Creative Support Limited

Creative Support-St Helens Respite Service

Inspection report

Thyme Lodge
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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

Overall summary

The inspection was announced and took place on 31 December 2015. The registered provider was given 48 hours' notice because the residential service is small. We needed to be sure that the registered manager would be available for the inspection.

Creative Support Respite is a residential care home which offers support to younger adults with learning disabilities, physical disabilities and mental health conditions for respite (short stay). The service provided personal care and support for up to 5 people.

The last inspection of Creative Support Respite was carried out on 22 October 2013 and we found that the service was meeting all the regulations reviewed.

Summary of findings

There was a registered manager in post. 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.

People told us they felt safe when they stayed at Creative Support Respite [Thyme Lodge]. Comments from relatives included "[Name] is always happy to stay at Creative Support Respite [Thyme Lodge] and the staff understand them well" and "Nothing is too much trouble, it is brilliant".

Staff had received training in how to recognise and report abuse. All staff were clear about how to report concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service.

People were supported to take their medicines by staff that were appropriately trained. People received care and support from regular staff that knew them very well, and had the knowledge and skills to meet people's individual needs. People and their relatives spoke very positively about staff; their comments included; "The staff are very friendly" and "Staff are always calm and nothing is too much trouble for them".

Before people started using the service the registered manager visited them to assess their needs and discuss how the service could meet their support needs. From these assessments individualised care plans were developed with the person and where appropriate, with their relatives to agree how the care and support would be provided.

Care plans provided staff with clear direction and guidance about how to meet people's individual needs. People told us that the manager was approachable and had always been open to feedback.

People said they would not hesitate to speak to the manager or any staff member if they had any concerns about the service they received. People and their relatives knew how to make a formal complaint if they needed to. One relative said, "I had one small issue but it was resolved promptly and efficiently by the manager".

There was a positive culture and strong leadership within the service and staff said the manager led by example. Staff said, "The whole staff team and all the management are great" and "I idolise my job and always look forward to work".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 safe.

Good

There were systems in place to ensure risks to people's safety and well-being were identified and addressed.

Staff knew how to recognise the signs of abuse. They knew the correct procedures to follow if they thought someone had been abused.

There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service.

Is the service effective?
The service was effective.

Good

People received support from staff who knew them well, and had the knowledge and skills to meet their needs.

People told us they enjoyed visiting Creative Support Respite [Thyme Lodge] and that they had developed friendships. People enjoyed the activities undertaken there.

Each person had a file in place detailing their needs and preferences. People had been asked about their likes, dislikes and choices. This demonstrated a person centred approach.

Is the service caring?
The service was caring.

Good

People were treated with dignity and respect and they had good relationships with staff.

People and where appropriate, their relatives were involved in their support and were asked about their preferences and choices.

Staff had built meaningful relationships with people who used the service and were given sufficient time to meet people's needs.

Is the service responsive?
The service was responsive.

Good

People's care needs were appropriately assessed and planned for.

People were regularly encouraged to give their views and raise concerns or complaints to improve the service.

There were systems in place to help ensure staff were up to date with meeting people's needs.

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

Good

People were consulted and involved in the running of the service; their views were sought and acted upon.

Summary of findings

The manager promoted strong values and a person centred culture. Staff said they were well supported.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Creative Support-St Helens Respite Service

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 inspection took place on 31 December 2015 and was announced. One adult social care inspector undertook the inspection. The registered provider was given 48 hours' notice because the service is small. We needed to be sure that the registered manager would be available for the inspection.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. We contacted the local authority, Healthwatch England and the local authority infection control team to gain their views of the service.

During the inspection we spoke with the registered manager and two staff. We also spoke with four people who used the service. We looked at care records including daily records, medication administration records (MAR) and financial records. We spoke with three relatives by telephone. We also looked at other records relating to the management of the service. These included two staff training, support and employment records, quality assurance audits and findings from questionnaires the registered provider had sent to people and relatives.

Good

Is the service safe?

Our findings

People told us they felt safe when they stayed at Creative Support Respite [Thyme Lodge]. One person said "I like it here and always look forward to staying". A relative said "It doesn't matter what time you visit it is always a positive experience. I know [Name] is safe there".

Risk assessments were carried out to identify risks to people who used the service and to the staff supporting them. Individual risk assessments were also in place for specific risks for people including social isolation and self-neglect. Staff had access to clear guidance about what the risk was and the procedure for managing this. All staff had signed to say they had read and understood these documents. The registered manager demonstrated a clear process for the management of risk while they encouraged people to engage in a variety of activities.

Staff recruitment was managed safely. People who used the service were involved when potential staff were interviewed for employment at Creative Support Respite [Thyme Lodge]. One person said "I attended training to learn how to interview and understand the process. I really enjoy doing this as it is an important job". We reviewed recruitment records for two staff. They included a completed application form, interview records, employment checks, such as two valid references from previous employers and confirmation of identity and right to work. Necessary vetting checks had been carried out through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with vulnerable people.

People who used the service had been involved in the development of the safeguarding policy. Quotes from people within the policy included; "We have the right to feel safe, our valuables should be safe" and "Being able to talk without being afraid".

Staff had received training in safeguarding adults and they demonstrated a good understanding of abuse. They described the different types of abuse and signs which indicate abuse may have taken place. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were aware of their own responsibilities to raise a safeguarding concern with the local safeguarding team. A copy of the local authority safeguarding policy and procedure was available to all staff. The registered provider had a safeguarding policy which all staff had signed to say they had read and understood. All staff had an annual safeguarding supervision which highlighted areas of good knowledge and identified any areas for further development.

A recent safeguarding alert had been appropriately reported and documented. This information was stored appropriately and included a letter from the local authority closing the case.

There were enough staff on duty to keep people safe and meet their individual needs. Staff told us the service had always been fully staffed and that the staff team were supportive of each other. Staff rosters for the previous month showed that there had been a consistent number of staff on duty over this period. The registered provider had not used any agency staff since the last inspection. Staff retention was high and staff turnover was very low. Staff said that they were happy and supported working at the service.

The registered provider had an appropriate system in place for the management and administration of people's medicines. The medication policy had a clear process to be followed in the event of any errors occurring. Staff followed current regulation and good practice guidance. Staff administering medicines had undertaken appropriate training for this role. This included competency assessments which were repeated annually. Medicines were stored in locked cupboards within each person's room. People received their medication on time and in a safe manner.

Incidents and accidents were clearly documented. They were rated using a low, medium and high risk scoring system. The rating dictated the responses required by the registered provider. All incidents and accidents were reviewed regularly by the registered manager but also forwarded to the head office for regional analysis. Risks were highlighted and consideration was given for the reduction of future risk.

The environment was clean and hygienic. Staff had completed infection control training and they had access to information and guidance in relation to the prevention and control of the spread of infection. Personal protective

Good

Is the service safe?

equipment (PPE) including disposable gloves and aprons were located around the service and readily available to staff. Staff used PPE as required, for example when they assisted people with personal care.

Individual personal emergency evacuation plans (PEEPS) were in place. A contingency plan was in place for staff to follow in the event of an emergency. An up to date fire risk assessment was in place to protect people for potential harm. Regular fire evacuations were undertaken. The registered provider ensured staff and people at the service were prepared for emergency situations.

Good

Is the service effective?

Our findings

One person who regularly stayed at Creative Support Respite [Thyme Lodge] told us that they liked Thyme Lodge and enjoyed visiting. Relatives spoken with said "Staff maintain my son's routine which is very important i.e. attending day services and arranging transport for him", "[Name] had never been in to respite in over 30 years, they were amazing with her" and "Without them I would be on my knees". People spoken with said, "I like it here and always look forward to coming" and "I have developed friendships here and enjoy visiting". A visiting healthcare professional told us that staff were very receptive to training and development for them to offer appropriate support to people and understand their behaviours".

Staff completed a comprehensive induction when they commenced employment. This included organisational corporate induction as well as role specific local induction within the service. Staff daily working practices were observed for good practice to ensure people received appropriate support.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said they were fully supported by the registered manager. Training undertaken included moving and handling, health and safety, infection control, fire safety and food hygiene. There was a programme in place to ensure staff received relevant training and all refresher training was kept up to date. Staff received regular supervision and an annual appraisal from the registered manager and team seniors. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Staff demonstrated a good understanding of people's needs. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or well being. Care plans reflected the support being offered. Information was up to date and regularly reviewed. All staff were informed of any changes or significant information to ensure they were kept fully up to date.

Staff worked successfully with healthcare services to ensure people's health care needs were met. They supported people to access a variety of healthcare professionals including GP's and dentists as required. Care records demonstrated that staff shared information effectively with professionals and involved them appropriately. A healthcare professional said "I am always welcomed however busy staff are and they are receptive to my input".

People were observed being offered choice and support with food and drink. Staff encouraged healthy options and also offered people choice using picture menu's. Picture menu's offered people more opportunities for choice through visual prompts. This meant their independence was promoted. People said they were involved in the preparation of the menu when they stayed there. One person said "The food is nice", another said "I have chosen the takeaway for tonight as it is New Year's Eve".

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Daily records showed how staff used encouragement and involvement to enhance choice making, in particular in relation to the preparation of food and drink as well as undertaking activities. Some evidence of capacity assessment was demonstrated within the initial assessment documentation from Social Services prior to people using the service. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was included in the training programme that all staff were required to participate in.

Good

Is the service caring?

Our findings

People said the staff were nice. One person said “All the staff are friendly”. Relatives said “The staff will always go the extra mile”, “All the staff are approachable”, “[Name] had good days and bad days while staying at Creative Support Respite [Thyme Lodge] but the staff were always calm and nothing was too much trouble for them” and “Creative Support Respite [Thyme Lodge] has very welcoming staff”.

Quotes within compliment cards received included; “I just want to say thank you for all that you did by helping in an emergency situation”, “[Name] always looks forward to coming to stay” and “Thank you for making [Name] happy and comfortable for the last few months”.

Staff interacted positively with people. They supported people to attend a New Year's Eve disco/party. People were offered choice and encouraged to participate at all times. One person said they enjoyed colouring and talking to staff. People said they had chosen what to wear and had been supported to get ready if they needed this.

People received care and support from a regular team of staff that were familiar to them. Relatives confirmed that there was a regular and consistent staff team that understood people’s needs. People told us the staff knew and understood people really well. Staff said that they felt they had opportunities to develop good rapport with families and relatives confirmed this.

Daily records were maintained of the care and support people had received or had been offered throughout the day. They included choices of activities, food, drinks, as well as what time people wanted to get up and go to bed.

The staff had good knowledge and understanding of people. Staff spent time getting to know individuals and to understand the best way to support them. Staff were motivated and passionate about making a difference to people’s lives. Staff spoke positively about working for the registered provider, comments were, “This is a good staff team and everyone gets on” and “I feel really well supported in my job”.

Staff were respectful of people’s privacy and maintained their dignity. For example they gave people privacy whilst they undertook aspects of personal care and remained nearby to maintain the person’s safety. All staff had undertaken training in relation to dignity and respect. Within all staff files there were dignity champion certificates. All staff had undertaken dignity champion training and had pledged a commitment to this. Dignity champions believe that being treated with dignity is a basic human right. They believe that care services must be compassionate and person centred. Care plans were very detailed and included people’s likes and dislikes as well as specific detail relating to each person. One record included information about non verbal communication for a person that did not speak. It gave staff clear guidance about how to meet that person’s needs.

People were supported to express their views in ways that were meaningful to them and to be involved in making decisions about their care and support. This meant people were valued and treated as individuals with an opinion. The registered manager had regular contact with all people who used the service and where appropriate their relatives.

People had access to information from an organisation that provides an advocacy service to people with learning disabilities. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people’s rights and responsibilities.

Good

Is the service responsive?

Our findings

Prior to people using the service the registered manager visited them at their own home to assess their needs and discuss how staff could meet their wishes and expectations. From these assessments comprehensive care plans were developed, with the person and where appropriate with the involvement of their relatives, to agree how they would like their care and support to be provided. People's care plans were reviewed each time they stayed at the service to ensure information was up to date.

Care plans were person centred and detailed each person's specific needs and how they liked to be supported. Daily records detailed activities undertaken throughout each day, choices offered and information relating to personal care, medication, food and nutrition.

Care plans were reviewed regularly and were updated as people's needs changed. Evidence of reviews and updates was seen within the care plan files reviewed. Staff said they always had information regarding new people entering for respite a few days before they arrived. They said they felt they had a good understanding of the person through the care plans before they met them. They said the care plans held all the information they required to provide the right care and support specific to each person's needs. Staff demonstrated a good understanding of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People had a hospital admission document referred to as a hospital passport which included medical history, communication, mobility, personal care requirements, dietary needs, likes, dislikes and responses required for the management of behaviours. These were reviewed regularly to ensure they remained up to date.

One person said "I can talk to any staff or the manager if I had a problem". People knew how to make a formal complaint if they needed to and they said the manager was very responsive to any concerns raised. A visiting healthcare professional told us the registered manager is very open to feedback. There was a complaints policy in place with a clear procedure to be followed. People had access to a complaints procedure in appropriate formats including written, easy read, pictorial and DVD which supported people to raise concerns or complaints. The complaints procedure included a reflection on learning and what systems can be put in place for future improvements.

A relative reflected on a health crisis that they had experienced which had resulted in them requiring emergency respite for their family member. They described the positive response from the manager and staff which included contacting [Name's] social worker and collecting [Name] to take them in to Creative Support Respite [Thyme Lodge] for an extended period of respite. They said the manager and staff went the extra mile.

On the day of our visit people went on an activity to a New Year's Eve disco/party. They said they looked forward to these special parties. They said they had previously attended a Christmas party and a Halloween party. They stated they enjoyed the activities arranged at Creative Support Respite [Thyme Lodge]. On their return they talked positively about the disco/party and how the staff had participated fully with them. The member of staff talked positively about the culture of the service.

Good

Is the service well-led?

Our findings

The registered manager was committed and knowledgeable in their role. Staff told us “I know I can talk to the manager”, “The manager is great and I feel really supported by her”. Relatives said “She is the best manager and so good to talk too”, “The manager is extremely supportive” and “The manager will go the extra mile”.

The registered manager was active in ensuring a good team ethic and promoted regular communication through supervision and team meetings. She was open to all views including constructive feedback and everyone said they would be comfortable with raising any concerns with her. She was knowledgeable about the people who received support. Everyone including people who used the service, relatives and staff spoke highly of the registered manager, seeing her as a good support who led by example. They said the registered manager was approachable and dependable.

Staff meetings were held regularly throughout the year. Staff meetings were very well attended. Minutes from the meetings were recorded and shared with any staff that were unable to attend. Staff signed to record they had read and understood the minutes.

There were effective systems in place to manage staff rosters. The needs of individual people were considered ahead of the preparation of staff rosters. Some people required additional staffing resources to meet their individual needs. Staff said they always had their roster well in advance of the start date.

Regular daily, weekly and monthly audits took place including cleanliness of the environment, health and safety and daily records. A comprehensive quality audit which covered all areas of the service was undertaken each month by the registered provider. The process included action plans with completion dates. This demonstrated the registered provider's commitment to continually improving the service and ensuring the quality of the service provision for people.

Medication audits were also completed regularly to identify any areas for improvement. Audits are undertaken to identify areas for development or improvement as well as identifying good practice.

Systems were in place to check that accidents and incidents were recorded and outcomes were clearly defined, to prevent or minimise re-occurrence.