Creative Support Limited

Creative Support - Blackfriars

Inspection report

12 - 14 Blackfriars
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place 10 February 2015 and was unannounced.

This was our first inspection at this home under this provider.

Creative Support - Blackfriars is registered to provide accommodation with personal care for a maximum of four people with learning disabilities. On the day of our inspection four people were living at the home.

The home had a registered manager in post who was present for our inspection. 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.

People's ability to make their own decisions and consent to their care had not been appropriately sought which meant there was a risk people's rights might not be supported.

Summary of findings

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Information was available to staff on the process they must follow if they had concerns about people's safety.

People's medicines were given when they needed them by staff who were trained appropriately. Arrangements for meeting people's health care needs were in place and people saw health care professionals when they needed to.

People were supported by staff who had the skills to meet their needs. Staff had received appropriate training and felt supported in their roles by the manager at the home.

People were supported to maintain their identities and received care and support that was individual to them.

People received support when they needed it and staff knew their preferences in relation to their care. People were treated with dignity and were offered choices in a way they could understand.

Relatives were happy with the care and support their family member's received and had not felt the need to make any complaints. There was good communication between relatives and staff at the home which kept relatives up to date on their family member.

Staff felt involved in what happened at the home and they found management approachable. The provider had quality assurance procedures in place which monitored the quality of the service the home provided.

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 safe.

People were protected from harm and abuse by staff who had been trained to support people safely. There were enough staff to make sure people received their medicine safely and received support when they needed it.

Good

Is the service effective?
The service was not constantly effective.

People's capacity to be able to consent to their care had not been sought appropriately and meant that their rights may not always be protected. People received enough to eat and drink and were supported to access healthcare when they needed it.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff who treated them with dignity and respect. Where people had limited verbal communication staff supported them in other ways to make sure they were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People received care and support that was individual to their own needs. Care plans were regularly reviewed to make sure they were up to date and reflected people's current needs.

Good

Is the service well-led?
The service was well led.

Staff found the manager approachable and encouraged them to give their opinions about the home. The provider monitored the quality of the service the home provided to make sure it met people's needs.

Good

Creative Support - Blackfriars

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 checked 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 10 February 2015 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we spoke with the local authority and Shropshire Healthwatch to gain information they held about the home. We also looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with two relatives, four staff, the registered manager, area manager and service director. We were not able to speak with the people who lived at the home in any detail due to their complex needs. We therefore spent time observing how people spent their time and how staff interacted with people. We looked at five records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training, staff recruitment and the management of the home.

Good

Is the service safe?

Our findings

All the staff we spoke with knew how to keep people safe. They knew what abuse was, how to recognise it and how to report any suspicions they may have. Information about who to contact in the event of suspected abuse was displayed where staff and visitors could easily see it. We saw that staff interactions with people were positive. People living at the home had limited or no verbal communication but staff made sure they kept their identity. All staff had received training in safeguarding. The manager completed a knowledge check with each staff annually to ensure they understood their responsibilities.

We saw that risks to people had been assessed and identified. This included risks associated with their behaviour, mobility, nutrition and skin care. We saw plans were in place for staff to follow. People had individual plans in place for how they were to be supported in the event of an emergency at the home. This helped to make sure staff understood the risks associated with people's care and support. We saw that staff and the manager had been working with the local authority to manage risks associated with one person's behaviour. This was recorded in the person's care records. Staff were able to explain what plans had been put in place and what plans they hoped would be put in place, such as creating areas in the home and garden where people could have their own space outside of their bedrooms.

One the day of our inspection we saw there were sufficient staff to support all the people who lived at the home. People were not kept waiting for support or attention. Information about each person was passed between staff. We saw good communication between staff which enabled them to keep informed and updated on what was happening within the home at all times. Staff told us they had a stable staff team and they felt there were enough staff working on each shift to meet people's needs. The manager told us that if required she was able to increase staffing levels. This could be to support people on day trips. We looked at the procedures followed when staff were recruited. We saw evidence that appropriate employment checks were completed on new staff to ensure they were suitable before they had started working at the home.

Medicines were stored securely and in line with good practice and only trained staff gave people their medicines. The manager observed and checked staff's knowledge twice yearly to make sure they were competent to give people their medicines. A staff member told us how they ordered and disposed of medicines. We found these systems were safe. We looked at records staff had completed on what medicines they had given to people. These records were completed correctly and showed that people had received their medicines when they were required to have them. Some people had their medicine 'as needed' such as pain relief. We saw there were clear protocols in place for staff to follow. These protocols gave information on what these medicines were, when people may need them and how to give them to people.

Requires improvement

Is the service effective?

Our findings

We found the requirements of the Mental Capacity Act 2005 (MCA) had not been followed. Staff and the manager told us that all the people living at the home did not have capacity to make their own decisions about aspects of their care and treatment. We found that each person living at the home had a Deprivation of Liberty Safeguards (DoLS) application awaiting authorisation from the local authority. We found these applications had been made without an assessment of the person's capacity. The manager told us that no best interest meetings had taken place in relation to why the DoLS applications had been made and could not explain why this had not been done. Best interest meetings are a requirement of the MCA and identify how and why health professionals or relatives have made a decision in a person's best interest. We saw that one person had received the flu vaccination but there was no evidence of why this decision had been made on their behalf or why this person could not make their own decision. Another person consistently refused to use toothpaste prescribed for them. There were no records to confirm that staff had explained the risks of refusing their treatment or had sought professional advice. Staff told us this person did not have the capacity to make this decision but they had not demonstrated what action they had taken when this person refused and why it was in the person's best interest.

We found little evidence that people, or those acting on their behalf, had consented to their care and treatment. This included the planning and delivery of care and treatment and consent to having their photograph taken. This meant that there was a risk people's rights would not be supported as required by the law.

We found that the provider did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in MCA and DoLS and understood how to support people to make decisions. However, we found this training was not effective as staff and the manager had not correctly followed the requirements of the MCA in respect of assessing people's capacity to make decisions.

One relative said, "I cannot fault the staff". Relatives told us they had confidence in staff's skills and were happy with the way staff supported and cared for their family member. All the staff we spoke with said the training they received gave them the skills and knowledge they needed to support people. All training was updated each year and one staff told us if they wanted any specific training they could request this. Staff were supported to achieve nationally recognised health and social care qualifications. One staff member told us they were currently completing their qualification and felt supported by the manager in achieving this. New staff members completed a structured training programme which was monitored by the manager and had their performance reviewed regularly. One new staff member told us they had worked alongside other staff on 'shadow shifts'. During these shifts they were able to get to know the people they would be supporting. They also said it was an opportunity for the people to get to know them.

One staff member said, "I get good support from the manager and other staff". All staff told us they received regular one to one meetings with the manager. They told us this was an opportunity for them to discuss their training and speak about any concerns or issues they had. They also told us that they were required to read different policies before these meetings. This was to make sure they kept up to date on the home's systems and processes.

Only two people were at the home for their lunch. We saw that the atmosphere was calm and unhurried. Food was presented in way that made it easier for one person to eat their meal independently. We also noted that the food given was in line with their nutritional care plan. One person was supported by a staff member to eat their meal. This was done at the person's own pace and was not rushed. Throughout the day we saw that people were supported by staff to have access to snacks and drinks. We saw that where needed, people had access to specialists, such as the speech and language therapist and dietician, to help them with their eating and drinking.

Each week staff supported people to choose the menu for the week ahead. This was done with the aid of picture cards which staff showed to people to enable them to make their choice. The food shopping was done with people and staff told us this helped to keep them involved in the day to day running of their home.

Requires improvement

Is the service effective?

Relatives told us that they were kept informed about health concerns and issues. One relative said, “If [person’s name] is unwell staff ring me and let me know what is happening”. We found that suitable systems were in place to support people with their health care needs. People had regular access to healthcare professionals such as doctors, dentists and chiropodists. We saw records that confirmed people’s medicines were reviewed. We also saw that people had ‘health action plans’ in place which had been recently reviewed. These contain information about the person’s health needs, the professionals who support those needs, and their various health appointments. Health Action Plans are recommended as best practice for people with learning disabilities.

Good

Is the service caring?

Our findings

One relative said, “It amazes me how well they know [person’s name] and how to communicate with [person’s name] and understand [person’s name]”. All the relatives we spoke with told us that staff were caring and understood the needs of their family member. We saw that staff supported people with kindness and compassion and spoke to people in a caring way. They knew what people wanted when they could not verbally communicate their needs and supported them to express themselves with non-verbal communication. We were introduced to each person by staff when we arrived at the home. One person was keen to show us photographs of their recent holiday and staff supported them to communicate. Most staff we spoke with told us that because they had supported each person for a long time they had developed good working relationships with them and knew them well. One staff member had supported a person at the home for the last 23 years.

Relatives we spoke with told us they were involved in making decisions about their family member’s care and support. One relative said, “They do involve me in what’s going on”. They also told us they were confident their family member’s views were sought and respected. We saw staff supported people to express their views and helped them with making decisions. Staff took time to explain options and choices to people in a way they understood. We saw that staff listened to what people wanted and respected their choices. We saw staff use non-verbal communication and objects of reference to help people make their decisions. One person was supported to make a choice about what drink they would like. The staff member supported the person to use their hands to indicate their choice. One hand was for tea and the other hand was for coffee. The person touched their own right hand which indicated their choice. The staff member told us that this was a method regularly used to support this person to make their own day to day decisions. People’s care records contained information in an easy read format to help involve them in their care. We saw people’s communication needs had been assessed and guidance was in place for staff to follow to help them communicate effectively with people.

We saw that staff treated people with dignity and respect. A staff member asked each person for their permission to enter their bedroom so that we could check their medicine. This showed that they respected each person’s room as their own. We did note that if some people wanted to move between their bedroom and the bathroom they had to go through the lounge. Staff told us they were aware this was not ideal with regards to maintaining people’s dignity but due to the layout of the bungalow this could not be changed. They told us that when people returned to their bedrooms after having a bath they ensured they were covered up to maintain their dignity. People’s care records outlined best practices for when staff supported them. This showed that staff had considered people’s privacy, dignity and independence when planning their care.

Good

Is the service responsive?

Our findings

Relatives told us they felt their family member's preferences and views were respected. One relative said, "The staff know [person's name] better than I do so yes, I have trust in them". We saw that staff treated each person as an individual and were able to respond to their needs when required. We saw they knew what people's preferences and wishes were and this was respected. Staff showed that they understood the needs and personalities of the people they supported and they were able to tell us about people's preferences and preferred routines.

Care plans we looked at contained information that was individual to each person and showed that the person and family had been involved appropriately. Information on whether they preferred a male or female staff member to support them showed that staff had considered people's rights. There was information on their preferences, their personal history, things that were important to them, their likes and dislikes. A 'one page profile' gave clear information to staff under the headings, 'Things I want you to know about me, things I want you to do and things I like to do'. We saw that people had a hospital admission profile prepared. This contained key personal and healthcare information about the person and was individual to them. In the event of the person being admitted to hospital it would give hospital staff clear information about them.

Relatives told us they were kept updated with what was happening with their family member and were invited to attend care reviews to discuss how their family member's needs were being met. We saw care records were kept updated regularly by staff and any changes in people's needs were reflected in their care plans. We saw a document which was kept updated with information on 'what is working well' and 'what is not working well'. Staff told us this could include anything from an activity they had tried, but the person did not enjoy, to new ways to support people.

People were supported by staff to maintain relationships and their personal interests which were important to them. One person was supported by staff to maintain contact with their relative via an internet link on the computer. Another person was supported to attend a luncheon club where they met friends from a day centre they used to attend. Other people were supported to go to the hairdresser and aromatherapist every week. Staff treated people as individuals and showed that they understood the different needs, interests and personalities of the people they supported.

One relative said, "I have never had a negative experience with any staff or the home". Relatives told us they had never needed to make a complaint. If they had any concerns they told us they would speak with staff. They were happy with the way staff had resolved previous concerns they had raised. We asked staff how they would know if people were not happy about any aspects of their care. They told us that they would recognise differences in people's body language and other non-verbal communication if they were not happy with something. They would then use basic language and communication appropriate to that person to find out the cause. A system was in place for recording complaints, although none had been received in the last 12 months.

Good

Is the service well-led?

Our findings

Relatives we spoke with told us there was good communication between staff at the home and themselves. One relative said, “They all do an incredible job, they are an amazing team”. Staff we spoke with told us that there was open communication from the manager and they could say what they felt and they would be listened to. One staff said, “The manager is open to our opinions, she listens to our views”. They felt involved in what happened at the home and were encouraged to give their views.

Staff spoke positively about their roles within the home and understood what was expected from them in relation to supporting people and promoting a homely culture and environment. Whilst talking about the culture of the home, one staff member said, “We have a good staff team, we work as a team. They [people] have a good as possible life”. All staff told us they were encouraged by the manager to question practice and report any concerns they had. They were aware of whistleblowing procedures and who they could take concerns to outside of the home, such as the local authority, police and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work.

The manager had been registered with us since April 2014 and understood her responsibilities as the registered person. In the manager’s absence there was an on-call management rota which meant staff had access to a manager at all times. We saw that the manager had a good relationship with people and staff and greeted each person individually when she arrived at the home. The manager demonstrated her leadership and took action when shortfalls we identified were bought to her attention. We also saw evidence of the manager taking action in response to an incident she was made aware of at the home. This incident had not been reported at the time it happened and we saw the manager and provider had dealt with this appropriately as soon as they were alerted to it.

We looked at how the provider ensured the quality of the service the home provided. The manager told us about the systems in place that made sure key information was fed back to the provider. We saw that regular checks were completed on medicine, health and safety, the environment and people’s care records. The outcomes of these checks, along with any identified actions that needed taking, were sent as a monthly report to the service manager at the provider’s local head office. This monthly report also contained information on activities people had taken part in and health appointments they had attended. The manager explained that the provider used this as one way to determine if people’s needs were being fully met. Information on accidents, incidents, medicine errors, complaints and compliments were also included in the report. The service manager explained that as part of their monitoring they looked for any patterns or trends in information managers send them. Results from surveys are used to improve the services the home provided. The service manager told us that as a result of last year’s survey they had arranged more group activities as an opportunity for the provider’s different homes to get together. They had arranged more events within the local areas and the local head office circulated a ‘what’s on’ brochure to all homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The registered person did not have suitable arrangements in place to act in accordance with the Mental Capacity Act 2005 when seeking consent. Regulation 18.