

Craegmoor Supporting You Limited

Craegmoor Supporting You in the Midlands

Inspection report

The Old Barn, Copula Court
Spetchley
Worcester
Worcestershire
WR5 1RL

Tel: 01905344910
Website: www.priorygroup.com

Date of inspection visit:
20 February 2019

Date of publication:
08 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Craegmoor Supporting You in the West Midlands provides personal care to people living in their own houses and flats in the community. Not everyone using the service received a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection the service was providing personal care to eleven people with a learning disability and/or physical health needs.

People's experience of using this service:

The service met the characteristics of requires improvement in three out of the five key questions.

Staff had not been adequately supported to ensure that they received training the provider deemed as mandatory. Staff had not always received supervision in line with the organisation's policy and evidence to show induction completed by staff was missing. We made recommendations in relation to seeking consent and good governance.

The systems for checking staff suitability to work with vulnerable adults was not consistently followed. Gaps in employment history had not been adequately explored for one staff member. We have made a recommendation in relation to safe recruitment practices.

The service was aware of the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were assisted to have maximum choice and control of their lives and consent had been sought.

People liked using the service. We received positive feedback from people and their relatives.

People were protected against abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm.

Staff spoke passionately about their roles and wanting to provide quality care. We saw evidence staff went the extra mile to enhance people's well-being and help them fulfil their wishes.

Assessments had been carried out before people started using the service. Care records were comprehensive, and person centred. Reviews had been undertaken with the involvement of people and

their relatives. Staff knew people well. They had developed good relationships with people.

There was good evidence that equality and diversity had been considered, in particular around those with protected characteristics such as culture, race, disability and religion.

There were systems to support good governance and the monitoring of the service. However, these had not been adequately implemented to ensure compliance with regulations.

Rating at last inspection: This inspection was the first inspection since the service was re-registered with the Commission in September 2017. The service had been registered at a different location.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. We will follow up on the recommendations we have made at our next inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Craegmoor Supporting You in the Midlands

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.

Inspection team: This inspection was conducted by one adult social care inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for an adult living with a learning disability. The expert by experience assisted in making phone calls to relatives of people who used the service.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger disabled adults.

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 48 hours' notice of the inspection visit because it is a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 February 2019. We visited the office location on 20 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before our inspection we reviewed all the information we held on the service and completed our planning tool. Our plan took into account information we held about the provider. We also considered

information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team who work with the service. We also looked at the provider information return. This is the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service and two relatives of the people who used the service to ask about their experience of the care provided. Other people who used the service were not able to share their views with us due to their communication needs.

We spoke with the registered manager, a quality improvement officer, five care staff, a locality manager and the administration officer. We looked at care records for four people and a selection of medicines administration records. We looked at other records including audits, recruitment and training records for all staff members and records of checks carried out in people's homes and equipment.

We obtained feedback from safeguarding and quality assurance professionals from the local authorities that worked with the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Accidents and incidents had been documented and staff had acted to support people and to seek medical support where required. Some reviews had been completed after incidents and care records, such as care plans, were updated following any accident or incidents. However, we found the system for ensuring lessons were learnt from events was not consistent through the service. Debriefs or incident analysis had not been undertaken in the cases we reviewed. This would help to reduce the risk of incidents happening again.
- Emergency procedures for keeping people, staff and others safe were regularly reviewed and updated as required. These included personal emergency evacuation plans, first aid training and a business continuity plan.
- Risks of falls, malnutrition and choking had been assessed and guidance had been provided to staff to keep people safe. Care records clearly identified risks and how to minimise them.
- We saw improvements had been made following concerns from the local commissioners about the management of risks associated with swallowing. Staff completed training in the management of risks associated with choking and they had sought support from speech and language therapists for people who had swallowing difficulties.
- A variety of environmental risk assessments had been completed including guidance for staff in the event of an emergency while working in people's homes.
- People and their relatives told us they felt safe using the service. Comments included, "I feel safe with my two housemates and with staff who support us." And, "I feel safe because our house is spotless and peaceful."
- The provider's safeguarding and whistleblowing policies and procedures were available at the service to ensure staff understood their safeguarding responsibilities. Staff had received training in safeguarding adults from abuse and knew how to report concerns. Records showed safeguarding concerns were promptly reported to the local authority and other key agencies and action taken to ensure people's safety.

Using medicines safely

- We saw records which showed medicines were, in the main, managed safely. Concerns that had been raised regarding the use of thickening powders had been addressed and the registered manager had made arrangements for staff to receive training in this area.
- Some members of staff had completed online training in medicines management. However, the training records showed a significant shortfall in the online training which the provider had deemed mandatory for the role including competence checks. This meant the provider had not followed best practice guidance in medicines management and people were not always assured they would receive their medicines as prescribed, by staff who have the right competences to administer them.

- Medicines administration records were brought back to the office for auditing to ensure any concerns were highlighted promptly. Shortfalls and errors were identified and action had been taken to support staff to improve their practices.
- We recommend the registered provider to seek best practice guidance from a reputable source on the safe management of medicines

Staffing and recruitment

- Some people who used the service needed one to one care and support to ensure their safety. Records showed this was recognised and people we spoke with confirmed it.
- We saw rotas and feedback from care staff showed staffing levels were managed appropriately, unless there were unforeseeable circumstances.
- Records showed staff were safely recruited. Appropriate checks were carried out to ensure they were safe to work with people who use care services. However, we found in one file employment gaps had not been adequately explored for one staff member. We discussed with the registered manager who informed us they will seek explanations on the gaps.

Preventing and controlling infection

- Staff were responsible for supporting people with cleaning and laundering people's clothes. They were also responsible for preparing meals. We saw there was an infection control policy and staff had up to date training in infection control and food hygiene. They had been provided with personal protective equipment such as gloves, staff confirmed they used them.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the skills, knowledge and experience to meet their needs. We found some training had been offered to care staff. This included online training and some face to face training. However, we found shortfalls in training that had been deemed mandatory by the provider. This also included shortfalls in the provision of induction, safeguarding, medicines, and people handling. The registered manager informed us they had identified the shortfalls during their internal checks and some training had been booked.
- There were arrangements to provide staff with regular supervisions however this was not always provided in line with the provider's policy. The registered manager and the quality improvement officer informed us that this had been identified and they had started to take actions to improve this.
- There was a failure to ensure that all staff had received such appropriate support, regular supervision and training as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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 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 with appropriate legal authority.

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.

- Some people's care included restrictive practices to keep them safe. Staff had worked with the local authority to seek authorisation for care that included restrictive practices.
- Consent forms were in place for various areas of care. Mental capacity assessments had been completed to determine people's ability to make decisions about their care.
- Care and support was planned, delivered and monitored in line with robust pre-admission and compatibility assessments. The registered manager assessed people to ensure they understood their needs and to ensure staff had effective guidance to follow when caring for people. Regular reviews ensured staff

had access to current information about people and how to deliver effective care to them.

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

- People were supported to access a varied diet which included people's individual preferences as well as meals to meet people's religious and cultural needs. There was a strong emphasis on ensuring people ate healthily to achieve the best outcomes. People told us they could choose their own meals to suit their own preferences even if they lived together. Records of care contained detailed nutrition and hydration risk assessment and plans.

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

- The service was run from a modern office with adequate accommodation for staff and visitors. People's properties were maintained by their landlord and in majority of the cases staff had reported any faults and action had been taken to rectify this. We noted staff had engaged with the landlord to ensure people's properties were habitable, safe and comfortable.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- We observed there were up to date care plans in place which detailed how people were to be supported.
- We saw care records showed people were referred to relevant professionals when there was a health need. We saw people had access to external health care professionals such as GPs and occupational therapists.
- Each person had a health action plan which identified their health care needs and any appointments they needed to attend.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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

- We asked people who used the service and their relatives if they felt staff were kind and caring. They informed us staff were compassionate kind and treated people with dignity.
- The registered manager was aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.
- Staff were given clear guidance on how best to communicate with people. There were clear communication plans that had been written to provide staff with guidance. This included significant input from specialist professionals and relatives.

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

- Feedback from people and our review of records showed staff supported people to make decisions about their care and support, including what activities they engaged in. We saw care records emphasised promoting choice and ensuring people could make their own decisions as far as possible. Comments from people included, "Staff are very nice and support us to live peacefully and to make our own choices." And, "Sometimes I want to have my own time and space so I can choose to be on my own or to go out with my parents."
- The information in care records showed the views of people and their family members had been sought. Information about people's background, history, favourite pass times and life experiences had been recorded.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- Staff had received equality and diversity training to develop their awareness of human rights. All staff we spoke with knew how to treat people with dignity and respect in their homes and out and about in the community.
- Relatives told us they were confident people who used the service were treated with dignity and respect.
- Staff promoted people's independence and encouraged them to do things for themselves. For example, seeking employment, education, volunteering opportunities and undertaking some of their own household chores.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

- The values and ethos at the service promoted a person-centred approach. The registered manager informed us, "People are treated equally and with respect. We promote and maintain their independence as much as possible and help people to achieve their goals." There was a significant effort to ensure people were supported to set their own personal goals and 'bucket lists'. Staff went the extra mile to assist people with fundraising to fulfil their dreams.
- Care plans set out how to meet people's needs in a personalised way. These were reviewed on a regular basis and updated when needs changed. A staff member told us, "We have the best interest for people we support, and everything is done in a person-centred manner."
- Care plans reflected people's choices, wishes and preferences and things that were important to them. They also contained in-depth information about health issues which supported staff to care for people effectively. Additional behavioural support plans provided detailed information on triggers and how to support people in the event of signs of distress. A relative told us, "I have confidence in the service provided and I am assured that [relative] is looked after well. They have supported her with her walking and that has been great."
- People's needs, including those related to protected characteristics, were identified. We saw a detailed equality and diversity care plan included such needs such as sexuality and specific diets, in line with people's religion or cultural needs. Staff had assisted some people to understand and to develop relationships including understanding their sexuality and gender.
- There was a variety of individual and group activities for people. People were supported to engage in activities of their choosing. People we spoke with told us they accessed the local community either with their housemates or as individuals. They informed us they could go on holidays and outings with their family members if they wanted.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, end of life policies and procedures were available to guide staff. We discussed the need to ensure people and their relatives were provided with the opportunity to discuss their end of life preferences. The registered manager informed us they were going to make the required improvements. There were arrangements to support people with loss and grief. Staff had supported people when they had experienced loss of a family member.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People knew how to raise concerns if they needed to and complaints had been dealt with in line with regulations.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was not consistently well-led and leadership arrangements did not ensure effective accountability and oversight. We identified one breach of the regulations in relation to staff training during this inspection. We have also made recommendations in relation to medicines management and safe recruitment practices. The registered manager took immediate action to address some concerns during our inspection and told us they had identified some of the shortfalls during their internal checks. However, we found the issues had not been resolved before our inspection.
- A relative we spoke with felt the service was well managed. They told us, "It is well managed by the [registered manager], and she will implement any changes we suggest."

Continuous learning and improving care

- The provider had up to date systems and processes including policies for monitoring the service. They had internal quality inspections to monitor the service. However, we found the system had not been effectively implemented to assist them in the continuous development and monitoring of the service.
- Feedback from local commissioners showed quality concerns they raised had been addressed. However, they told us some of the suggested improvements had taken longer to be rectified by the provider. The provider's quality assurance lead informed us they are now closely working with staff to ensure timely improvements were made.
- Whilst they had systems for auditing the quality of the service and had identified a significant of the shortfalls we found, they had not addressed the concerns before our inspection. Some audits had not resulted in action plans being developed. We saw identified shortfalls had been carried forward on consecutive audits without evidence they had been resolved.
- The provider had failed to maintain good governance. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

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 promoted openness and transparency throughout the staff team. Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles. However, they needed to be consistently implemented to improve the service.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.'

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

- There were arrangements to engage staff through team meetings, but this had not consistently happened. However, the registered manager informed us that they kept in regular contact with their staff and worked alongside some of them to check that they were managing people's care in line with guidance. Meetings for people and their relatives had also not consistently taken place, as required by the providers' policies. However, relatives told us they maintained regular contact with the management and staff. The registered manager informed us there were organisational changes which would ensure they regular feedback and contact with people.

Working in partnership with others

- We saw evidence which demonstrated the service worked in partnership with the wider stakeholders to ensure it maintained compliance. Records noted the involvement of GPs, mental health teams, social workers and commissioners of people's care.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(c) HSCA RA Regulations 2014 Good governance</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a)(b) HSCA RA Regulations 2014 Staffing</p> |