

Creative Support Limited

Creative Support - Leonora Street

Inspection report

20 Leonora Street
Burslem
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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: 20 Leonora Street is a nursing home, providing personal and nursing care for up to 16 people with long term, complex mental health needs. At the time of the inspection there were 14 people living at the home.

People's experience of using this service:

People who used the service were supported safely. People accessed a range of activities and attended day trips. People were supported to be independent. People's choices and preferences were known to staff and respected. Staff were caring, kind and respectful. People's privacy and dignity was promoted.

People had care plans and risk assessments in place which gave staff guidance to effectively support them. Staff supported people, with their individual preferences and people's needs were met. The provider had plans in place to improve the environment.

The provider had systems in place to monitor the service and ensure risks to people and the environment were reduced. Lessons were learnt when things went wrong and systems were updated or improved if needed. The managers were responsive and approachable to both people that used the service and staff. They had a clear understanding of their responsibilities of their registration with us.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

At the last inspection the service was rated as; Requires Improvement (report published 10 February 2017)

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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.

Creative Support - Leonora Street

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type:

20 Leonora Street is a nursing home, providing personal and nursing care for people with complex mental health needs. CQC regulates both the premises and the care provider, and both were looked at during the inspection.

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:

The inspection was unannounced.

What we did:

We used the information we held about the service, including notifications. A notification is information about events that by law the registered manager should tell us about, for example, safeguarding concerns, serious injuries, and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return to formulate our inspection plan. A Provider Information Return is key information we require from providers on an annual basis giving us some key information about the service.

We spoke with two people who used the service and one relative. We spoke with one support worker, one nurse, the activities coordinator, the cook, the deputy manager and the registered manager. We viewed three people's care records, we looked at how medicines were administered, stored and recorded. We looked at documents relating to the management and administration of the home, including three records for staff that were employed at the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- Medicines were administered, stored and managed safely. Although when checking the medicines stock level for some PRN (also known as 'as and when required medicine') we identified that the number of tablets held in stock did not match the providers records. However, the registered manager and the deputy manager implemented a new process immediately, which would ensure that all PRN medication stock was checked daily.
- Procedures and protocols were in place to ensure that people received their medicines as prescribed.
- Staff had received training in the safe administration of medicines.

Staffing and recruitment:

- We observed that there were enough staff available to support people and their needs, which lowered people's risks and staff knew people well.
- People felt that there were sufficient numbers of staff available to provide their support and that staff were available when they needed them. When asked if they received the help they needed, one person said, "I get a quick response."
- We spoke with a health professional about the staff and they said, "Staff are really responsive they are a lovely team, they clearly care about the patients they work with."
- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Systems and processes to safeguard people from the risk of abuse:

- Staff understood their responsibilities in relation to keeping people safe from abuse. Concerns were acted on and reported to the local authority and the registered manager had systems in place to ensure people's risk of abuse were mitigated.

Assessing risk, safety monitoring and management:

- One relative told us they felt their relative was safe, they said, "I like [person's name] living here, I can go home happy, the staff are great. Could not fault it, [person's name] is safe here."
- People told us they felt safe, one person said, "Yes, no one will hurt me. I suppose I would tell someone but that doesn't happen to me."
- People's risks were identified and recorded in care plans.
- Staff knew people's risks and support was in place to ensure their safety was maintained.

Preventing and controlling infection:

- The service was clean and free from odours.
- The home had received a five-star rating from the Food Standards Agency, (FSA) meaning that the service had good food hygiene.
- Systems in place ensured the risk of infection was prevented. Staff were knowledgeable in how to prevent the risk of infection and follow the correct procedures.

Learning lessons when things go wrong:

- There were systems in place to learn from incidents that had occurred. The registered manager and deputy manager analysed incidents that had occurred and took proactive action to reduce further incidents; keeping people safe from harm. Lessons were openly shared with staff and actions were appropriately taken.

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.

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:

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs.
- Clear and comprehensive care plans were in place, which detailed people's preferences, including protected characteristics under the Equalities Act 2010 such as; age, culture, religion, sexuality and disability.

Staff support: induction, training, skills and experience:

- Staff received an induction and training which supported them to deliver effective care to people.
- There was a staff training matrix in place which confirmed staff training was taking place.
- Staff had their practice observed to ensure they were delivering effective care and support.

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

- People told us they enjoyed the food and we saw people were asked if they would like anything different on the menu.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risk of choking.
- The cook knew people well and knew people's dietary needs, including how to prepare people's meals for those at risk of choking.
- We saw staff supporting people during meal times in line with advice received from health professionals and what was documented in the care plans.

Staff working with other agencies to provide consistent, effective, timely care:

- We observed staff working alongside other professionals, such as mental health nurses to ensure the care received was consistent and effective.
- People were given the opportunity to visit and spend time in the home before moving in on a permanent basis.
- Staff carried out handover meetings to ensure people continued to receive continuity of care between staff shifts.

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

- People received a high level of access to healthcare professionals, for example; Opticians, Dentists, Chiropodists.
- People had healthcare plans in place to ensure their health and wellbeing was being effectively

monitored.

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

- People chose the colour of their personal bedrooms and we saw people chose furniture to their personal taste.
- The service had plans in place to upgrade the communal bathrooms.
- The service was accessible for those needing to move around in wheelchairs and equipment was available to ensure people were supported safely.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- The registered manager had systems in place to ensure referrals had been submitted to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Staff treated people in a kind and caring way. One relative told us, "We have never been worried about [person's name] being here, all the staff are lovely."
- Staff had positive interactions with people and were very calm in their approach. They used words of encouragement, to either ensure the persons safety or to engage them in being involved.
- People were supported to maintain relationships with families and friends. The registered manager told us visitors were always welcomed into the home. A professional told us, "Staff will raise any patient concerns with me. Communication is brilliant by phone, emails, and I can pop in anytime, there is always a cuppa."

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

- People were supported to express how they wished to receive their care and this was recorded in their care plans.
- Staff understood people's individual communication methods and preferences and supported people in a way they liked.

Respecting and promoting people's privacy, dignity and independence:

- We saw that staff respected people's privacy, dignity and promoted independence. Staff spoke to people in a respectful and manner showing patience and understanding.
- Staff had a clear understanding of the importance of promoting people's privacy and dignity. One staff member told us, "It is a standard thing we do, we support people's personal care in their own rooms."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People enjoyed and had a choice of the activities they took part in. People were openly asked what activities or 'days out' they would like to do. One staff member said, "I pay attention and listen to them (people), it is important that they do things they are interested in and not what I want them to do. I have read their care files and picked things up from them, what their preferences are, they gave me a good basis to start from. Someone for example, likes to go swimming, so I approached them and asked if they would like to go swimming, and after some work they were able to go out swimming. It is really important to listen to what they want, they are people and they have a say. They are individuals and have their own preferences and we should listen to that and give them choice, it is really important it is about empowering them."
- Staff understood people's preferences. One staff member told us, "Family members tell us about their likes and dislikes and any information that can help us deliver the best care we can." Another staff member said, "Some preferences are known, but we can learn about people's preferences as we go along, for example; if they do not like a certain food, they will tell the cook and we will update their file. It is about given them a choice."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified and communication needs were met for individuals.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure in place. At the time of the inspection the service had received one complaint within the last twelve months. The provider had followed their procedure and investigated the complaint. The provider responded to the complainant and the complaint was resolved.
- Relatives understood how to make complaints. One relative told us that they have never had to complain.

End of life care and support:

- The service held discussions with people regarding their preferences in relation to end of life, they called this 'My perfect send-off', the discussions were done respectfully and pitched to people in a sensitive way which were catered to people's understanding, using easy read material. This ensured that people had their final wishes noted down in the care plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- There was an open and transparent atmosphere within the service and staff told us they enjoyed working there.
- Staff were positive about the registered manager and the deputy manager. One staff member said, "Management always have time for you, if anything is ever wrong you can always approach them." Another staff member said, "I think the service is well managed, especially recently with the activity plans and the resident's meetings." One relative told us both managers were lovely people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; the provider plans and promotes person-centred care, high-quality care and support, and understands and acts upon duty of candour responsibility when things go wrong:

- The provider had quality monitoring systems in place that were effective. When quality audits identified areas of improvement the registered manager was quick to act on improvements being made.
- The registered manager understood the responsibilities of their registration with us. They had submitted notifications to us as required by law and the rating of the last inspection was on display in various places throughout the service.

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

- Staff told us they involved people and family members as much as possible in planning for people's care. One relative said, "Yes I get asked questions about [person's name] care."
- We saw that people were involved in decisions in what the service offered in regard to the menus and activities.
- The registered manager told us they received feedback from people through the resident's meetings and through talking to relatives. However, it was recognised that this could be improved and extended to a wider audience and told us plans were in place to further embed and encourage feedback.

Continuous learning and improving care:

- Staff shared information and concerns regarding people's care in an open and transparent way, meaning that people's care was being monitored effectively.
- The registered manager informed us that information is disseminated to staff through the internal staff monthly meetings.
- Staff had observational practice overseen my management to ensure people were receiving quality care.

Working in partnership with others:

- The management team and staff worked with other professionals to ensure people received consistent care and that their health and wellbeing needs were being met. A health professional we spoke with said, "The management are brilliant. They are really warm, welcoming, helpful, they really are very passionate about what they do it comes off them in waves. I am very confident in their ability."
- We observed open dialog between health professionals and management meaning that people were receiving effective care in relation to their needs.