

Lion Care Service Limited

Creda House

Inspection report

184 Weston Road
Stafford
ST16 3RY

Date of inspection visit:
21 September 2022
26 September 2022
03 October 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Creda House is a care home without nursing providing personal care for people with learning disabilities and or autism. At the time of our inspection four people were receiving care and support.

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

The provider was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Culture:

The provider's quality monitoring processes were not always effective at highlighting issues found on inspection. People's medicines were not always managed and stored safely.

The environment did not always reflect people's preferences. For example, some parts of the service were quite bare, with no pictures on the walls, lacked personalisation and areas of the service required maintenance and repair.

Staff knew people well and were responsive to their needs.

People and their relatives were involved in their care. Staff worked with people to achieve their goals.

Right Support:

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to participate in activities and maintain relationships with those who were important to them.

Right Care:

People were supported in a person-centred way. People's dignity was promoted and staff demonstrated knowledge around people's individual communication preferences. Relatives provided positive feedback about the care and support provided.

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

Why we inspected

We received concerns in relation to the quality of care being provided and the environment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creda House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the management of medicines and quality assurance systems.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Creda House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Creda House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Creda House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in 2019. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection

People who used the service were unable to talk with us in detail due to limited verbal communication. We spent time observing interactions with the staff supporting them. Following the site visit we spoke with the registered manager, six care staff members and two relatives. We also reviewed additional documentation sent to us by the registered manager including health and safety records, training records and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Using medicines safely

- We observed the medication cupboard keys had been left in the door when staff were not present, and the stock cupboard for medication had no lock. This meant medicines were not being stored safely.
- People received their medication when required, however some aspects of medicine management and recording required improvement. For example, medicines were being recorded electronically, however due to issues with the system these were not always being recorded consistently. This meant we could not always be assured accurate records were being kept of medicine administration.
- Temperature checks of the room where medication was stored were carried out, however we found several recordings where the temperature had exceeded the recommended storage temperature for medication and no action had been taken to address this. This meant we couldn't be assured medicines were always being stored safely.
- Following the first day of inspection the provider had put measures in place to rectify the issues.

Although we did not find any evidence of harm, people were at risk of harm due to the current systems in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Due to the way incidents and accidents were recorded we couldn't be assured that incidents had always been reported as required to the local authority safeguarding team and to the CQC.
- For example, we found examples of minor injuries recorded. These incidents had been dealt with to maintain people's safety; however, recording of these meant lessons had not been learnt to reduce the risk of them occurring again.

The service's failure to identify potential abuse placed people at potential harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. On the first day of the inspection some staff were not wearing face masks and told us these were only worn during personal care. This was rectified immediately, however not wearing facemasks is against current guidance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw that regular cleaning was taking place; however, the service had not been

recently refurbished, meaning some surfaces, paintwork and walls were damaged so these could not be kept hygienically clean.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions placed on visitors at the time of the inspection.

Assessing risk, safety monitoring and management

- People's known risks had been assessed and accompanying care plans and risk assessments were in place.
- People's relatives told us their family member was safe when receiving care and support. One relative told us, "Yes [name] is supported safely; staff are aware of their specific needs and support them well." Another relative said, "[Name] is happy and safe, and the number of anxious behaviours have gone down since moving in."
- Staff were able to tell us about people's known risks and how they supported people to keep them safe. A staff member told us how they supported people who express emotional distress. They told us, "We do use positive behaviour support plans and safety intervention techniques. It shows you how to tackle different situations, how to look for alternatives, such as to distract the person or suggest they have time to themselves, or to engage and talk to them."

Staffing and recruitment

- Staff files contained necessary pre-employment checks such as references from previous employers and Disclosure and Barring Service checks (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This was to ensure staff had their suitability to work with vulnerable adults checked.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Medicines were not always managed in line with guidance and the law. We have described this in detail in the safe section of this report.
- People's needs were assessed, and care plans were in place containing information about the level of support required. This included communication preferences, positive behaviour support guidance, equality and diversity needs and day to day preferences.
- A relative told us how they were involved in the initial assessments prior to their family member moving into the service, they said, "The manager did a detailed assessment at the start, it was all agreed with us, as well as [name]. We talked about their history and emotional triggers."
- One staff member told us how they work with people to ensure they are supported in line with their preferences. They told us, "Each week we carry out a keyworker session, where I check [name] is okay, see what they want on the menus and review any incidents or problems they want to talk about."

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

- The home had not been recently maintained or re-decorated and was showing signs of wear and tear. Although some bedrooms were personalised, others were quite bare. There were some areas of damage around the home that hadn't been repaired. We discussed this with the registered manager and on the second day of our visit quotes had been gained for repairs and re-decoration.
- We saw that the garden had recently been tidied so this was in a good condition for people to access. Throughout our visit we saw some people choosing to use different areas of the home.

Staff support: induction, training, skills and experience

- Staff told us they had received training and shadowing opportunities with experienced staff as part of their induction. Staff also told us about the ongoing training they received. One staff member told us, "The training is good, we have refreshers every year and hands on training such as moving and handling and safety intervention techniques training."
- Staff received supervisions and told us they felt these were useful. One staff member said, "Yes I have supervisions and they are regular. The supervisions are important to make sure we do the right thing and to make sure we are doing a good job."

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

- People were supported to maintain healthy lifestyles and were weighed regularly. When people had needed support to manage their weight staff explained how they did this. They said, "We encouraged

[name] to eat lean meats, add more vegetables and salad to meals and have regular walks and now they maintain a steady weight."

- People were encouraged to be involved with preparing meals and cook dinner with a member of staff each week. This enables each resident to gain new skills. One relative told us how much their family member enjoys this. They told us, "[Name] enjoys cooking with staff as they will help them to prepare meals appropriately. Staff take them food shopping weekly to buy ingredients for meals."

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

- Relatives told us, and records showed that people had access to relevant professionals when needed and been involved in peoples care plans. One relative told us, "Staff always help with medical appointments as [name] couldn't do it without them. They have done so much work to help them to have [medical procedure] and now opts to have staff at appointments for support instead of a family member."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive. A relative told us, "Staff are aware of [name] behaviours, and support them well. If any of their choices could have an impact on health, staff will put boundaries in place, but these are always checked with parents first and they put best interest decisions in place."
- Staff were able to tell us about the training they'd had around mental capacity and how they supported people in the least restrictive way possible. They told us, "Each person has had a MCA assessment and have DoLS in place due to their needs. You always assume someone has capacity unless you know a reason why they might not, like a learning disability or other medical condition. We use positive behaviour support plans to help us support people and always use the least restrictive way first."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance checks were in place; however, these were not always effective. For example, medicines audits had been carried out but hadn't identified that the medication cupboard keys were not being stored safely, the medication stock cupboard had no lock, temperature checks had been recorded above manufacturers guidelines and electronic monitoring of medication records had not been recorded consistently. This meant people were at risk of harm from medicines not being managed safely.
- Records of episodes of emotional distress were completed but audits had not identified that these records lacked detail to enable proper monitoring to take place. For example, the location of the incident, staff who were present and where safety intervention techniques had been used these were not recorded in sufficient detail to inform staff how incidents could be managed more effectively in the future.
- Environmental checks had not identified that the service required maintenance and updating to reflect people's preferences.

Although we found no evidence of harm, systems were not sufficient to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to submit notifications as required. For example, DoLs authorisations had been granted, however the CQC had not been notified.

This is a breach of Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoke positively about the service. One relative told us, "All the staff including the manager support [name] well and are understanding of their needs. I'm comfortable that [name] is in the best place for them and us."
- People's equality characteristics were considered. Care plans contained information regarding people's

preferences to assist staff to support them in line with these.

- Staff told us they felt supported in their role. One staff member told us, "I think it is well led, if you have any concerns or personal issues, they help you to work round them They always listen to your suggestions and encourage you raise concerns or share ideas. We have regular team meetings where we talk about any issues or support needs for the clients."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The provider ensured people close to the person that had been involved in an incident were informed and kept updated when things went wrong.
- The registered manager understood when things went wrong it was their legal responsibility to be open and honest.
- Staff worked with external professionals which included Psychiatrists, GP and dentists. Records were kept of upcoming appointments, and these were also discussed during staff meetings.

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
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications had not been submitted to the CQC as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed and stored safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding systems were not effective in protecting people from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems had not identified issues highlighted during the inspection