

Creative Support Limited

# Creative Support - Doseley Road

## Inspection report

199 Doseley Road  
Dawley  
Telford  
Shropshire  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Doseley Road is a registered care home for adults with learning disabilities. At the time of our inspection the home was providing personal care to four people. The service can support up to five people. Doseley Road accommodated people in one adapted building.

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

Since our previous inspection significant improvements had been made to the home. We found infection control risks had been mitigated and the premises was well maintained. The kitchen had been refurbished and people were supported to prepare and cook their meals. The provider had made improvements to ensure cleaning chemicals used in the home were risk assessed to ensure people's safety.

Since our previous inspection the service had made improvements to deliver care in line with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum 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.

Improvements had been made to the governance systems since our previous inspection, which were now effective in identifying improvements to the service. Since our previous inspection the service now had a registered manager, who had made positive changes to the home.

The provider had made improvements to people's risk assessments and to the management of medicines in line with policies and procedures. Staff received training on recognising and reporting abuse, so people were protected from the risk of potential harm.

People's needs were assessed, and care was delivered in line with best practice. Care plans were person centred and included healthcare professionals' input when required. People were supported by staff who were safely recruited, trained and had the skills to care for people's needs. People were supported by staff to eat and drink sufficient amounts to promote their health. Staff worked in partnership with other healthcare organisations to meet people's needs effectively. The home was adapted to meet the needs of the people living there.

Staff promoted a positive culture which was person-centred and open. The provider supported staff to be open and honest when things went wrong, and incidents were investigated fully to learn and improve. People, public and staff were involved in the service. Management worked together with people's families and healthcare organisations.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The care and home was adapted to supported people's choice, control and independence. Care plans demonstrated person-centred care and people's dignity, privacy and human rights were promoted in their support plans and day to day routines. The culture within the home filtered from leaders to care staff and they demonstrated values and behaviours which promoted inclusivity and empowered the lives of the people living there.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 30 April 2019) and there was multiple breaches of regulation. We issued a warning notice against the provider of Doseley Road. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 February 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection, prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Creative Support - Doseley Road

## **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

This inspection was carried out by two inspectors

#### Service and service type

Doseley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 19 hours' notice of the inspection. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with five members of staff including care staff, senior care staff, the registered manager and the area manager. Due to people's communication difficulties they were unable to tell us about their experience of living in the home, however we were able to observe people's interactions with staff throughout the inspection.

We reviewed a range of records. This included two people's care records and a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including team meeting minutes, family meeting minutes, audits and action plans, policies and procedures, risk assessments and health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- The kitchen had been refurbished since our previous inspection and was clean and hygienic. We observed the provider had taken action to improve hygiene standards within the kitchen to ensure people's safety.
- Since our last inspection individual cleaning product risk assessments required under the Control of Substances Hazardous to Health (COSHH) regulations had been completed to ensure people were using them safely.
- We observed the home was clean, and records showed daily cleaning tasks were completed to reduce the risk of cross contamination.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

- At our previous inspection the provider did not always assess risk to people's safety. During this inspection we found improvements had been made and risks to people's safety were assessed and risk assessments were updated regularly.
- The provider's health and safety team had reviewed the fire risk assessment for the building and people had individualised Personal Emergency Evacuation Plans (PEEP) which advised staff how to support people to exit the home in an emergency. Staff we spoke with confirmed they were aware of information contained

in each PEEP, to ensure people's safety in an emergency.

#### Staffing and recruitment

- At our previous inspection whilst there was a sufficient number of staff, concerns were raised around the volume of agency staff. This had an impact on the quality and consistency of care provided to people. At this inspection whilst the number of agency staff had reduced, recently due to a new person living in the home the number of agency staff had increased. However, the provider ensured consistency in the agency staff as well as skill mix to meet people's needs.
- Safe recruitment procedures were in place which meant pre-employment checks were completed prior to staff employment. This ensured the suitability of staff working in the home.

#### Using medicines safely

- At our previous inspection a pharmacy audit found some missing signatures on the Medicines Administration Record (MAR) and the systems in place failed to identify them. This meant the provider was unable to demonstrate people had received their medicines as prescribed. At this inspection we found people received their medicines as directed by the prescriber. We reviewed the MAR and saw medicines had been recorded appropriately to show when people had received their medicines.
- We saw medicine audits were completed daily, weekly and monthly which identified any errors and improvements made. This ensured people received their medicines safely.

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

- Staff received training on recognising and reporting abuse, so people were protected from harm. Staff we spoke with understood how to protect people from harm or abuse.
- Staff had access to a safeguarding folder which included information and guidance of the safeguarding systems and processes. The folder also contained the staff whistleblowing policy which informed staff of how to raise concerns.

#### Learning lessons when things go wrong

- Accident and incident forms were completed and reviewed to ensure lessons were learnt when things went wrong. Incident audits were signed off monthly by the registered manager.
- A recent audit showed how lessons were learnt when a staff member was hurt whilst supporting a person with their personal care needs. This had been investigated and staff were provided with guidance to reduce the risk of this happening 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

The 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.

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

- Our previous inspection found people's care was not delivered in line with the principles of the MCA and restrictions were being imposed without documentation to support the decisions. At this inspection we found the provider delivered care in line with the principles and least restrictive decisions were made and documented in care plans. For example, one person's care plan included the decision for covert medicines. This is where medicines are hidden in food or drink without the person's knowledge. This decision was made in the person's best interest and in line with the MCA principles with input from relevant healthcare professionals.
- At our previous inspection whilst DoLS applications were submitted to the Local Authority on people's behalf there was no assessment of their capacity or best interests meeting held. This meant the provider was unable to demonstrate that people did not have capacity to make a specific decision. During this inspection

we found the provider had made improvements and evidence showed the completion of mental capacity assessments and best interests' meetings. For example, one person's care plan showed the DoLS restrictions for the use of a stair gate. Multi-disciplinary and family input was documented with reasons for the use of the stair gate and decisions were made in line with the MCA and the person's best interests.

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

- People's needs were assessed, and their care plans included person-centred information of their likes, dislikes and their history. Staff were supported by health professionals to meet people's needs and deliver care in line with best practice.
- One person had recently moved in to the home. We saw the provider had undertaken holistic assessment of the person's needs. The information gathered was reflected in the person's support plan. This meant staff had access to relevant information about how to care and support the person.
- People could be assured they would be able to live a lifestyle of their choice because staff were made aware of their preferred daily routine. Care plans showed people's routines which were documented step by step and included any risks.

Staff support: induction, training, skills and experience

- Staff told us they had access to relevant training in relation to their roles and responsibility. However, at the time of our inspection we found that not all staff had completed all their training. The registered manager told us they had updated the training matrix and was supporting staff to complete their training. Access to training would ensure all staff had up to date skills in providing an effective service.
- The provider had themed supervisions as part of their monthly team meetings to update and support staff. Supervision is a process of monitoring staff performance and to provide support where needed. This ensured staff had a good understanding of these topics and were equipped to provide a good service to people.
- Staff we spoke with confirmed they had the information and skills to support people's needs and could access further support and training when required.

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

- People were supported to eat and drink and maintain a balanced diet which met their needs and preferences. Some people living in the home helped prepare meals. Menus were provided in a pictorial format which helped people choose what meals they wanted. Staff were observed being supportive and kind when assisting people with their meals.

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

- Staff worked in partnerships with healthcare organisations to share information and meet people's needs effectively and in their best interests.
- People were supported to access healthcare professionals. For example, one person's care plan included correspondence with the Speech and Language Therapist (SALT) and their specific routine to follow for dysphagia. Dysphasia is where people experience difficulty in swallowing.

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

- People lived in an environment that was well maintained and homely. The design of the house was adapted to meet people's needs. The kitchen had been refurbished since our previous inspection and promoted people's independence.
- Within the home environment people had access to items which provided sensory stimulation to benefit them. For example, colourful lights in the bathroom.
- People's bedrooms were individualised and contained personal items to reflect their interests.

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

- People were supported by staff to access relevant healthcare services to promote their physical and mental health.
- People could be assured that staff sought advice from healthcare services when required to ensure their needs were met.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure governance systems kept people safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation. Whilst all key questions we looked at, including safe, effective and well led were good, the overall rating for this service remains as requires improvement. This is because we did not look at all five key questions including caring and responsive which were all found to require improvement at our previous inspection.

- At the time of our previous inspection there was not a manager registered with us. The provider had since appointed a registered manager. The feedback we received from staff and family members showed the registered manager had made improvements and led developments to benefit the people living in the home. Staff felt supported by the registered manager and described them as approachable.
- At our previous inspection the provider's quality assurance systems were ineffective in monitoring some aspects of the service. At this inspection records and discussions with the registered manager showed systems had been reviewed and improvements made. For example, additional guidance was introduced to ensure staff knew the correct forms to complete following accidents or incidents.
- Monthly audits were completed and actions for improvements were identified with nominated names and timescales for completion. This ensured people using the service would receive an effective service to meet their specific needs.

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

- Staff demonstrated a positive culture which promoted open and person-centred care. Staff told us they would raise concerns if they had any and described the home as 'a family'.
- Staff we spoke with were complimentary of the registered manager and stated they were supportive and approachable. Surveys had recently been carried out to gather family feedback, the feedback seen was positive with one describing the communication from management as excellent.

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

- Incidents were investigated fully by the registered manager. Staff were encouraged to be open and honest when things went wrong to learn and make improvements to people's experiences of care.

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

- Whilst people living in the home could not attend their usual community activities due to the current pandemic, the provider had ensured the activities were undertaken in the home. For example, they held a disco on a Monday evening for those who wanted to join in.
- One person living in the home enjoyed arts and crafts, so there was a designated area in the home for them.
- The home involved people when staff practiced the putting on and removal of the PPE and awarded people living in the home with certificates for 'keeping safe during Covid.'
- The provider had regular team meetings and relative meetings to gain input and considered opinions when making decisions.

Working in partnership with others

- Management worked in partnership with other healthcare agencies and the families of people living in the home, to ensure people received the care they needed.
- Staff were open, transparent and worked together to share information, to ensure joined-up care and service development.