

# Craegmoor Supporting You Limited

# Supporting You in Cornwall

## Inspection report

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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	

## Overall summary

We carried out this announced inspection on 16 October 2015. This was the first inspection of Supporting You at their new registered offices.

There was no registered manager in post, however a person was appointed and they had submitted their application to the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are '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.

Supporting You is a domiciliary care service that provides care and support to people in their own homes. This includes people with general physical health needs, mental health needs, and learning disabilities. The care ranges from a few hours of support a week up to 24 hour care for people in supported living. A supported living

# Summary of findings

service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and receive their care and support from the domiciliary care agency. As the housing and care arrangements are separate, people can choose to change their care provider without losing their home.

As the service was new they were supporting one person at the time of the inspection. The person did not wish to meet with us to share their views on the support they received. We spoke to a health and social care professional to gain their views on the service. Their views were positive and felt that Supporting You met the care needs of the person they supported.

Supporting You comprised of four staff team members. We spoke to three staff members. All were enthusiastic and passionate about the new service. People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People were involved in recruiting and choosing the staff who supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Care records were up to date, had been regularly reviewed and accurately reflected the person's care and support needs. The person's care plan was presented in written and pictorial formats to enable them to read their plan and be involved in any changes or updates. Details of how the person wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "Communication is really good," "We are really supported by management" and "I love my job."

The management team had a clear set of values which was also apparent in our discussions with staff. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

# 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 safe. There were sufficient numbers of suitably qualified staff on duty to keep the person using the service safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Risk management procedures were robust and the person using the service was given information so they could take informed risks.

Good



### Is the service effective?

The service was effective. Staff were appropriately trained and there were robust procedures in place for the induction of new staff.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person.

The manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good



### Is the service caring?

The service was caring. The stable staff team had developed caring and supportive relationships with the person using the service.

Staff knew the people they were caring for well and communicated with them effectively.

The person's privacy was respected. Staff encouraged them to be as independent as possible and their achievements were recognised.

Good



### Is the service responsive?

The service was responsive. The person using the service received personalised care and support which was responsive to their changing needs.

The person using the service was actively encouraged and supported to engage with the local community by taking part in a range of recreational activities.

Information about how to complain was readily available and in formats people could access.

Good



### Is the service well-led?

The service was well-led. The registered manager provided staff with appropriate leadership and support and staff were well motivated.

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There was a clearly defined management structure in place.

Good



# Supporting You in Cornwall

## 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 16 October 2015 and was announced. The provider was given 48 hours' notice because the service was a small domiciliary care service for one person. As the staff team were small we needed to ensure that they would be available. We asked the person if they would like to meet with us, but they declined. The inspection was conducted by one inspector.

Prior to the inspection we reviewed the information we held about the service.

During the inspection we met and spoke with one care staff member, the manager and the National Development Manager for Supporting You. We looked at care records, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. After the inspection we spoke with a health and social care professional.

This service provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

# Is the service safe?

## Our findings

Staff had a detailed understanding of their role and there were effective procedures in place to ensure the person was safe. For example it was specified how many staff needed to support the person within their home and when going out to participate in the local community. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

The service had risk assessments in place which reflected the ethos and values of the service. They were designed to encourage people to develop their independence and normalise their lives. In discussions with staff it was clear they recognised people needed to be exposed to an element of risk in order to achieve this as long as they and staff were not put at unacceptable risk. The care documents provided staff with clear guidance and direction on how the person should be supported in relation to each specific identified risk. For example, the risks associated with the person going out into the community and what type of situations could potentially put them at risk of harm. Records detailed how staff should respond in the relation to each situation that could arise.

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. They told us they would have no hesitation in reporting any concerns to managers as they wanted the person to be safe and well cared for. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

People were involved in the recruitment of their staff and were able to decide if they did not want a particular carer working with them. Recruitment processes in place were robust. New employees underwent relevant employment checks before starting work to show they were suitable and safe to work in a care environment,. For example references from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

People were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and the manager then decided whether they could meet those needs

We saw there were effective systems in place to help the person manage their finances. The person along with staff developed a care plan that specified how the person wished to be supported in managing their money and how it would be monitored.

# Is the service effective?

## Our findings

People received care and support from staff that were well trained and supported and knew their needs and preferences well. Staff teams were built around the person and staff were recruited to teams according to their specific skills and interests. The person completed a 'matching tool' which identified their interests. For example if they had an interest in singing or DIY. By matching staff with similar interest this helped the development of positive relationships between people and staff.

All staff were new to their role due to the recent opening of the service. Staff were still completing their induction and said they found the induction to be informative and relevant to their role. The induction programme was in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training. They confirmed they had or were in the process of completing mandatory training, such as health and safety and infection control. All staff had completed a specialist course on autism which allowed a greater insight into this aspect of their work.

Staff received regular supervision from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Care records showed the person had given their consent to their current support arrangements. The environment had been adapted and specifically designed for the person prior to them moving into the house. This had been carried out in consultation with them, taking into account their physical and emotional needs.

People were supported to attend regular health appointments with GP's and dentists. The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Health and social care professionals told us staff had the knowledge required to meet the person's care and support needs. They gave us an example of how staff had "encouraged and supported" the person with their shopping and meal planning. This had positive health benefits for the person.

# Is the service caring?

## Our findings

Staff spoke about the people they supported fondly and displayed pride in their accomplishments and a willingness to support people to develop further. They spoke about people positively and focussed on their achievements, demonstrating high expectations for people.

Support was provided by a small, consistent, motivated and well trained staff team. The manager had recognised the importance of staff consistency for the person as well as respecting their wishes to have a mixture of different care staff. Rotas were carefully planned to ensure staff were allocated who knew the person's needs while varying staff sufficiently so their social and emotional needs were met.

Staff talked about the need to remember they were working in people's homes and be mindful of this. One said, "This is their home, we must respect that." Care plans described how people needed to be supported in order to

protect their dignity. The service was aware that they did not have many male members of staff and were actively trying to address this so that people could have a choice of who they wanted to support them with intimate care task.

The person was involved in making decisions about their care. Care records detailed how the person communicated their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of the person's communication methods and used this knowledge to enable them to make their own decisions about their daily lives.

Staff met with the person every month to review the care provided and discuss any changes to the running of the service. The person's care plan was presented written and pictorially to enable them to understand their plan and be involved in any changes or updates. They were also invited to take part in interviews for new staff.

# Is the service responsive?

## Our findings

Care records contained information about people's initial assessments, risk assessments and correspondence from other health and social care professionals. The care plans detailed the support to be given on a daily basis. They were highly detailed and contained a depth of information to guide staff on how to support people well. For example there was information about people's routines and what was important to and for them. One support record stated in detail what the person's abilities were when undertaking their own self-care, and where they needed physical assistance and encouragement to ensure their personal care needs were fully met. Staff teams knew the people they supported well and were able to describe to us how the individual person wished to receive support.

Systems were in place to help ensure staff had access to the most up to date information about the people they supported. If anything of note occurred this was recorded in the communication book which was kept at the person's home. The person had access to the communication book and could also add any comments.

People's support was designed around their individual needs and there was evidence the service had worked with other health and social care professionals in order to develop support plans which met their needs. Since moving into the service staff had supported the person to develop goals and aspirations about how they wished to live their life. Records showed that many of these goals had been achieved and staff encouraged the person to continue to set new goals to further develop their independence and sense of well-being.

Staff told us they prided themselves on their ability to adopt a flexible approach to supporting people. For example staff changed the end time of the shift rota to 11.30pm so that the person could go home at a time that suited them, and would fit in with their interests.

Staff were provided with information on how to support the person to manage their anxiety if something occurred that triggered a change in their mood, both inside and outside of the service. The care plan clearly described what might trigger a change in the person's mood and enabled staff to prevent situations occurring that would trigger certain behaviour. If the person became anxious staff were instructed to take a structured approach which helped them to support the person consistently when they became distressed. Staff were given clear instructions about how each staff member should respond if the person became anxious by certain situations.

Staff had actively encouraged the person to engage with the local community. Care records showed the person engaged with a variety of activities. Staff supported them to be involved in some household tasks. This meant they were able to maintain independence in their daily life.

A copy of the provider's complaints policy was available within the service. The person had raised a concern as staff were being contacted during the time they were providing support. This was investigated and an agreement between the person and staff was made in how this would be managed in the future. This showed that staff listened to the person's concerns and responded to them so that a resolution could be achieved.



# Is the service well-led?

## Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registers provider for the service is Craegmoor Supporting You Limited which is a national organisation. The manager of Supporting You, had overall responsibility for the day to day running of the service with the support from their regional manager. The regional manager has submitted an application to us to become the registered manager of Supporting You. The organisation also received support from many departments such as finance, Human Resources (HR), training and quality auditing departments to help with the running of the organisation and where they could access any advice or guidance. They attended conferences and seminars on learning disability topics. This meant they were able to keep up to date on developments in the field.

Supporting you had a clear set of values and visions. There was a positive culture in the service, the management team provided strong leadership and led by example. The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. The manager told us “We don’t want to do a good job, we want to do an excellent job.”

Staff said they were supported by the manager and were aware of their responsibility to share any concerns about the person who used the service. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and

support offered by the service. They did this through informal conversations with managers and regular formal supervision. As the staff team grow in numbers, the manager told us that staff meetings will then become more frequent. Staff told us the managers were “very supportive” and “I enjoy my job”. Staff said they felt valued by the managers and they knew their personal circumstances and supported them in this aspect to.

There was an on call system in place which meant staff and people could access advice and support at any time. Staff commented “The managers are always available. They also do shifts, so they know the people we support well and have a great understanding of what the job is about.”

The service worked in partnership with other professionals to make sure people received appropriate support to meet their needs as well as asking for feedback about the care provided. Health and social care professionals told us, “Supporting you is a new service and I have been really impressed. The support provided and the communication is very good.” They found the service were open to new ideas and suggestions and continued to support the person well.

Records showed the manager met face to face with the person that used the service to ask them about their views of the service. As the service is new the quality assurance of Supporting You has not commenced. However the national organisation has audits to assess and monitor the quality of care provided. These will be implemented at this service as the service develops.