people's needs changed. We saw two people's care records were being reviewed during the inspection regarding the use of bedrails and their moving and handling requirements. Staff we spoke with understood the risks present for each person in their care and they were able to tell us about action they would take to reduce the risks to people's health and wellbeing.

We saw the registered manager and support workers monitored information about accidents and incidents that occurred. We saw immediate action was taken to help to protect people's wellbeing. This included gaining advice from healthcare professionals to reduce the risks present.

We found people's needs in regard to special equipment they required were known by staff. We saw assessments had been undertaken regarding this equipment, which included the use of personalised wheelchairs, shower tables or walking frames. This helped to maintain people's health, safety and wellbeing.

People told us they had set goals for themselves to achieve. They told us staff discussed the goals with them to make sure any safety issues were addressed. We saw in people's records information was recorded about people's abilities and the assistance they needed from staff in order to work towards achieving their goals safely. For example, a person wanted to be able to make a drink for themselves. We saw potential risks such as the use of the kettle had been considered and discussed. Staff were aware of the support needed to promote this person's independence and safety.

We saw there was information in place regarding the support people would need in the event of an emergency. This information was available to the emergency services to ensure people would receive the support required.

The registered manager had a business continuity plan in place which detailed how the service could be provided to people if there was an emergency, staffing issue or during adverse weather conditions. This helped to ensure people would be supported.

Staff received training regarding safe medicine management. There were policies and procedures in place for staff to follow regarding the storage, administration and disposal of medicine. The support people needed to receive with their medicine was recorded in their care records. Medicines given were recorded. Information about if people had to take medicines with them on home visits or when out in the community was recorded. Staff checked the medicine records in place regularly and this information was audited to help to maintain people's wellbeing. The management team confirmed 'as and when required' medicine protocols were in place for people.

We found recruitment procedures in place were robust and before any new staff started work checks were made. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People told us staff supported them effectively with their care and dietary needs. One person said, "I get on great with my staff. I have just started a diet and have lost three and a half pounds through healthy eating." We observed during our inspection that people were supported by staff who had the right skills and knowledge to meet their needs.

Relatives we spoke with confirmed the service was effective at supporting their loved ones. We received the following quotes; "The staff know what they are doing", "The food and drinks are all okay and there are choices" and "[Name] likes the same people looking after him, which he gets. They are the right staff for him."

We found staff undertook regular training to make sure they had the skills they needed to support people. The training covered a variety of subjects for example; basic life support, safeguarding, fire safety, food hygiene, medication management, managing challenging behaviour and positive behaviour and infection control. Staff were provided with training specific to people's needs, regarding mental health conditions, Asperger's and autism, learning disabilities and visual and physical impairment. This enabled staff to support people more effectively.

Training for new staff was completed over a period of weeks to make sure there was enough time to learn all the skills needed to support people. Staff undertook the Care Certificate (a nationally recognised care qualification). New staff shadowed more senior staff and they were integrated into people's care regimes in a timely way to ensure all parties felt comfortable.

Staff we spoke with confirmed they received supervisions and appraisals from senior staff. We looked at supervision and appraisal records, they were detailed and included any further training needs or goals that staff wished to achieve. We saw performance issues were discussed. This meant staff were supported and training or performance issues were identified and addressed.

People using the service were matched to staff who it was felt they may get on well with. Some people were involved in this process. People were introduced to staff over a period of time to make sure all parties were compatible. This helped to ensure positive supportive relationships were formed.

The Mental Capacity Act 2005, (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and relevant health care professionals. This helped to protect people's rights. We saw staff undertook training about mental capacity and deprivation of Liberty safeguards (DoLS). Staff were aware of the importance of people giving their consent to receive their care. A member of staff told us, "We give people choices". Staff told us how they followed people's care records which informed them about agreed action to be taken to support people in their best interests.

People were supported by small teams of staff which helped to provide continuity of care to people and ensured the staff understood their individual needs. Rotas were created to make sure staffing for people was consistent. This only changed due to staff leave, sickness and absence. When this occurred the management team tried to put support in place with staff who knew the people and understood their needs. The registered manager worked as part of the team to support people.

People had their dietary needs reviewed. Those who required encouragement with eating and drinking were monitored by staff who informed relevant health care professionals of any concerns. This helped to maintain people's wellbeing. We found the information about people's special dietary needs, including any food allergies were known by the staff. During our visit to two supported living schemes we observed people were encouraged by staff to eat and drink. Timely, patient assistance and prompting was offered to people. This helped to ensure people's dietary needs were met.

The registered provider and staff had worked with people and their family along with a landlord during the construction of two new bungalows that formed part of the sheltered living scheme that people now lived in. The registered manager told us how they had visited people in their previous accommodation and met with people and their relatives on an on-going basis whilst the new buildings were being built.

We were told how people's special needs were taken into account in the design of the new building, for example a wider door frames provided on an angle, or ceiling hoists fitted to ensure people's rooms were personalised for their specific needs. People and their relatives visited the new accommodation to assess the progress and to be included in the transition from the care home to the new supported living accommodation. The registered manager told us how they had all worked together to make this process as stress free as possible for people and their families.

Is the service caring?

Our findings

People using the service told us the staff were caring. We asked people if they felt cared for and if their received privacy and dignity was protected. We received the following comments; "Yes" and "Yes, spot on." We observed people were supported in a kind and caring way by staff. One person supported through the outreach service visited us at the provider's office. They confirmed the staff were caring and kind and they said this included the office staff and registered manager.

Relatives we spoke with told us the staff cared about people using the service and told us this helped them to feel reassured their relations were being well looked after. We received the following comments; "They [Staff] genuinely care", "Staff seem to like [Name]. People always look well cared for" and "Yes, the staff understand him and his privacy and dignity is respected."

The provider had a statement of purpose which informed people and their relations about the aims and objectives of the service. It emphasised that people would be supported and cared for by staff who would maintain their privacy and dignity. There was a dignity champion in place to help promote this to staff and people using the service.

During our inspection we visited two of the supported living services. We observed staff supported people in a caring and kind way. We saw people were treated with dignity and respect by all the staff. For example, personal care was provided to people in their bedrooms or in bathrooms with the doors closed. People were treated as equals and their diversity was respected.

Staff we spoke with confirmed the people they supported were central to the service. Staff we spoke with told us how they spent time with people to understand each persons individual needs, preferences, likes and dislikes in relation to their care. Staff told us how people communicated in their own way, for example, through verbal speech or through body language. They said they took their time to make sure communication was effective and told us how they waited for people to respond. One staff member told us, "I love it here, it is so good. The people we support are lovely."

We saw easy to read care plans were produced which contained pictures to help people to understand the information about their care and support. Relatives received information about the service which helped to keep them informed.

We found people were supported by advocates, where this was necessary. This information was provided to people and their family to help to protect people's rights.

Staff looked after the same people where this was possible which both parties develop professional bonds and friendship. Staff we spoke with said they enjoyed supporting the people who used the service and treated them as they would their own family, with respectful care and support.

The registered manager told us a lot of support had been provided to make sure people had enough timely

information about the their transition from a care home to supported living services.

People's confidential information was held securely to maintain their privacy.

End of life care was provided for people, as necessary. People's wishes were recorded so that their needs could be met at that time.

Is the service responsive?

Our findings

We asked people if they received the support they wanted from staff. All the people we spoke with said they did. People confirmed there were a lot of activities taking place which they enjoyed. One person we spoke with told us, "I like to go to the pub". They went on to say they went to the gym and was looking forward to going away on holiday supported by the staff.

Relatives we spoke with confirmed there were kept informed of any health issues. They also told us there were lots of activities provided. One person we spoke with said, "I am kept informed of GP visits. I can chat with staff and raise issues. I would complain if I needed to. Staff are able to sort out any issues, but I haven't had any."

We saw people were provided with information about the service in a format which met their needs. This included information about how they may ask questions and be supported at any time and to raise concerns.

People's care records were detailed and contained person centred information about their lives, family, hobbies, interests and social activities. This helped staff to support people with the lifestyle and hobbies that were important to them. This information was detailed and person centred. Details about health care professionals involved in supporting people's health and wellbeing were recorded so staff knew who to contact if help and advice was required.

We observed care practices when we visited two sheltered housing schemes. We saw staff were responsive to people's needs. Staff understood people's unique ways of communicating, such as vocalisation, eye contact or the use of body language. Staff we spoke with told us about the methods of communication that were used and what this meant, which informed staff how to respond to people's needs. We saw vital information about people's needs in an emergency were documented. People's special needs, such as allergies, things that may frighten or upset them were recorded so staff had a better understanding of people's likes, dislikes and preferences in relation to their care.

We found behavioural support plans were in place. These detailed what triggers staff should look out for in people's verbal or non-verbal communication, which may indicate people were becoming upset. They described what support was to be provided by staff to distract or calm people. Staff we spoke with told us they received training regarding this so they could support people effectively.

Staff were provided to make sure people could access activities and attend health care appointments. Staff supported a person by working extra hours at short notice when they were admitted to hospital. The person had complex health needs that required bespoke support which was vital to prevent further potential health care risks. The registered manager ensured that a member of staff, who had developed a good strong working relationship with the person, that they trusted to communicate their health needs was present with the person. This helped them communicate their wishes, needs and feelings. Staff attended every day at different unsocial hours to respond to the person's needs and to ensure they were comfortable. The

registered manager told us, the person would not have allowed hospital staff to help them with food or drinks so it was vital the services staff responded the person to make sure their needs were met.

The registered manager told us about how people and their family were supported to transition from a care home to three supported living schemes. The registered manager said, "From the outset we worked as part of a multi-disciplinary team to develop the property and support the individuals to move in to their new home. We also worked together to ensure that the families and friends of the residents who were moving were happy with the move and that they were also able to contribute to this process. The properties were completed and provided wonderful homes for the residents who had never had the opportunity to live in their own homes. The new homes enabled the tenants to live more independently and have more person centred lives." The registered manager told us there was a significant amount of planning and transitional work that took place to make sure people moved into their new supported living homes before Christmas. The registered manager told us, "I know that the families and other professionals are also very happy with the outcome of the move, for the tenants."

We saw during our visit everyone looked relaxed, settled and happy in their new home whilst being supported by staff.

We observed people were encouraged and assisted to maintain family ties and undertake activities in the community. Staff told us people went swimming, horse riding, to discos, pubs and sports centres. One person was about to be assisted to visit family and spend time at the seaside and another was going to the science museum in Rotherham, 'The Magnet'. People were assisted to go on holiday and live the life they chose. Life skills were also promoted and people were supported to undertake courses, for example one person had received a certificate for undertaking; "Joy of communication." This was for learning basic sign language. Another had a certificate for developing, 'Skills to Work'. We found people participated in five a side football and table cricket.

The provider had a complaints policy in place. Information was provided to people in a format that suited their needs so they were informed. People were supported to raise issues, if this was required and any issues raised were dealt with appropriately.

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the service provided and they said the service was well-led. One person said, "There is somebody to talk to in the management team. I am happy with them". Another person said, that their views were gained about the service they received. We saw people during the inspection were asked if everything was alright for them by the management team and staff.

Relatives told us the service was led effectively and they confirmed their views were sought and they were satisfied with the service provided. We received the following comments; "The service is managed well. I think they [the management and staff] take a lot of care. They don't know when we are going to visit and when we do everything is okay." "I am asked for my views" and "I would recommend it [the service] They are getting there, it has been an upward path [with moving home] but I have no complaints. They [The provider] went through everything."

The registered manger was supported by two locality managers, which made up the management team. They helped the registered manager to monitor the outreach service which provided care and support to people in their own homes and the three supported living services. We found they had clear visions and values about the service to support people as individuals.

Staff we spoke with during our inspection confirmed staff meetings were held and they told us the management team were approachable and supportive. They confirmed they were able to raise issues with the management team, and said issues raised were dealt with. We found there was an out of hours on call service provided so that people using the service, their relatives and staff could gain help and advice at any time.

There was a 'Staff of the month' award re-commencing at the service. The management team told us they valued the staff and this scheme was just a way of saying thank you to staff for going the extra mile to support people.

There were audits taking place to monitor, maintain or improve the service provision. For example, these included auditing compliance and quality, staff views, recruitment, care records, medicine administration, petty cash and people's finances.

We found the management team monitored the fire safety checks undertaken in the supported living services. They monitored that equipment was serviced and checks of the utilities provided, maintenance of the buildings and servicing of equipment were undertaken. This helped to make sure that people's health and safety was protected.

We found people who used the service were asked for their views. This was undertaken in a variety of ways; some people made their views known by verbalisation, or by body language. For example the use of a 'thumbs up' sign. We found staff were skilled and competent at interpreting people's individual way of communicating. We saw staff acted upon what people said. We found some people had their behaviour

observed by staff as this was how they communicated their feelings and opinions. Others were asked for their views at one to one meetings, care reviews, in 'Your Voice meetings' (Meetings held for people using the services, chaired by people using the services) or through the use of pictorial surveys.

We looked at minutes of these meetings and inspected recently completed quality assurance surveys that had been received. We saw feedback was provided about people's home environment, the staff, the food and ideas were present for activities to be undertaken in the future. At a recent meeting that was held we saw people wished to take part in a village in bloom competition. Staff were seen to be assisting people to undertake this.

The registered provider produced a 'Your Voice newsletter'. This helped to keep people using the service, staff, their relatives and commissioners up to date with news and events.

The registered manager informed us that the service had been nominated for a 'Site of the year award'. The outcome of this nomination was not known at the time of the inspection.