

# Creative Support Limited

# Danesfield

## Inspection report

Danesfield  
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Tyne and Wear  
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Tel: 01914898303

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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 ●

# Summary of findings

## Overall summary

### About the service

Danesfield is a supported living service providing care and support for up to 15 people. At the time of inspection there were 11 people receiving care and support. The service provided support to people with learning disabilities including autism. The service included one main building which contained 13 self-contained apartments and in addition there are two separate self-contained bungalows. People had access to shared facilities such as the laundry room and communal social areas.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism, to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People living at Danesfield received a good level of care and their relatives confirmed this. Staff knew and fully understood people's needs.

People said they felt safe. The provider had safeguarding policies and procedures in place and records confirmed this process was followed. People told us there were enough staff to look after them. A robust recruitment process was in place. Care plans included individual risk assessments, which were regularly reviewed to keep people safe and to encourage and support people's independence. People's medication was managed safely.

The provider worked closely with various healthcare professionals. People also had access to healthcare services such as GPs, dieticians and dentists.

Staff received support from the registered manager and team leader via supervision meetings and team meetings. Staff also had access to training which supported them in their role.

People were supported to maintain a healthy diet and people told us staff encouraged them to choose healthy options when they were supported with their grocery shopping. The service was very clean and well furnished. People had their own self-contained apartments which were well decorated and were very personal to the person living there. People also had access to communal areas within the service where they could sit and chat or watch TV with their friends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and their relatives (where possible) were involved in the creation of care plans. Care plans were reviewed and updated on a monthly basis or sooner if people's needs changed.

People were encouraged to provide feedback of their experience via regular tenant's meetings. Relatives meetings were also held to allow for the provider to share updates and listen to any feedback relatives wished to provide.

People were encouraged to live their lives as independently as possible and staff supported people to achieve this.

People, staff, and relatives spoke for the majority in positive terms, about the registered manager and team leader. Staff said the registered manager and team leader were both supportive and approachable.

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

This service was registered with us on 4 May 2018 and this was the first inspection.

#### Why we inspected

This was a planned inspection following the provider's registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Danesfield

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager with the Care Quality Commission. This means they and the provider will be 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 48 hours' notice of the inspection visit. This is because some of the people using the service are out and about during the day. We needed to make sure people would be available for us to talk with.

#### What we did

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is a report about important events which the service is required to send to us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority commissioning and safeguarding adult's team along with visiting professionals. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England

During the inspection

We looked at two care plans with supporting daily notes, and three medicine administration records (MAR). We spoke with two people who used the service, the registered manager, team leader and two care staff. We also looked at records involved with the day to day running of the service which included staff recruitment files, audits, staff training records along with records of incidents, accidents and complaints.

After inspection

We continued to seek clarification from the provider to validate evidence found and this was done in a timely manner. We also spoke with two relatives to obtain their views of the service

# Is the service safe?

## Our findings

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

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were handled safely. However, one person's medication administration record, showed an 'as required medication' had been taken on a daily basis for a period of time. This person's last medication review was in March 2018 and was due to be reviewed in April 2019. This review had not taken place. We spoke to the registered manager about this and they agreed to contact this person's GP immediately to request a review of their 'as required' medication.
- People were supported to take their medication. One person we spoke with told us, "I get support with my tablets, staff give me my tablets from the packet. It's really important staff help me with my medication."
- Staff were confident to administer people's medication. They confirmed they had received appropriate training along with regular competency assessments.

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

- People received safe care. We asked one person if they felt safe, they told us, "I do, coz my point of view is, I need staff support to help me and keep me safe. If I am worried I speak to either [carer's name] or [carer's name]." One relative told us, "Oh yes, [person's name] is safe, I have no concerns."
- People were protected from abuse. The provider had a safeguarding policy in place. Staff said they received regular training in safeguarding and were confident in their ability to identify and report any safeguarding issues.
- A review of the provider's safeguarding log showed one safeguarding incident had been logged since the service had been registered. This had been investigated and reported to the appropriate authorities.
- Staffing rotas confirmed staffing levels were appropriate to meet the needs of people.
- The provider had a robust system in place regarding the recruitment of staff.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk had been assessed to keep people safe, including positive risk taking to maintain people's independence.
- Accidents and incidents were recorded, investigated and reviewed appropriately.
- A change in process was actioned following some lessons being learned about the handling of this incident.

### Preventing and controlling infection

- Infection control procedures were maintained. Enough gloves and aprons were available for staff to use.
- The premises were very clean, tidy and free from bad smells.

# 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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to coming to live at Danesfield, a full assessment was carried out for each person in line with best practice and guidance. This allowed the registered manager to determine if both the service and staff could provide the level of support each person required.
- People and their relatives (where able), were involved in the creation of care plans. Care plans contained a good level of detail regarding how staff should support and care for each person in the way they wished to be cared for.
- Care plans were reviewed on a regular basis and were updated where any change in need had been identified. One person told us, "Yes we are involved, I had a review last Tuesday gone, [Carer's name] is doing one heck of a job!"

Staff support: induction, training, skills and experience

- Staff had received regular formal supervision sessions. Staff we spoke with confirmed they also had opportunities to discuss any concerns with the registered manager and team leader outside of their supervision sessions. One staff member told us, "I feel very supported by my team leader, she is great."
- Staff had the necessary skills and experience to care for people living at Danesfield. In addition, staff told us they could request additional training as part of their ongoing development. A review of the provider's training matrix confirmed all training was up-to-date.
- People said staff cared for them very well. One person told us, "Staff know what they are doing – they are good."

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

- People were supported to enjoy and engage in a healthy and varied diet.
- One person living at Danesfield had recently lost a lot of weight. This weight loss had resulted in this person gaining a greater level of mobility which had enhanced their level of independence. They told us, "Since coming to live here it has made such a difference to me, I can walk around now." They also told us they had been nominated by staff for a monthly prize award which they had won and which they were very proud of.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to and were referred in a timely manner to other healthcare professionals for example district nurses, STOMA nurses and consultants. One person we spoke with told us, "[Care's name] noticed I had a bad leg, so they arranged for me to go and see my GP."
- The registered manager attended multi-disciplinary meetings with other healthcare professionals on a regular basis. Any outcomes or actions from these meetings were shared with staff to further enhance the

level of care provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives were involved in decisions about their care. Mental capacity assessments had been carried out and where appropriate, Court of Protection applications had been made to the local authority.
- Where people lacked capacity, records were made where decisions had been made in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Each person we spoke with told us the care and support they received from staff was both kind and caring. One person told us, "Yes, staff listen to me and they are always polite and sensitive."
- Staff had received training in equality and diversity and policies in place supported this. Staff understood the importance of treating each person as an individual and how this approach promoted confidence in the people they supported.
- The registered manager shared with us plans for a forthcoming event called 'Deep Space Pride: A Future World of Equality'. People living at Danesfield were to be invited to be part of the organisation's planning team to celebrate the lesbian, gay, bisexual and trans-sexual (LGBT) community, which would culminate in parades to be held around the country.
- Information was available in different formats to support people. For example, people had the option of documents in larger print or pictorial format. The registered manager also told us information would be made available via audio if a request was received.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in making decisions about their care.
- Staff we spoke with knew the people they cared for very well. During the inspection we overheard one person telling a member of staff, "I love it when I am going shopping with you, you are like my sister."
- Information about advocacy services was available. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. Each person's apartment had a door bell fitted to their front door. One person was eager to tell us how staff would always ring the bell and ask permission before coming into their apartment.
- Staff we spoke with were able to tell us the processes they would follow to ensure people's privacy was maintained.
- People's right to privacy and confidentiality was respected

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support based upon their personal needs, interests and any activities they wished to be involved in.
- Keyworkers held monthly meetings with people to review and update care plans where necessary. This included encouraging people to think of any improvements or ideas they may have in terms of their personal aspirations and what they would like to achieve.
- People were encouraged to participate in various activities of their choice including attending a weekly disco, shopping and day trips out, one of which had been a visit to Blackpool. Although no formal 'goal setting' was recorded in people's individual care plans, people had chosen to display their 'own goals' within a communal area of the service. This had created a sense of community and people were eager to share their goals with the inspector. We spoke to the registered manager regarding including people's personal goals in their individual care plans and they agreed to adopt this practice going forward.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. One formal complaint had been received since the service was registered. This complaint was fully investigated and handled in line with the provider's own policy.
- People had access to an easy read complaints policy and this was contained within the provider's service user guide.
- People told us they had not raised any complaints, but they would know who to speak to if they had any concerns.
- The provider also held a file for compliments received, one which was from a local GP complimenting the service on how they had supported one person to reduce their medication.

End of life care and support

- At the time of inspection no-one required end of life care. The registered manager told us conversations were held in connection with this subject, but these were not formally recorded. We discussed this with the registered manager who told us they would address this, and they agreed to adopt this practice in the future.

# 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.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager ensured they thoroughly investigated any matters which were identified. They worked in partnership with other agencies and ensured people and relatives were well informed. This included offering apologies if things had gone wrong.
- Staff told us the team leader of the service was supportive, approachable and operated an open-door policy. However, some staff told us they had had the opportunity to have a discussion with the registered manager.
- People were encouraged to engage and influence how the service operated. One person had recently stepped in at short notice to support a meeting, regarding person-centred planning. Such was the success and value of their contribution, a director of the service had arranged for this person to be part of the delivery of future training for staff.

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

- The registered manager had notified CQC of incidents which was a requirement of their registration.
- There was a governance and quality framework in place. The registered manager carried out monthly visits to the service to complete quality assurance audits. These audits were then shared with regional directors which then formed part of an organisational overview regarding the quality of service provided.

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

- Regular tenant's meetings were held with people and relatives. This allowed people to voice their thoughts as to what was going well and not so well. Plans were in place for people to start and chair these meetings themselves with staff or an advocate purely in attendance for support.
- Staff had regular team meetings with their manager and they found these meetings to be useful. Staff told us they were encouraged to submit ideas for improvement to the service.
- People were involved in staff interview panels which included opportunities to ask questions of potential applicants. One person involved, shared with the inspector how much they had enjoyed this and how they felt their contribution had made a difference.
- Staff told us Danesfield was a good place to work, morale was good and they felt they worked with a great team.

Continuous learning and improving care

- The registered manager shared with the inspector their vision of further improvements to the service. This included promoting and encouraging people to become more independent and to support people to increase their own self-esteem.
- The registered manager held monthly meetings with team leaders. These meetings focussed on trends, what had gone well in services, along with discussing what may not have gone well. Any actions resulting from these meetings were documented and reviewed for completion at future meetings.
- Team leaders were encouraged by the registered manager to support and share best practice amongst themselves.

#### Working in partnership with others

- The provider had sought advice and worked with other healthcare professionals such as consultants, GPs and nurses to ensure people received joined-up care.
- Staff had good working relationships with other health and social care professionals including local authority teams.