

Cream Holdings (Taunton) Limited

Osborne House

Inspection report

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Date of inspection visit:
20 April 2022
18 May 2022

Date of publication:
14 July 2022

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Osborne House is a supported living service. It provides care and support to two people who have a learning disability who live together in one house in Taunton (called 'Roy's Place'). They are supported by a very small team of four care staff. There are no immediate plans for the service to provide care to any new people, although they may in the future.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

People were supported to have maximum possible 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.

People were supported by staff to be involved in all decisions about their care and support. Staff used communication methods which were personal to the individual to enable them to express themselves. People's families felt involved.

People received personalised care and support which was completely built around their needs and preferences. People had their own small staff team who they knew and trusted.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported by staff to pursue their interests and take on new challenges to enhance their quality of life. People led very active and social lives and were able to try new things that interested them.

Staff supported people to achieve their aspirations and goals. One family member told us "He has learned a lot since moving here and he is a lot more independent. He makes a lot more choices. I am delighted as he now has a whole different life to what he had before."

Staff enabled people to access specialist health and social care support in the community.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care and support plans reflected people's needs and preferences and this enhanced their wellbeing and enjoyment of life. Staff had an excellent understanding of people's needs and were flexible to enable them to meet changing needs and wishes.

People received care that was focused on their quality of life and followed best practice.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by a management team who worked hard to promote a culture where people were valued and respected as individuals. This culture enabled people to develop and flourish. Staff spoken with were committed to the values of the organisation.

The culture and practice of the organisation achieved positive outcomes for people. This had resulted in people being happier and more content and a reduction in the number of staff needed to keep them safe.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their specific needs.

Staff placed people's wishes, needs and rights at the heart of everything they did.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Everyone was cared for and valued as the individual they were. All care was tailored to their individual needs.

People and those important to them were involved in planning their care.

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

Why we inspected

This service was registered with us on 16 February 2021 and this is the first inspection.

Follow up

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

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.

Osborne House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in one '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. This means that they 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 the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection. Also, people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 April 2022 and ended on 18 May 2022. We visited the office location on 29 April 2022 and visited the people who use the service at their home on 18 May 2022.

What we did before inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all the information we had received about the service since it was registered with us. We used all of this information to plan our inspection.

During the inspection

We met both people who used the service at their home. One person was able to talk with us about their service; the other person was not able to communicate verbally. Staff told us they did have a good level of understanding if information was provided in the right format, for example clear verbal information with visual cues, so staff supported us with this. We also spoke with two relatives to gain their views of the care and support provided.

We spoke with three members of care staff. We also spoke with the registered manager and the provider's quality assurance and compliance manager.

We reviewed a range of records. This included both people's care records and their medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, staff training records and staff meeting minutes were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at medication records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Relatives told us staff kept their family member safe. One relative said, "Yes, it is a safe place for [name] to live." Another relative told us, "I am more than happy with all of the safety standards in place."
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Risks to each person and to staff were assessed and plans put in place to reduce or eliminate risks where possible. People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- The service helped keep people safe through formal and informal sharing of information about risks.

Staffing and recruitment

- People were involved in recruiting new staff. Both played an active part in interviews; these were held in their home to ensure both people felt at ease. People asked their own questions and were able to choose their preferred staff.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- The service had enough staff, including for one-to-one support for people to attend college, social events and visits out how and when they wanted. One relative said, "The house is staffed 24/7. Staff are there all the time and I insisted on that before the move. They wouldn't be able to live there if staff weren't there all the time as they need people to keep an eye on them."
- There was a very small team of four care staff. Relatives said they liked and trusted staff. One relative told us, "The staff are all brilliant. They are all different and they make a good team so [name's] in good hands."
- Both people's care plans contained a 'profile page' which had been written with input from each individual and their families. These gave staff essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely
- People received their medicines safely from staff who had received training and had their competency assessed. This helped to ensure staff followed safe medicines administration.

- There was guidance for staff to follow to make sure people given medicines in accordance with their wishes and chosen routine. This included a protocol for medicines being given on an as required basis.
- People were encouraged to take control of their own medicines in accordance with their understanding and ability. For example, one person was able to complete parts of their medication administration with supervision and support from their staff team, with a future goal being to self-administer their own medication.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.

Learning lessons when things go wrong

- People received safe care because staff learned from any accidents and incidents which occurred.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the manager investigated incidents and shared lessons learned.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- This service was designed specifically to meet the needs of the two people currently being supported. This enabled them to move from one of the provider's care homes to their own home. One relative said, "This was a long, thought out plan over a number of years for [name] to move to this type of service. Years ago I wouldn't have thought this type of service would work but it certainly does."
- People's care plans set out their current needs, plans to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. One relative said, "We thought [name] would flourish more in a less formal care environment. He has learned a lot since moving here and he is a lot more independent. He makes a lot more choices. I am delighted as he now has a whole different life to what he had before."
- People, those important to them and staff reviewed plans regularly.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant, good quality training. This included training in the wide range of strengths and impairments people with a learning disability and/or autistic people may have, positive behaviour support, human rights, nutrition and all restrictive interventions.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "We have regular supervisions. Our manager [name] is absolutely brilliant. She invites us to progress."
- Staff could describe how their training and personal development related to the people they supported.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals. One relative said, "[Name] goes to college and he does domestic chores, things like cooking which crosses over to his home life as he can help carers prepare the meals and go shopping."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Supporting people to live healthier lives, access healthcare services and support

- People had health plans which were used by health and social care professionals to support them in the

way they needed.

- People, and those close to them, played an active role in maintaining their own health and wellbeing. One relative said, "Staff are very good with his healthcare and there's very good communication with his GP. I can also email the GP and I've helped organise things like vaccinations; the staff have been brilliant."
- People were supported to attend annual health checks, screening and primary care services. People were referred to health care professionals to support their wellbeing and help them to live healthy lives as required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making. When a person had been assessed as lacking mental capacity to make a certain decision, staff clearly recorded assessments and any best interest decisions. One relative said, "I've always been involved; they've [staff] always had me involved in decisions about [name's] care. I have just spoken to [one health professional] as the treatment will involve [name] being sedated".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff members showed warmth and respect when interacting with people. Relatives thought staff were kind and caring. One relative said, "The staff all love [name] deeply and he's very happy." Another relative told us, "[Name] seems very happy in himself."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff saw people as their equal and created a warm and inclusive atmosphere. One relative told us, "The staff who work in the house are very good. I cannot fault them. All four of them go the extra mile and they are genuinely caring people."
- Staff were observed to be calm, focused and attentive to people's emotions and support needs. When an individual became upset, staff were observed to offer support and reassurance.

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

- People felt listened to and valued by staff. One person told us that if they felt unhappy, they would go to staff.
- People, and those important to them, took part in making decisions and planning of their care. One relative said, "I've always been involved [in care planning and reviews] and they [staff] do listen to what myself and my husband had to say."
- Staff took the time to understand the persons individual communication styles and develop a rapport with them. The people who lived at the home had built trusting relationships with a small, consistent staff team that had supported the people for a number of years.
- People were enabled to make choices for themselves in all aspects of their life. For example, people had gone to car showrooms and chosen their own cars.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One staff member said, "Both people have come such a long way in just a year. It has surprised all of us."
- People were supported to learn independent living skills. Staff supported people to take part in activities of daily living which helped them to be independent. These included supporting with all aspects of everyday living including laundry and preparing meals and drinks.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- People had care and support plans that were personalised and included their physical, emotional and health needs. Care plans accurately described the care being delivered by staff and were updated regularly.
- The service was specifically designed for the two people who currently used it. It was tailored to their individual needs, wishes and aspirations.
- People's lives had been changed by the planning and practice of person-centred care. The registered manager told us "It has been such a success and [both people] have changed so much. It has been great to see them making their own decisions about their lives." Staff told us that the move "Literally transformed their lives as they now have the spontaneity to do the things they want". One person told us "Its loads better than the other house".
- Their move to this service was handled carefully with relatives fully involved at every stage. One relative said, "The house is lovely. I was very involved when they got the house."
- People's support was focused on their quality of life and outcomes. Staff used person-centred approaches to discuss and plan with people their goals and aspirations. This included holidays they wished to go on and all aspects of setting up their new home. Staff told us "We are here supporting them to do as much as they can".
- The person-centred approach used had led to a reduction in the support people needed. People's anxieties had reduced, and one person now required less support with personal care. Relatives commented on the changes they had seen in the family member. One relative said, "[Name] has an excellent life. I'm delighted. It is very much a supportive environment. I have absolutely no criticism of the service at all."

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.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication when people were trying to tell them something.

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

- People made choices about who they wished to live with. Two people who used the service shared a house. When the people had moved to their current home the staff had worked with other professionals to make sure the people wished to remain together and that it was in their best interests to do so.
- People were supported to participate in their chosen social and leisure interests on a regular basis. People had very active lives within their community, which were chosen by them.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were able to stay in regular contact with friends and family.
- People were supported by staff to try new things and to develop their skills. Staff helped people to have freedom of choice and control over what they did. Staff enabled people to broaden their horizons and develop new interests and friends.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. This included college courses to develop independent living skills.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff would support them to do so.
- Although there had not been any complaints, we were assured that the service would treat all concerns and complaints seriously, investigate them and learn lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instill a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager told us that the culture is "One of constant striving for their independence, supporting new living skills and living the life people choose to live".
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- Staff felt respected, supported and valued which supported a positive and improvement-driven culture. One staff member said, "We [staff] all feel privileged to work here. We feel trusted and everyone knows we want the best for [both people]. It is an extension of our own home lives. [Both people] have come on leaps and bounds; it is so lovely to see. We all love our jobs."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "If we have any problems, they [managers] make time for us, we are not judged if we have something to say."

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

- The service would apologise to people, and those important to them, if and when things went wrong. Staff gave honest information, and suitable support, and would apply the duty of candour where appropriate.
- Relatives felt they were kept fully informed.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes possible. Staff were observed to also share this

vision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. One relative said, "They [managers and staff] have been very good at involving me. They always have been."

Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing.