

Craegmoor Supporting You Limited

Craegmoor Supporting You in the South West

Inspection report

Northfield House
51 Staplegrove Road
Taunton
TA1 1DG

Tel: 01823274126
Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Craegmoor Supporting You in the South West is a supported living service. At the time of our visit one person was receiving support that included personal care. They lived in a house in a residential area that included shared communal areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There was only one person receiving the service. They were supported by a caring, knowledgeable and committed staff team. The staff team were well led by a senior team committed to promoting person centred care within a framework of robust monitoring and developments. There were systems in place to monitor standards and plan continual improvements.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The person was relaxed in the company of staff. The staff understood their responsibilities and how to protect people from abuse. The staff team had been stable and the person knew the staff who supported them.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff respected people's choices and preferences.

The person was supported by staff who knew them well and were kind and compassionate. Staff were happy in their jobs and wanted to provide the best care they could. The person and their relatives had built strong relationships with staff and appreciated the familiarity they had.

The person was supported to eat and drink safely and their preferences were reflected in the food available.

The person was supported to fill their time with things they found enjoyable and/or meaningful. They were supported to maintain important relationships.

Rating at last inspection

The last rating for this service was requires improvement (published January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Craegmoor Supporting You in the South West

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Craegmoor Supporting You in the South West is a supported living service. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we have received from, and about, this service since the last inspection. We used this information to plan our inspection. We had not requested a provider information return since the last inspection. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. We were able to gather this information during our inspection.

During the inspection

During the inspection we visited the person the service supported in their home and we gathered feedback from two relatives. We also spoke with six members of staff, the registered manager and a representative from the provider organisation. When we visited we were able to observe how staff and the person interacted with each other. We looked at a selection of records which included;

The person's care and support plans

Quality assurance documents

Medication Administration Records (MARs.)

Three staff files including information about recruitment and ongoing support and training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person supported by the service did not use words as their main means of communication. They were relaxed in the company of the member of staff supporting them and sought out contact during our visit. Relatives reflected on the confidence they felt in the support their loved one received.
- Staff had received training in relation to safeguarding adults. They understood their responsibility to report any concerns within their organisation and were confident action would be taken if they did so. They also understood their whistleblowing policy and knew about external agencies they could also report to, which included the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Some aspects of the service were not safe because risks were not always well managed. These issues had been addressed robustly.
- Staff knew the person well and understood the risks they faced and how these risks were reduced through support and environmental factors. Risks had been considered in a way that were specific to the person and reflected how they lived their life.
- Staff had received appropriate training and understood how to support the person if they became distressed.
- Emergency plans were in place to ensure appropriate support in an emergency.

Staffing and recruitment

- Staff, the registered manager and relatives reflected on the importance of a familiar staff team. We heard that the team were established and that there had been little change.
- Recruitment processes were robust and checks were made on candidates suitability to work with people who may be vulnerable.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received the necessary training to carry out this role safely. Medicines were given in a way that suited the person.
- Medicines were audited regularly with action taken to follow up any areas for improvement.

Preventing and controlling infection

- The person's home was kept clean by staff. They were supported to assist with household tasks.
- Staff understood the importance of infection control. Senior staff completed regular visual checks of the cleanliness of the environment.

Learning lessons when things go wrong

- Staff had recorded accidents, incidents or concerns and the actions they had taken. They had a good understanding of how to keep people safe and their responsibilities for reporting. The registered manager and senior staff reviewed these records to ensure lessons could be learned. There was a commitment to positive communication between the staff team, management and the person's family. This included open acknowledgement when improvement was necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we found that restrictive practices had not been considered within the framework of the MCA. There was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- Mental capacity assessments were completed appropriately. Where consent was required to support a person with personal care or continence care, a mental capacity assessment and best interest decisions had been made in consultation with the appropriate people.
- The management team had a clear understanding of their responsibilities in relation to the MCA. They were liaising with the local authority to ensure that appropriate safeguards were in place.
- Staff supported the person to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

- Assessments were comprehensive, and individual care and support needs were regularly reviewed and updated.
- Care records were reviewed regularly to ensure any changes were reflected in the person's care plan. Staff were kept informed of changes immediately. This meant support was up to date to ensure the person received the support they needed.

Staff support: induction, training, skills and experience

- At the last inspection staff did not always receive regular supervision sessions. At this inspection this had

improved.

- Staff said they worked alongside experienced staff as part of their induction. This allowed them to get to know the person, and the person was able to get to know them.
- Systems to ensure staff had received appropriate training were robust and staff were confident they had the skills and knowledge they needed. Staff were supported to undertake their training in ways that reflected their individual learning needs.
- Staff were positive about the support they received from the management team. They told us they were supported informally and formally and that the senior team were always available.

Adapting service, design, decoration to meet people's needs

- Staff advocated for the person to raise any concerns, or suggestions for improvements, relating to the maintenance of their home to the landlord.
- A spare bedroom was used as a sensory room which the person spent a lot of time in.

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

- People were not able to tell us their thoughts about how staff supported them with their meals.
- Staff described how they supported people to plan and choose their menus based on what they knew the person liked and the need for a healthy diet. They also explained how they were able to try new tastes in a way that suited the person.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff noted changes in the person's well-being and referrals were made promptly to external professionals.
- Staff worked in partnership with the person's family to ensure the person had access to health care specialists such as speech and language therapists, dentists, occupational therapists. Records were updated to reflect any guidance or treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection people were not always treated with respect. At this inspection, staff all spoke of the person with respect and kindness. They reflected on the details of support that made the person secure and happy. They spoke about how they sought to understand the person's experience. This approach reflected a staff team that respected and valued the individuality of the person they supported.
- When we visited the staff member was attentive and caring, whilst affording the person control over their own space.
- The person's relatives and friends were able to visit when they chose. They commented on the familiarity of the team and reflected on the reasons they valued the relationships that staff had with them and their loved one.

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

- The person was encouraged to make decisions about their day to day care and routines where possible. Staff described, and we observed, how when appropriate they took their lead from the person.
- Staff knew the person well and could describe their individual likes and dislikes. Staff understood the importance of building trusting relationships and attuning themselves to the person's communication.
- Communication tools were in place to help the person structure their time and communicate their wishes. Staff had also been trained in intensive interaction and were using this to enhance communication and strengthen relationships.

Respecting and promoting people's privacy, dignity and independence

- When the person chose to spend time alone in their room or the sensory room, this was respected by staff. The person was able to move around the home freely. This was enabled by attentive staff who were available to support the person when they wanted to go into the kitchen which was locked to ensure safety.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we made a recommendation that the provider follows current good practice guidance in supporting people to meet their communication needs. At this inspection we found the provider had acted on this guidance.

- Communication needs had been assessed and specific needs were recorded.
- The staff team were committed to developing communication and had undertaken training to support their knowledge and skill. In addition to formal training they shared information specific to the person with their senior team and each other.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person had support that reflected their individual needs and preferences and valued them. Staffing was planned to reflect the way the person lived their life.
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. All the staff we spoke with talked about how they reflected on the support they provided. They gave examples of improvements that had come about because of the way staff thought about their work.
- Care records contained detailed and appropriate information such as information related to risks, communication, care needs, likes and dislikes, medical history and medicine details. There was also clear information available how best to support the person if they became distressed. Staff spoke confidently and consistently about the support they provided.
- Staff told us they communicated well and that this was supported by the registered manager and senior staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person had additional staffing to enable them to be involved in their local community and activities they enjoyed.
- Staff and relatives continued to give thought to other activities the person may enjoy and considered efforts to extend the range of opportunities available were ongoing.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- Relatives knew how to make complaints should they need to. They were confident in the responsiveness of local management. They commented: "The local managers respond quickly and positively to any concerns or complaints we raise, and generally resolve these in satisfactory manner."
- Relatives were confident in the registered manager's commitment to address, respond to and learn from concerns.

End of life care and support

- Care plans included information, gathered from relatives, about how best to support the person should they become very unwell.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we found oversight was not sufficient to ensure the quality of the service. There was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- The registered manager, and senior staff, were clear about their functions and responsibilities to ensure good quality care. Systems had been put in place and embedded to monitor standards and address shortfalls. These focussed on the specific needs of the staff and service. For example, there was a regular audit of staff understanding of the MCA in practice, with clear action evident to support learning.
- The registered manager had a development plan in place to address areas that could be improved. This had been used as a tool to secure quality improvement.
- The manager had ensured that statutory notifications were made appropriately to the care quality commission (CQC). A statutory notification is information about the running of the service and people's experience of care and safety that is legally required to be submitted CQC.
- Staff were committed to developing their knowledge and understanding in order to provide person centred care. They reflected on this by highlighting discussions with colleagues, shared knowledge and respect for their colleagues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, and relatives, all said the registered manager and other senior staff were available, approachable and responsive. Comments included: "(The Registered manager) is very supportive and knowledgeable.", "very supportive", "positive management".
- There had been work done to address issues that challenged the harmony of the staff team.
- The senior team were committed to ensuring person centred care and robust systems supported this. Relatives valued the local management's role in achieving a safe and person-centred service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives described good communication with the organisation at a local level. They observed that they had frequent and candid communication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Records indicated liaison between staff and health professionals to ensure appropriate care.
- Staff understood how the person communicated and used this information to plan their care and support. Relatives were encouraged to feedback informally and through a survey.
- Staff felt well supported and able to share their views. Staff gave examples of ideas they had shared that had been acted on.