

Crediton Care & Support Homes Limited

Creedy Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Creedy Court is a residential care home without nursing for up to 18 people who live with a diagnosis of learning disability and/or autism. The service was providing personal and nursing care to 18 younger and older people at the time of the inspection.

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people as accommodation was split into two distinct wings, Eastleigh and Westleigh as well as two semi-independent studio apartments. The home was in keeping with other residential properties in the local area.

People's experience of using this service:

- People said they liked living at Creedy Court. They said they felt safe and happy at the home.
- People and relatives said that staff were kind and knowledgeable about the people they supported.
- Staff worked in partnership with health and social care professionals to ensure people received the support they needed if they became unwell or if their presentation changed. Health professionals described how staff referred people to them appropriately and worked with them to support people's health needs.
- People were supported to receive the right medicine at the right time, by staff who had been trained to administer and manage medicines.
- Care records described individualised care for people living at Creedy Court, taking into account their risks, needs and preferences.
 - Staff were observed working with people in a kind and caring way, taking time to find out what the person wanted before supporting them appropriately.
- People were encouraged to live as independently as possible, doing activities of their choice. People were involved in choosing food they liked and were encouraged to eat healthily.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting their choice and independence as well as through inclusion in the local community.
- Staff were recruited safely and underwent an induction to ensure they understood the principles of good care. Staff were expected to refresh training at regular intervals. Although not all staff were up to date with their training, the registered manager and senior staff were aware of this and were taking action to address it.
- There was a risk of infection in the laundry on the first day of inspection. Improvements to the layout of laundry room and the procedures that staff had to follow were undertaken during the inspection. This meant that people were better protected from the risk of infection. Other areas of the home were clean and well maintained.
- The décor of some areas was being improved. Staff working at Creedy Court ensured that people were kept safe and disruption to them was minimised when environmental improvements were being undertaken.
- Where people were subject to restrictions to ensure their safety, staff worked within the requirements of

the Mental Capacity Act 2005.

- People were protected from the risks of abuse by staff who were understood how to keep vulnerable people safe.
- There was an experienced manager in post who had been registered with the Care Quality Commission for a number of years.
- Monitoring the quality and safety of the service had not identified some environmental issues.
- The providers visited the service frequently and were aware of their role in ensuring the service was providing safe, effective care which supported people well.
- When incidents and accidents happened, these were reported appropriately, investigated to learn why they occurred. Learning was used to improve the service.

We have made one recommendation about involving people, families and staff in service improvement.

Rating at last inspection: Good (The last report was published on 13 June 2018)

Why we inspected:

This was a responsive focussed inspection brought forward due to information of risk or concern.

Follow up:

We will continue to monitor the intelligence we receive about the service and re-inspect the service in line with our regulatory framework. 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Creedy Court

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.

The inspection was prompted in part by information about potential concerns we had received about the service and some of the care provided. The concerns raised specifically referred to restrictions on food people were allowed to eat and the times when people were able to eat, which may not have been in their best interests.

The concerns had been reported to the local authority who investigated them. Since the inspection, we have been informed by the local authority that none of the concerns were upheld.

Inspection team:

One adult social care inspector

Service and service type:

Creedy Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 18 people. At the time of our visit there was 18 person using the service.

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:

Before the inspection we reviewed information held on our systems, this included notifications we had

received from the service. A notification is information about important events, which the service is required by law to send us.

We had also sent the registered manager details of the concerns raised and asked for a response to the allegations. They had sent a written response which we reviewed prior to the inspection. We also contacted a team of healthcare professionals, who provided feedback.

The provider had not been requested to send a Provider Information Return (PIR) since the previous inspection in April 2018. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met most of the people who lived at Creedy Court and spoke with seven of them. Some people did not have verbal communication skills so we spent time in communal areas observing interactions between them and staff. We also spoke with one of the providers, the registered manager, 11 staff, two maintenance contractors and a visiting healthcare professional.

We reviewed four people's care records, records of accidents, incidents and complaints. We also looked at audits and quality assurance reports.

After the inspection, we contacted 10 relatives of people living at Creedy Court. We received two responses. We also contacted five health professionals, the GP practice where people are registered and a team of mental capacity advocates who have provided support to people in the home. We did not receive any responses.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not adequately protected from the risk of infection in the laundry. On the first inspection day, clothes were hanging on a line which was directly over a bin where dirty laundry bags were thrown away. This meant that there was a risk that clean clothes could become contaminated. The line also obstructed staff from easy access to the handwash basin. This meant staff could not easily wash their hands.
- The floor was made of porous concrete which was an infection risk. Although since the last inspection, the floor had been painted with a non-porous paint, this had worn away exposing the concrete.
- By the second day of inspection, actions had been taken to address the infection control risks in the laundry. These included removing the washing line, repainting the floor and ensuring there was more space to keep clean clothes separate from dirty washing.
- Records showed that 22 of the 43 staff, including the registered manager, had never completed, or were not up-to-date, with infection control training. This training was identified as essential for all staff. Action had been taken to remind staff that they should complete the training..
- Staff were able to describe the importance of infection control when supporting people with personal care. Staff were observed using personal protective equipment such as disposable gloves and aprons and washing their hands frequently.
- There were housekeeping checks and audits undertaken to ensure communal areas and bedrooms were clean and infection free.
- Where there had been an outbreak of illness, staff had followed appropriate guidance to ensure people were protected.

Systems and processes to safeguard people from the risk of abuse

- Records showed 17 out of 43 staff were not up to date with mandatory training about how to protect vulnerable people from the risks of abuse. However, staff described the actions they would take if they had a concern. This included reporting concerns to senior staff and the registered manager. .
- The registered manager and senior staff had reported safeguarding concerns appropriately to the local authority. Where required by the local authority, the registered manager had undertaken investigations into allegations.
- The registered manager and senior staff had acted to keep people safe where abuse had occurred. This included reviewing and revising the person's risk assessments and care plans.

Assessing risk, safety monitoring and management

- Risks to people had been assessed when they first started using the service. Care plans took into account these identified risks. For example, one person was identified as at risk of social isolation. Actions such as

staff checking regularly to see if the person wanted company were described in their care plan. Another risk to the person described how they could display behaviours that challenged others. The risk assessment gave staff information about how the person might present, what the risks were as well as what action staff should take to minimise the risks. Staff were able to describe each person and understood their assessed risks and needs. Staff were also seen working well with one person who presented challenging behaviour, supporting them to become calmer and more relaxed.

- Risk assessments were updated regularly and whenever there was a change in a person's presentation.
- Care records were accurately maintained, complete and securely stored.
- Environmental risks, including risks to premises and equipment were monitored. However, checks had not identified the infection risks in the laundry. Another environmental risk was a freezer in an open hallway. This was a potential risk to some people as it was not secured; people could have taken and consumed food, which required cooking before eating.
- A relative commented "The home could do with some re-decorating and refurbishment in parts, but on the whole, appears clean and well cared-for. During the inspection, external contractors were decorating both communal areas and some bedrooms.
- Appropriate measures were taken to ensure each person remained safe while contractors were decorating. Contractors described how they worked with staff in the home to ensure there was minimal disruption. The contractors also said they were very aware of the risks in terms of tools and equipment, so did not leave these lying around.

Staffing and recruitment

- There were enough qualified, skilled and experienced staff on duty to meet people's needs.
- Staff rotas took into account the needs of people at different times of the day and the activities people were planning to do. For example, where a person was being supported in the community, the staffing levels were adjusted to ensure they were accompanied by staff, without impacting on the staffing levels needed by people who were within the home.
- People, their relatives, staff and health professionals said there were enough staff to support people safely. For example, a visiting health professional commented "Staff are always available and stay with me, they are always willing to help." They also added "Very person-centred care - for example staff were aware of my visit, and allowed time to make sure that I was supported to meet [person]."
- Staff were observed working with people in an unrushed manner, taking time to ensure that the person was supported at their own pace and at a time that suited them.
- Staff had been recruited safely with checks being carried out to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff showed immense care to people when administering their medicine, taking time to discuss with them how they felt and encouraging them to take their medicine in their own time, without rushing.

Learning lessons when things go wrong

- Staff understood their responsibility to report and record any incidents that occurred.
- Accident and incidents were reviewed by senior staff, including the registered manager.
- Themes and trends were analysed to see whether action could be taken to reduce the risk of a similar incident occurring.
- A relative commented "There have been a couple of incidents of minor injuries in the last couple of years, but staff responded quickly and comprehensively in providing treatment, and in putting measures in place

to ensure that the particular circumstances which led to the injuries would not happen again."

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

- A relative commented "...staff make every effort to give residents as much freedom and choice possible."
- The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence. For example, a member of staff asked one person what they wanted to do after a film they had been watching came to an end. The person said they wanted to listen to a music channel, which the member of staff changed the TV to.
- People's care needs were assessed and reviewed regularly as well as when there were changes to their physical, mental or emotional needs.
- People were involved, as far as possible, in planning their care and their wishes were respected. For example, one person explained they would choose when they went out and which member of staff would accompany them.
- People said staff asked their permission before supporting them with tasks of everyday living including personal care.
- Staff knew which people lacked capacity to make certain decisions and described how they supported people to be as independent as possible.

Staff support: induction, training, skills and experience

- New staff completed an induction which was based upon the Care Certificate. This is a nationally recognised course which introduces care workers to 15 standards of good care
- Staff were expected to complete mandatory training when they first joined the service. Staff were also expected to refresh their training at regular intervals. Although not all staff were up to date with their training, there was evidence that senior staff were aware and taking action with individual staff to address this.
- Staff were supported by taking part in regular supervision and appraisal meetings with a senior member of staff. During these meetings, their performance, training needs and issues they might have were discussed.
- A relative said they were; "Very pleased with almost all aspects of [person]'s care at Creedy Court, and we are indebted to the professional and personable work of all the staff who come into contact with [person]. We would not want him to be anywhere else."
- Staff knew people and their needs well and were skilled in caring for people. Staff were able to describe each person they supported, showing insight into the care the person needed and wanted. For example, one person was reluctant to have blood tests.
- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was aware of their responsibility to meet the Accessible Information Standard. Staff were able to interpret people's needs in different ways. For example, one

member of staff explained the words one person used which showed they were happy or sad. Staff also communicated knowledgeably with another person who did not have verbal communication. They did this by being able to read the signs they made when they wanted to do something such as take a walk.

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

- Prior to the inspection, we had received concerns that restrictions on people were being made in terms of what food and drink they could consume and when they could have meals. We found no evidence to support these allegations. People were offered food at times to suit them. For example, one person had chosen to eat breakfast late in the morning of the first inspection day. They therefore did not wish to have lunch when other people were eating theirs. Staff said this was often the case and they therefore would ensure the person was offered food later in the afternoon. Later that day, the person was seen eating some food of their choice.
- People were supported to have a varied and healthy diet of their choice.
- Where people needed help to eat and drink safely, staff spent time with them, encouraging them by offering food.
- Where people had specialist needs and preferences relating to food, staff ensured these requirements were addressed.

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

- The service was larger than that recommended in Registering the Right Support (RRS). However, the building had been developed to provide two separate wings, Eastleigh and Westleigh as well as two semi-independent studio apartments. This meant that people were supported to be as independent as possible. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People's health care needs were monitored and changes in their health prompted a referral to their GP or other healthcare professionals.
- Staff worked closely with people, which helped them to recognise changes to people's health promptly.
- Records showed, and health professionals confirmed that referrals were made appropriately. One health professional commented that staff worked "Work in very coordinated way with me."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was acting within the principles of the MCA. This included assessing whether people had capacity to make decisions about where they lived. Applications for DoLS authorisations had been made. Where DoLS had been authorised, there were systems in place to apply for a re-authorisation in a timely manner.
- Staff and the registered manager had a good knowledge of the MCA framework and encouraged people to make choices wherever possible.
- The service ensured that where necessary, people were supported by independent advocates including Independent Mental Capacity Advocates (IMCA) and Relevant Paid Person Representatives (RPPR).
- People had been involved where possible in completing their 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and senior staff took an active role within the running of the home and had good knowledge of the staff and the people who lived at Creedy Court.
- Staff said they were able to speak to senior staff, when they needed advice or support.
- A shift leader spent time at the end of each shift, giving a comprehensive handover to the staff coming on duty. This helped to ensure that the staff coming onto a shift were aware of concerns and things of importance for each person. For example, appointments that a person needed to go to, activities they had planned and their mood and behaviour in the preceding hours.
- The service informed relatives of any concerns if an accident occurred and fulfilled their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was experienced and understood their role. They were supported by the deputy manager, two administrators and senior support workers to ensure the quality performance, risks and regulatory requirements.
- Staff had not remained up to date with training which meant they may not be fully aware of current national guidance and best practice in supporting people safely.
- There was a governance framework which supported monitoring and managing quality and safety. However the systems were not fully effective in identifying and addressing quality and safety concerns.
- The registered manager was aware of their responsibilities to provide information to CQC in line with statutory requirements.

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

- People and staff said they were involved in improving aspects of the service. For example, people had chosen paint in communal areas.
- One relative said their opinion about the quality of the home was not sought. However, they also said they did not have frequent visits to the home and therefore only had limited contact with staff at Creedy Court. Another relative commented "We trust and believe that the management of Creedy Court can - and do - manage improvements to the home in as good a way as resources allow."
- Staff meetings were held although some staff said team leader meetings with the registered manager and/or the deputy manager were not held as regularly as they liked. They said this sometimes led to communications being missed.

We recommend the provider considers systems to involve and engage people, their relatives and staff in improvements in line with best practice guidance

Continuous learning and improving care

- There were systems to ensure that there was continuous learning which supported improvements to the care of people. A new staff structure had been implemented to support better communications between management and support staff.
- Senior staff worked alongside support workers to monitor the quality of care provided and to identify where improvements could be made.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision. A health care professional confirmed the service worked in partnership with them. They said staff followed their advice which enabled the person to receive high quality personalised care.