

Lion Care Service Limited

Creda House

Inspection report

184 Weston Road
Stafford
ST16 3RY

Date of inspection visit:
20 June 2019

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31 July 2019

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

Creda House is a residential care home providing personal care for up to five people.

The service was a large home, near to Stafford town centre. The service did not have any signs outside to identify it as a care home and was decorated to feel homely. At the time of the inspection there was one person living at the home.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that 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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff knew the person well and provided support that met their needs and enabled them to take part in activities within the home and community in line with their wishes.

The person was supported with kindness and consideration. Staff knew how to keep the person safe and had received training in safeguarding and how to reduce the risks of harm from occurring.

The person received medications safely and risks to them had been assessed and managed to identify and reduce any known risks. The person was supported to access healthcare services as needed. Routine checks and audits were conducted to ensure that all aspects of the service were being delivered safely as planned.

The person's rights were protected. They received kind support and assistance to have choice and control over their day to day lives. The person's preferences were known, and staff provided personalised encouragement and enabled them to do as much as possible for themselves.

Effective monitoring systems were in place that checked if the home was well managed and delivered care that was supportive. This enabled people to have a good quality of life. The person and staff were encouraged to provide feedback about the home and the management team were keen to identify other improvements that could be made to support people and further improve their well-being.

The registered manager was aware of their responsibility to report events that occurred within the home to the CQC and other external agencies, complying with the regulations.

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

Rating at last inspection

This service was registered with us on 12/03/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our timescales for inspection following 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Creda House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be able to support the inspection.

Inspection activity started was undertaken on one day 20 June 2019.

What we did before the inspection

We reviewed information we had received about the service since. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection

During the inspection

We spoke with one person using the service briefly about their experience of the care provided. We spoke with one member of staff, the registered manager and the provider. We viewed a range of records. This included one person's care plan, medication records and daily recording notes. We looked at three staff files in relation to recruitment and staff supervision. We viewed a variety of records relating to the management of the service including audits of the quality of the service and policies and procedures.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The person told us they were safe in the home; they said, "The staff look after me, I'm alright, I'm safe."
- Staff had received training in protecting people from harm. Staff knew how to recognise potential signs of abuse and how to raise any concerns for people's safety.
- The registered manager submitted relevant notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Assessing risk, safety monitoring and management

- The person's care and support needs were known to staff who were clear about actions they would take to keep people safe.
- Risk assessments were comprehensive and up to date to ensure staff acted consistently to protect people from harm.
- There were health and safety risk assessments in place to make sure people and staff were safe in individual homes.

Staffing and recruitment

- We found there were enough staff on duty to meet the person's needs. The registered manager told us they scheduled staff to ensure planned care and activities were always undertaken.
- Staff had been recruited safely. Systems were in place to recruit staff suitable to work with the people who lived at the home. We saw Disclosure and Barring Service (DBS) checks were undertaken.
- The registered manager advised all new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.

Using medicines safely

- The person received their medicines on time and in a safe way. Staff had been trained to administer medication followed the provider's processes. Following a recent local authority inspection, the registered manager had implemented some changes to the way certain medications were administered. Audits were undertaken regularly of all medication held in the home and the administration records were also checked. Any issues identified were then reported and acted on, which included additional training for staff if this was found to be an issue.
- The person had been prescribed medication to be taken 'as required' and there were written protocols in place so that staff would be consistent about when people would receive such medication.

Preventing and controlling infection

- The home was clean and tidy in communal areas and bathrooms.

- Staff told us they had received training in how to reduce the risk of the spread of infection.
- The kitchen was clean and organised, and we saw staff washing their hands regularly throughout the inspection and before preparing food.

Learning lessons when things go wrong

- The registered manager had a system in place to reflect on issues or events in the home. They undertook analysis after any incident or near miss to identify if there was any improvement or change needed to reduce the risk of the incident happening again. We saw where issues had been identified these were actioned.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the person was asked for consent prior to any support being offered. For example, the person was preparing their breakfast and staff asked if they would like any help with this.
 - Records reflected appropriate assessments of the person's capacity to make decisions about their care had been carried out and recorded.

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

- The person's needs and preferences were assessed before they started to receive support to ensure their needs could be met. This included information about their diverse needs such as sexuality and religion.
- We saw the person and their relatives had been involved in developing their care plans. These included past life history, preferences and how they would like to be supported by staff.
- Care plans reflected the person's needs and preferences and included clear guidance for staff. Staff we spoke with were aware of these preferences and were able to tell us how they supported the person.

Staff support: induction, training, skills and experience

- Staff told us they felt they were supported and received adequate training. We saw new staff received an induction, relevant training and regular supervision.
- Staff felt supported in their role and able to approach the branch co-ordinator or registered manager for guidance.

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

- Staff were knowledgeable about the person's individual preferences and told us they offered encouragement to eat and drink regularly. One staff member told us, "We mainly prompt [person] to remind them about drinking enough and offer support with cooking and preparing meals."
- Care plans contained detailed guidance about how to support the person to prepare meals and drinks

safely.

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

- Records showed the person was supported to access healthcare services and support when required.
- Staff told us if they noticed a change in the person's health they contacted the person's relative or, if appropriate, arranged for the person to see a healthcare professional.
- The registered manager described how they worked with other partner agencies to ensure people received care that meet their changing health needs. For example, staff liaising with the local authority social workers.

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

Good: 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

- The person told us they were treated with kindness by the staff who supported them, they told us, "They are nice to me, they make sure I'm happy."
- Throughout the inspection we saw the person communicated well with the staff and management team. There was a homely feel to the service and it was apparent that staff knew the person very well.
- Staff were aware of cultural and social needs and these were reflected in care planning.

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

- The person told us they were supported to be involved in decisions about their care, they told us, "They [staff] ask me about things and I tell them what I want."
- Staff told us, and we saw, how they offered choices and respected personal preferences and routines.

Respecting and promoting people's privacy, dignity and independence

- Staff respected the person's privacy and dignity. We saw the person's bedroom door was open, but staff asked if they could enter. We were told by staff that when other people were using the service for respite that the person kept their door closed to maintain privacy.
- Staff members told us how maintaining peoples' independence and dignity is important to them. A carer told us, "People have a certain way they like things doing so it's important we get to know them and respect the way they like things being done. We always ask if [person] needs any support and encourage and prompt if this is needed."

Is the service responsive?

Our findings

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

Good: 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

- We saw care was planned in a way that met the person's needs and preferences. During the inspection we saw the person discussing activities with the staff team and they supported the person to check their calendar to ensure they could attend. The management team also checked the upcoming rota to ensure staff were available to drive the person to the activity.
- We saw the person had many interests and told us, "I like to see football and go bowling and staff take me."
- Staff were able to tell us how they met people's needs and respected their preferences. They spoke about people's personalities and interests. A carer told us, "We've got to know them so well that we usually know what [person] wants, but we always ask and chat things through to make sure they are happy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke with the registered manager who told us that documents, policies and procedures would be available in other formats on request, or when a need was identified.

Improving care quality in response to complaints or concerns

- We saw there were feedback forms in the hallway for CQC and the Local government Ombudsmen. There was also a complaints form for the service that contained details of how to report a concern to the Local Authority.
- The person said they didn't have any issues with the service but knew what to do if they did, they told us, "I talk with [staff] and I'd tell [managers name]."
- The provider had a system in place to ensure the effective management of complaints and the registered manager and provider oversaw any concerns escalated to them by staff.

End of life care and support

- No-one was receiving end of life care at the time of the inspection.
- The registered manager told us people's wishes for their end of life care would be considered and recorded if appropriate.

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

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

Continuous learning and improving care

- The registered manager had worked to make the improvements required following Local Authority inspections.
- We saw quality assurance processes were in place to monitor the quality of the service. These were used to identify any issues and action where necessary.

Promoting person-centred, high-quality care and support which achieves good outcomes for people

- The person and their relatives told us they felt the service was well-led and were happy with the service. The person said, "Yes I'm happy with it and would recommend it." And a relative said, "Yes, we are happy, and we would recommend it. We are very pleased."
- The management team promoted a positive culture which was reflected in feedback from staff who told us they felt valued and listened to.
- The management team had a good understanding of people who used the service and were keen to ensure people received a good quality of care.

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

- The management team were aware of their responsibilities under the Duty of Candour. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager regularly reviewed the quality of care people received. Audits on care records and medicines took place and action was taken where inconsistencies were found.

Engaging and involving people using the service, the public and staff

- We saw the person had regular meetings with their key worker to express their views about the quality of service provided.
- The person and their relatives were able to speak to the registered manager to raise any queries or concerns.
- Staff felt able to share concerns with the registered manager and told us they found them to be approachable. One staff member said, "The manager is supportive, I can always speak to them if I need to."
- Staff received supervision and feedback about their role. One staff member said, "We get supervisions to

make sure we're ok and haven't got any issues and also to make sure we're supporting people properly."

Working in partnership with others

- The registered manager and staff maintained good links with health and social care professionals when required.
- Where appropriate, relatives were involved in the care planning and review process and offered guidance to staff about people's preferences.