

Craegmoor Supporting You Limited

Craegmoor Supporting You in Cambridgeshire

Inspection report

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Date of inspection visit: 18 & 23 June 2015
Date of publication: 05/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Craegmoor Supporting You in Cambridgeshire is registered to provide personal care to people in their own homes. The number of hours of care provided to each person varies depending on their individual needs. The service is provided to people with a learning disability.

This announced inspection took place on 18 and 23 June 2015. The previous inspection was undertaken on 4 July 2013 and we found that the regulations which we assessed were being met at that time.

At the time of the inspection there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Staff knew what actions to take if they thought that anyone had been harmed in any way. However, the correct reporting procedures hadn't always been followed when they suspected someone may have been harmed. This could place people at risk of harm.

Although staff had received training in the administration of medicines they weren't always following the correct procedures and as a result this could place people at risk of not receiving their medicines as prescribed. The errors had not been noticed when the completed medication records were received by staff in the office.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not being followed. This meant that people were being restricted from leaving their home on their own to ensure their safety. The correct procedures were not being followed and therefore the restriction was not lawful.

There were sufficient staff to ensure that people received the care that they required. A thorough recruitment procedure had been followed to ensure that the right people were employed.

Staff knew people well and were aware of their history, preferences and likes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were supported to purchase and prepare the food and drink that they chose. People were supported where necessary at mealtimes but were also encouraged to be independent as much as possible.

Where possible, people had been involved in the assessment and planning of their care. Care records gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place although this was not written in a format that some people who used the service would find it easy to understand.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

The management of medication policy was not always being followed by staff. This meant that people were at risk of not always receiving their medicines as prescribed.

People could be placed at risk of harm because the procedures for identifying and reporting abuse were not always being followed by staff.

Risk assessments were not in place for all significant risks to people.

Requires improvement



Is the service effective?

The service was not always effective.

People were having their liberty restricted to keep them safe. However the correct procedures had not been followed to allow this to happen.

Staff were supported and trained to provide people with individual care.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Requires improvement



Is the service caring?

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind, patient and caring.

People's rights to privacy and dignity were valued.

Good



Is the service responsive?

The service was responsive.

People were invited to be involved in the planning and reviewing of their care.

Care plans contained up to date information about the support that people needed.

People felt confident to raise any concerns or complaints.

Good



Is the service well-led?

The service was well-led.

Staff felt confident to discuss any concerns they had with the manager and were confident to question colleagues' practice if they needed to.

The service had an open culture and welcomed ideas for improvement.

Good



Summary of findings

The provider and manager had effective audits and quality assurance processes and procedures in place.	
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Craegmoor Supporting You in Cambridgeshire

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 18 and 23 June 2015 and was announced. This was because we need to be sure that the manager would be available when we visited the office. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

During our inspection we spoke with four people who used the service, four support workers and the manager. We looked at the care records for three people. We also looked at records that related to health and safety. We looked at medication administration records (MARs). We also observed how the staff supported people.

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Is the service safe?

Our findings

Staff had completed medication administration training and had their competency assessed annually by the care manager. Staff managed the administration of medicines for two people. However, staff had not always followed the provider's management of medication policy. Both people had been prescribed a medicine to take when required (PRN) for anxiety. However, there were no clear protocols in place for when these medications should be administered. The MAR chart for one month contained the wrong information for the dosage of medication to be administered for one person. Audits completed by the provider and management had not identified this error when the completed MAR charts had been returned to the office. The names of medicines to be administered had been hand written on the MARs but there was no signature to show who had written the instruction. The manager arranged for a member of staff to ensure that the information that was needed was written on the MARs on the day of the inspection.

This was a breach of Regulation 12(1)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some risk assessments were in place for people, staff assessing the risks had not received any training in how to complete a risk assessment. We found that although there had been a number of occasions when one person had shown behaviours which could challenge others including towards visitors, a risk assessment had not been put in place to address this issue. In addition, appropriate action had not been taken to prevent it from happening again. This meant that people, staff, visitors and others were put at risk of harm. The manager stated that he was planning to improve the risk assessment process by introducing more detailed risk assessments to ensure that risks were considered on an individual basis with any

necessary action being taken where appropriate to mitigate risks to people. The manager also stated that he would arrange risk assessment training for the relevant staff.

People told us that they felt safe. One person said that having the staff nearby helped them to feel safe.

Staff told us and records confirmed that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. However we found that one safeguarding issue had been reported appropriately. In line with the service's policy, staff had completed an incident form when one person who used the service had been verbally aggressive to another person who used the service. The form had been sent to the office but no action had been taken to discuss the incident with the safeguarding team or to report the incident to the commission. Staff were not able to tell us the reason as to why this had not been done. Other safeguarding incidents had been referred appropriately.

Safe recruitment practices were being followed. The recruitment records showed that three people who had recently been employed had commenced working for the service only after the results of criminal records checks and references had been received and confirmed as satisfactory.

Staff told us and the manager confirmed that due to support worker vacancies staff had worked overtime to cover shifts. Staff told us that although they didn't want to work the extra shifts they felt obliged to do this to ensure that people received care from staff that knew them. The manager told us that he was aware of this issue and new staff had recently been appointed and were completing their induction. The manager had recently attended two recruitment fairs and was attending an event at the local job centre to attract more people to apply for the positions.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA and DoLS with the manager and staff. They had a lack of knowledge about how these should be put into practice. Where people lacked the capacity to make specific decisions staff were taking action to keep people safe by making best interest decisions on their behalf. For example, assisting people to take their prescribed medicines even though they may not have understood what they were for or the consequences of not taking them. Some people's risk assessments clearly showed that to keep them safe they were always accompanied when out in the community. The manager and staff confirmed that some people were not able to leave their home without staff supervision. However, the correct procedures to restrict people's liberties in a lawful manner or make best interest decisions for them had not been followed.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. The records showed that people had accessed various healthcare professionals such as a GP, dentist, and opticians.

Staff told us and records confirmed that staff had attended training and induction when they commenced work. They also told us they received on-going training including safeguarding, crisis management, infection control, introduction to learning disabilities and safe handling of medicines. Some staff commented that they would like to do more classroom based courses as they thought they gained extra learning by being able to ask questions and discuss real experiences.

Staff told us that over the last year they have received an appraisal but only minimal supervisions. Some staff said that they hadn't always felt supported whilst there had been no manager in place. The records showed that people had recently received an appraisal but that during the last year there had been gaps of up to nine months between supervision sessions. The manager stated that supervisions would normally be every two to three months. This meant that the support to staff was not as effective as it could have been.

People told us that staff supported them to go shopping to purchase food and also supported them to prepare food when they needed help. We saw in care records that staff also supported people by providing information about healthy eating. One person told us that they really enjoyed having a takeaway on a Friday night and that staff supported them to arrange this.

Is the service caring?

Our findings

We saw that staff knew people well and treated them in a caring manner, with dignity and respect. Staff took time to give them the support people needed. People told us they could choose how they would like to spend their time and staff supported them with their chosen activities. Staff had time to sit and talk to people and ask them what they would like to do. We saw that staff took an interest in what people were saying and responded appropriately. We saw that even when people were anxious and shouting at staff the staff continued to talk to them in a calm and respectful manner.

One member of staff told us that they thought people were always treated in a kind and caring manner. They stated that one person often became anxious about their money and that staff took the time to sit with them and explain about their money and this helped to relieve their anxiety.

The care plans had been written in a manner to promote people's independence, dignity and respect. For example, in one person's individual support plan it stated, "I want to be allowed to speak for myself, but if you feel that I'm struggling I don't mind you helping me."

People's privacy and dignity was maintained as all people we visited had their own keys to their flats. Staff only went in when they were invited to do so. We saw that staff respected people's choices. For example, although sometimes people were due to have staff working with them they told the staff that they did not require their help and this was respected by the staff. People were encouraged by the staff to do as much as possible for themselves in all aspects of their personal care as well as cooking, cleaning and activities. We saw and heard that people were offered choices on every aspect of their lives. Some people went out to work during the day and were just supported by staff at weekends and evenings. Where appropriate, people were encouraged and supported to maintain contact with their family and friends by phone calls and visits.

There was information available for people about how to access an independent advocate. (An advocate is an independent person who can speak on the person's behalf.) The records showed that some people were using an advocate to help them make some decisions.

Is the service responsive?

Our findings

One person told us that they knew what was in their individual support plan and that they sat down with their keyworker once a month to update it.

We saw that people's support plans had been reviewed regularly to ensure that they reflected people's current needs. The support plans contained information about people's strengths, goals, what support they needed and their likes and dislikes. We saw that the care plans were also cross referenced to risk assessments. The care plans were written in a person centred way but lacked detail in some areas. The staff showed us that they had already started working on more detailed support plans. The support plans recognised that people needed more support on some days than others and that staff should be aware of that and respond appropriately.

At the beginning of each shift there was a handover from the previous staff on duty. This included information about how each person was and any issues staff needed to be aware of. Staff told us this meant that they were aware if anyone needed any extra support or if they were unwell.

Each person who used the service was invited to meet with their keyworker each month to discuss any concerns, complaints, compliments, wishes for the future, staffing issues, health concerns or any support they needed with their accommodation. These meetings had been recorded and stored with the support plans so that the keyworkers could ensure action was taken when necessary.

People's social care needs, and choices of what they wanted to take part in, were taken into account and acted on. People told us that they could choose how to spend their time and where they would like to go with staff support. One person told us that they had their own car which staff could drive and that they enjoyed going out in it. Another person told us that they enjoyed going shopping.

Staff told us, and observations we made showed, that staff knew the people they supported well. Staff told us that each person had a key worker, who carried out extra duties for them, such as updating their individual plans or keeping in contact with their family. One member of staff told us that they were a person's keyworker and this meant that they helped to organise things that they needed.

People told us that if they wanted to make a complaint they would talk to a member of staff or the manager. The provider had a written complaints procedure but this was not in a format that was accessible by everyone who used the service. The manager stated that he would include the complaints procedure in the next newsletter so that staff could explain it to people. One complaint had been received since the new manager had been in post. We looked at the complaint records and saw that it had been dealt with appropriately and that any necessary action had been taken. Staff told us that if anyone made a complaint to them they would discuss it with the manager.

Is the service well-led?

Our findings

There was a registered manager at the time of this inspection however they were working in a different area of the country and were no longer responsible for the Cambridgeshire office. A new manager had been in post since January 2015 and was in the process of applying to CQC to become the registered manager. Staff told us that they hadn't always felt supported in the past but since the new manager had been in post this had improved and they felt more positive about the future level of support that would be provided. Since being in post the new manager had carried out audits of the service and had compiled an action plan of the improvements that were needed.

To ensure that staff had the knowledge and skills they required to meet people's needs the manager regularly checked what training staff had completed. They also ensured that staff completed any training where there were any gaps or refreshing training due. The manager stated that new staff would be completing the Care Certificate award as part of their induction. This was as well as shadowing staff until they were familiar with the people and understood the aims and values of the service. The manager also stated that they would be completing some staff supervisions and also checking that all staff had received regular supervisions. This showed us that the manager was proactive in identifying improvements.

Information was displayed in the office about the aims and objectives for the service and the provider. These aims and philosophies had been communicated to staff during their induction. We saw and information from staff confirmed that these values were being adhered to. For example, we saw staff treating people in a dignified manner and enabling them to make decisions for themselves.

The manager stated that there had been a focus on recruiting more staff so that existing staff were not asked to work extra shifts. The manager also stated that the interview process was going to be changed so that people who used the service could meet the candidates and give their opinion on their suitability for the role.

Each person who used the service was invited to meet with their keyworker each month to discuss any concerns. A newsletter was also sent to people who used the service each month notifying them of any changes, social events or anything else that they may benefit from knowing about.

Quality assurance questionnaires had recently been sent to all people that used the service. They asked if they were happy with the service they received and if there were any suggestions for improvements that could be made. The manager stated that he would be collating all of the responses into an action plan.

The manager was meeting with the provider's compliance lead monthly. This was to audit the service that was being provided and discuss incidents, safeguarding concerns, complaints, staff training and recruitment. For example, during these meetings accident and incident forms were reviewed and information added in the "lessons learnt" section. This helped to identify any patterns regarding the frequency of accidents and incidents and any improvements that were needed to avoid further occurrences. The provider also had a team in place who carried out a full of review of the service annually.

There was a whistle blowing policy in place. Staff told us that they had been made aware of it during their induction to the service and would feel confident to use it if they needed to. The manager stated that it was also going to be a regular item discussed at staff meetings.

The manager told us that the aim was to hold staff meetings every other month but as there were currently lots of changes to the service then they may be held more frequently. Dates had been set for forthcoming meetings. Staff confirmed that they could add to the agenda for staff meetings and had opportunities to raise any issues during the meeting.

There were strong links with the local community and people regularly used local shops and health centres. People were also able to access local social and leisure activities such as swimming, pubs and bowling.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(2)(g)HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment</p> <p>Medicines were not always being safely managed. Medication administration records were not always accurate. There were not clear guidelines for “as required” medicines.</p>

Regulated activity	Regulation
	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11(3) HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent</p> <p>Capacity Assessments had not been completed as required by the Mental Capacity Act 2005.</p>