Creative Support and Consultancy Limited

4 Cottage Walk

Inspection report

4 Cottage Walk
Clacton On Sea
Essex
CO16 8DG

Tel: 07920005309

Date of inspection visit:
11 January 2018

Date of publication:
01 March 2018

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

At the last inspection in February 2015, the service was rated as 'Good'. At this inspection in January 2018 we found the service remains 'Good'. The inspection was unannounced.

4 Cottage Walk provides accommodation and personal care for up to six people including younger adults. It is a service for people with a physical disability, learning disability and/or on the autistic spectrum and mental ill health. At the time of our inspection, six people were receiving care and support at the service.

The care service has been developed and designed in line with 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.

There was a registered manager. 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.

Some people who used the service were unable to verbally tell us about what it was like living at 4 Cottage Walk. We therefore used observation to help us understand people's experiences.

Procedures were in place to safeguarded people who used the service from the potential risk of abuse. Risks to people's health and wellbeing were managed well whilst maintaining their independence. These were reviewed to ensure people's needs were met effectively and safely.

There were sufficient numbers of staff to support people and safe recruitment practices were followed. The administration of medicines were managed safely to keep people well. Staff knew how to report any concerns and incidents were investigated.

People's needs and choices were assessed in line with current guidance. Appropriate induction, training, supervision and appraisals were in place to enable staff to provide appropriate care to people. Staff had a range of skills, knowledge and experience to care for people effectively.

People were supported to eat and drink enough to meet their needs and to make informed choices about what meals they had. People received regular and on-going health checks and support to attend appointments. Professionals worked together to support people with their mental and physical health and wellbeing.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005. Capacity to make specific decisions was recorded in people's care plans. People had maximum choice and control of their

lives and staff supported them in the least restrictive way possible.

Staff interacted with people in a caring and friendly way and treated them with dignity and respect. People's individual communication needs were recorded in their care files and information was provided in accessible formats. The premises were designed, adapted and accessible to meet people's needs.

Care plans contained information about people's wishes and preferences. They were involved in reviews of their care arrangements where possible but this was not always recorded. People were encouraged to pursue their interests and to maintain links within the community. There was an effective complaints procedure in place and people and their relatives knew how to make a complaint should they need to.

There was a management structure in place which provided clear lines of responsibility and accountability. Staff were committed and supported. Quality assurance checks were carried out to ensure people received a high quality service which met their needs and protected their rights.

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 remains Safe.

Is the service effective?

Good

The service remains Effective.

Is the service caring?

Good

The service remains Caring.

Is the service responsive?

Good

The service remains Responsive.

Is the service well-led?

Good

The service remains Well-led.

4 Cottage Walk

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 the 11 January 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection, we spent time observing the interaction and communication between staff and people who used the service. We looked around the premises and observed care practices.

We talked directly with two people who used the service who could share their experiences with us. We spoke with the registered manager (who was also the provider), the manager who had day to day responsibility for the service, the area manager and three care staff on duty.

We reviewed three people's care records including their medicines administration records. We looked at three staff files including recruitment, training and supervision. We looked at other records relating to the management of the service which included health and safety records and quality audits.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains 'Good'.

We observed that people were safe and protected from harm. People were moved safely with the use of appropriate equipment and protected from potential risks through the use of distraction techniques. One person said, "The staff help me make decisions and I am safe here with them but I also want to live independently again."

Staff had received training in safeguarding children and adults and were knowledgeable in identifying different types of abuse and what to do about it. The registered manager and manager were aware of how to report to the local authority safeguarding teams and whistleblowing procedures were in place for staff to use.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. These included people's use of equipment, mobility, medicines, nutrition and choking.

People at times could display behaviours that challenged. Strategies had been developed in order for staff to know how to respond to them whilst at home or in the community. The service reviewed people's risk assessments and updated them when there was a change in their condition or circumstances.

Regular and relevant checks had been completed in relation to health and safety. These included gas and electrical safety systems, fire procedures, hot water systems and portable appliance testing. People's personal emergency evacuation plans, which set out how they should be supported to exit the service in the event of an emergency, were in place. The service was monitored, checked and safe for people to live in.

Sufficient staff were employed to provide safe and consistent care. People had one to one support as their health, social and psychological needs were complex. Additional support was available on call if staff needed advice or in the event of an emergency. Staff told us that they worked as a team and there were always staff available to work. One person told us, "I can have any of the staff help me, we share so I don't worry who helps me, they are all okay with me."

Staff recruitment procedures were in place. Application forms were seen along with interviews notes and references from previous employers. Disclosure and Barring Service (DBS) checks were in place which helped employers make safer recruitment decisions and prevent unsuitable people from working in a care worker role. Some records confirmed people's identity, but some did not contain a photograph of them or record any gaps in their employment as required by the regulation. The manager confirmed that they had dealt with these issues within two days of the inspection and had improved the application form and procedure so that this information would always be provided in future.

There was a medicine administration procedure in place. Staff had received training in medicine administration and following this, the manager checked their competency to make sure they were working in a safe way. The service was proactive in liaising with professionals about the correct dose, ordering, disposal and administration of medicines. Medicine records viewed were of good standard and regular audits ensured any discrepancies were dealt with appropriately.

Some people were prescribed medicines which were given when required (such as for pain). Written protocols about when to administer them were in place. For example, for one person, it was recorded that they asked for or were offered a 'helpful tablet' when they became agitated which helped them become calm and in control.

Records confirmed staff had undertaken the relevant infection control training. Staff understood their responsibilities in relation to infection prevention. The premises were well maintained and clean.

There were systems in place to record, review and investigate issues and concerns. We saw that information, agreed decisions, lessons learnt and actions taken were recorded to ensure that staff and professionals were working together in the best interests and safety of people living at the service.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

People's needs and choices were assessed and care and support delivered in line with current good practice. The registered manager kept themselves aware of issues and good practice relating to the specialist needs of people who used the service.

Staff provided effective support to people as they were skilled and trained in their job role. Staff received a full induction prior to beginning work and then spent time shadowing and working alongside more experienced colleagues. From the training records, we saw that staff completed the Care Certificate (the vocational qualification for social care workers) whilst senior staff held recognised qualifications in health, social care and working with people with learning and other disabilities. Senior staff were trained as trainers in moving and handling and supporting people with their behaviour in order that people had effective care which met their needs. Staff told us that the training was, "Great and really informative," and, "I have learnt a lot from other staff and the training just adds to it and makes everything make sense."

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

We saw that people had a balanced diet and their nutritional needs were met. Menus were in picture form so that staff could assist people with making decisions and choices with food and drink. People helped prepare and cook their meals where they could. Some people had specialist diets and we saw that information and guidance about their needs was clearly documented. We saw one person being assisted to eat their meal and this was done sensitively, quietly with the staff member engaged and focussed on the person. One person told us, "I can have what I want to eat and staff help me to get it ready."

Staff and organisations worked together to deliver effective physical, emotional and psychological health care support and treatment to people who used the service. Although people had complex health needs they were supported to live their life to the full.

Care records included information and guidance to ensure that staff assisted people to maintain good health, manage their condition and that information about them was shared appropriately. For example, one person was still at school therefore all relevant information was shared to ensure their care needs were met at all times.

Support to access healthcare professionals and appointments was available. Staff liaised with relevant professionals such as the speech and language therapy team, GP, mental health team and behavioural specialists. Information about their health needs were documented such as any allergies and the appointments and outcomes of any appointments. This ensured staff monitored and adhered to people's medical needs as required.

People lived in an adapted bungalow in a quiet area of Clacton on Sea which was fully accessible. They had a personalised bedroom, shared a lounge and kitchen and there was also a sensory room for people to use which was very popular. The service was well maintained and decorated.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the staff in the service were guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant people.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Records showed that the appropriate applications had been made for individuals and authorisation had been granted. These applications were regularly reviewed to ensure people's human rights were upheld.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

Some people who used the service were not able to tell us verbally about their experiences but we observed that people received person centred care from caring and well trained staff. Some people who could tell us said, "The staff go out shopping with me, it's great as I'm not always good with money," and, "They [staff] are nice, I like them all really. They talk through things with me."

Throughout the day of the inspection, we saw that people were treated with kindness, respect and compassion and were given practical and emotional support when needed. They were given support quickly and staff communicated with them appropriately and effectively. For example, they stood where the person could see them; they waited for the person to agree or respond when asked a question and listened to what people were saying.

The staff were aware of the ways in which people communicated by knowing their mannerisms, the sounds they made and their body language. Accessible information such as communication passports, which helped health care professionals know about the person if they had to visit hospital for example, were used where needed. Pictures and photos were also used as communication tools. The provider was meeting the requirements of the Accessible Information Standard.

The service was a hive of activity. We saw that people were having their breakfast, one person went off to school, others to appointments. Rotas were arranged so that staff could spend the agreed time with people. It was clear from our observations that people were happy with the support staff provided them. Staff knew people's needs, they knew what made them happy, what settled them and how to distract them when necessary. They did this in a sensitive and caring yet direct way. Staff were appropriately affectionate both physically and verbally with people which assured them and gave them warmth, comfort and reassurance.

People had access to advocates when they needed them which ensured their rights were protected. Advocates are people who represent the wishes of the person when making important decisions about their lives. The manager told us that people and their families were involved in their care planning and reviews. They explained how they were involved and how they made decisions on their behalf. Records we looked at did not always contain sufficient information to show that involvement. The manager agreed that the discussions and the outcomes could be better recorded to show a person's contribution and participation in their care.

There was detailed information in people's care records about how they liked to be supported and this was written in an inclusive and sensitive way. One care plan said for a person who did not have capacity that "[Name] would like to be kept clean, tidy and dressed appropriately as if they were able to make decisions themselves."

People's privacy, dignity, and independence were supported and promoted and staff understood and

respected these human rights. For example, people were assisted into and out of a hoist in the most dignified way possible, were encouraged to explore their sexuality in the privacy of their own bedroom, and one person was saving their money for a tattoo but had not quite decided where to have it.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

We received positive feedback about how responsive staff were and we saw this during the inspection. One person said, "The staff help me when I need it, they are always around." Another said, "They explain things to me and make it clear what I have to do when going for interviews or hospital appointments and things." Staff were attentive to people's needs, in a respectful, thoughtful and spontaneous way which enabled them to live an interesting and varied lifestyle.

People received personalised care which was responsive to their needs. Care was assessed, reviewed and recorded. People's care plans included detailed assessments, which took into account people's physical, mental, emotional, and social needs. We saw people's wishes, views, likes, dislikes, and preferences had been discussed and their culture, ethnicity and faith recorded to understand and meet their needs. The daily notes, written in a sensitive and informative way, showed that people's needs were being met as agreed in their care plan. For example, "[Name was playing on their piano ipad app and the room was full of laughs."

To ensure that staff responded appropriately to people's behaviour which could be challenging, the service had a 'zero punishment' policy in place. Staff were trained and had access to behavioural advisors in ensuring that they supported people in a positive way using skills and tools which respected people. These included distraction techniques and positive reinforcement so that staff responded in an agreed and consistent way.

Families and friends were able to visit when they wanted. Staff enabled people to maintain these important relationships so that it reduced people's isolation and loneliness. We saw that the registered manager was proactive in managing and negotiating appropriate contact where issues of concern had been raised.

People, their relatives and representatives and staff expressed their views and experiences about the service through individual reviews of their care, in annual questionnaires for relatives and professionals and in staff meetings. People's feedback was valued, respected, and acted on.

People enjoyed an active social life engaging in activities both in and out of the service. These included going into the town, cooking, shopping, arts and crafts, dancing and the cinema. Eating out was the most popular pastime for most people.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, some care files reflected people's wishes whilst others stated that they had not yet had the conversation about this subject as it was not the right time.

The service had a complaints system in place. Complaints had been received and responded to appropriately. We saw that responses had been sent with actions taken. The service took up complaints on behalf of people who used the service where the service they were receiving from others was less than

satisfactory.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'Good'. At this inspection, it remains 'Good'.

The service has a registered manager in post. 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.

The registered manager was also the provider who owned and ran other services in the area for people with learning disabilities and on the autism spectrum. A manager was responsible for the service on a day to day basis supported by an area manager. All managers were experienced and knowledgeable about the needs of people who used the service and their responsibilities. They promoted a positive culture, and were motivated, visible and reflected the vision and values of the service.

Staff had a positive and enthusiastic attitude and knew what was expected of them in their role. They knew how to question practice and raise concerns and were supported to do this. One staff member said, "We get really good support and it's a good place to work, the managers are really there for the people."

Staff were involved in discussions about developing the service and how outcomes for people could be improved. Another staff member said, "We make suggestions about improvements but there isn't much to improve here." We spoke with the manager about the content of the team meeting notes and they agreed that these could be more inclusive and reflect the views and opinions of staff.

There were resources available to drive improvement. A quality assurance system was in place. Audits had been completed which included medicines administration, infection control, care plans, health and safety, staff records, training, accidents and incidents. All information was appropriately recorded, audited, and kept confidential to ensure that people had safe high quality care.

The provider worked very closely in partnership with other agencies including the Local Authority, the Clinical Commissioning Group, behaviour and specialist advisors and the mental health team to support people to have joined up care. Information about people was recorded and shared appropriately so that everyone worked together for the benefit of people who used the service.