

Creative Support Limited

Creative Support - The Chestnuts

Inspection report

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Creative Support – The Chestnuts is a residential care home providing personal care for up to five people in one adapted building. It specialises in supporting people who have learning disabilities and or autism. At the time of our inspection, there were four people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider's quality assurance systems and processes were not always effective at identifying concerns and driving improvement in the service. Systems that were in place were not implemented effectively and audits had not identified concerns with the service.

Environmental risk management and infection control procedures were not sufficient. Staff had not consistently followed the provider's systems and processes to assess and minimise environmental risks to people. Sufficient information was not always provided about people's individual risks.

Not all staff had received mandatory training. Training had not always been refreshed at the timescales identified by the provider and training records were unclear.

Safe recruitment procedures were followed. There were enough staff available to meet people's support and activity needs.

People were supported to eat a balanced diet that met their needs and any associated risks were managed with appropriate specialist input. Staff worked effectively with community health and social care professionals to achieve positive outcomes for people and ensured their health needs were met.

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

Staff knew the people they supported well and adopted a caring approach towards their work. People were treated with dignity and respect.

People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach. People had support to participate in a range of social and recreational activities.

People and their relatives understood how to raise any concerns or complaints with the provider.

The management team promoted effective engagement with people. Staff felt well-supported and valued. People were encouraged to express their views about the care provided, and these were listened to.

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.

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

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

Rating at last inspection

The last rating for this service was Good (published 18 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to environmental risk management and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

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 to monitor progress. We will 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 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 ●

Creative Support - The Chestnuts

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

Creative Support – The Chestnuts is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including support staff, a team leader, the registered manager and a service director.

We reviewed a range of records. This included several people's medicines and health records and two people's care records. A variety of records relating to the management of the service, including quality assurance records and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment, supervision, training and health and safety information.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had not consistently identified risks around the building. We found some first and second floor windows had restrictors fitted that could easily be adjusted so the window opened fully. Radiator covers had not been fitted to fixed radiators to mitigate the risk of burns. No risk assessment was available to demonstrate the potential risk of burns from fixed radiators had been assessed. We discussed this with the registered manager and they arranged for radiator covers to be fitted to all fixed radiators and the correct window restrictors to be fitted.
- Risk assessments did not always ensure risks to people were mitigated. One person required drinks to be thickened to reduce risk of choking. However, their care plans and risk assessments did not consistently identify the correct amount of thickener. Some environmental risks had been assessed, however required actions had not always been completed. For example, the Legionella risk assessment identified that shower heads should be cleaned quarterly and unused outlets regularly flushed. At the time of inspection this was not being done. Health and safety checks, such as weekly fire checks had not always been completed at the required frequency.
- Some areas of the home were not clean or maintained to mitigate infection risks. One of the bathrooms contained a rusty toilet frame and two dirty bath mats. The sealant around the bath and shower had worn away making these difficult to clean. The downstairs toilet was dirty with a build-up of dust on the floor, skirting board and other hard surfaces and contained a 'wet floor' sign that was ingrained with dirt. The registered manager was aware that improvements were needed to the cleanliness of the environment and a deep cleaning schedule was due to be Implemented.

We found no evidence that people had been harmed however, the safety of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager who told us they had identified that improvements were required to the safety of the environment and a full health and safety audit had been arranged. The required amendments to a person's care plans and risk assessments were made immediately.
- Personalised risk assessments were in place for most areas of risk, risks to people such as falls, risks in the community and risks from medical conditions were thoroughly assessed. Regular reviews took place and care plans were amended accordingly. Staff had worked with people to enable them to respond appropriately in an emergency, for example supporting people to understand what they should do in the event of a fire.

- Protective personal equipment such as gloves and aprons were available for staff to use and we saw this in regular use.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- People told us they felt safe in the home and were happy with the staff that provided their support.
- Staff had been trained to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if needed. One member of staff said, "I could go on [the internet] and report to social services."

Staffing and recruitment

- Safe staffing levels were maintained in the home with the use of regular agency staff. People and staff told us staffing deployment at the home ensured people's needs could be met safely. One person told us, "I have one to one time with staff, I go with them to get my money out, go shopping or have lunch out and treat myself."
- One member of staff said, "We have two staff in the morning and two in the evening, if needed we have agency." During the inspection we observed suitable staffing levels were met and staff knew people well.
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people's medicines were safely managed.
- Medicines were stored and disposed of safely. The registered manager had introduced individual medicines storage for people to ensure medicines administration was person centred.
- People received their medicines from trained care staff and told us they received their medicines as prescribed.

Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving people who lived at the home.
- The registered manager monitored accident and incident reports, on an ongoing basis, to learn from these and reduce the risk of things happening again. We also saw that accidents and incidents were analysed to check for patterns or themes within the service, to enable action to be taken to reduce ongoing risk.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training records did not provide a clear overview of the training staff had received. Where training required updating, there was no record of when the training had been completed previously or what date the refresher was booked for. For one member of staff it was not possible to see when they had completed ten of the provider's fifteen mandatory training courses. One new member of staff did not have any training recorded.
- Where people had particular health needs, training for staff would benefit from more regular updates. For example, staff had last received training in diabetes in March 2016. Staff reflected that this was a, "Long time ago." However, they had updated their own knowledge by accessing information from accredited sources on the internet.
- Formal supervisions took place and all the staff we spoke with told us they felt supported in their roles. One member of staff said, "I have regular supervision with [staff member] but any issues I can speak to them any time."

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).

- People living in the home had the mental capacity to make decisions in most areas of their lives. Mental capacity assessments had been completed for any decisions where people may not have capacity. For example, financial decisions.
- People were supported to make their own decisions whenever possible and staff had a good understanding of the principles of the MCA.

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

- There had been no new admissions to the service since the last inspection. A referrals procedure was in place to ensure people's needs were fully assessed before the service agreed to provide people's care.
- Care plans were developed to ensure people's needs and preferences were consistently addressed.

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

- People told us they enjoyed the food and the menus were planned by the people living in the house. One person told us, "We do a menu and choose what we want and take turns in doing the shopping with staff... the food here is lovely."
- Where people had particular needs around food and drink staff provided appropriate support. For example, a need for a specific diet due to a health condition.
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with specialist advice from appropriate healthcare professionals. Staff were aware of and followed the guidance provided by healthcare professionals such as speech and language therapists and specialist nurses.

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

- Staff engaged with people and with other agencies to meet the health and care needs of people. Staff had contact with a range of community healthcare professionals about people's needs. They worked with them to ensure people received responsive and effective care.
- There was detailed information in people's care files to inform staff about people's health, behaviour and well-being. Personalised guidance was in place for staff to recognise when there was deterioration in people's well-being and to provide people with the support they needed.
- Staff recognised the importance of oral health care. People had oral health assessments, and these contained detailed information for staff in meeting people's oral healthcare needs; for example, where people used a specific toothpaste.

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

- The home was suitable to meet the needs of the people who lived there. Communal areas were homely and contained many photos of past activities.
- People's rooms were decorated according to their choices and kept as they liked them. People had many personal items such as photographs on display.
- People had access to outdoor space, which was due to be tidied up ready for the spring.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and friendly. One person told us, "I like the house, the staff are lovely, they're good people and look after you well."
- Staff took pride in people's progress and spoke positively about the people they cared for. One staff member told us, "I'm keyworker to [person's name] and they are very active. We [staff] are able to focus on the people a lot, they choose what they want."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's cultural and religious beliefs and preferences and the personal relationships that were important to them.

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

- People were involved in the planning of their care. People told us that they had regular discussions with staff and other professionals about how their support would be provided, and their wishes were respected.
- We saw staff discussing with people their plans for the day and encouraging them to make their own decisions about what they were going to do. Where people changed their mind about planned activities this was respected.
- People's care plans clearly showed how people preferred to receive their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy and dignity. We saw that people's bedrooms were respected as their own private space by staff.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person had been provided with pictorial information to support them to be as independent as possible with their personal care. Another person told us about the voluntary work they were involved in and how they hoped this would help them find paid work.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of enabling people to pursue their interests and meet their social needs. During the inspection people told us about the activities they took part in and enjoyed. These included work-based activities that gave people a sense of achievement and hobbies and interests they enjoyed in their leisure time.
- Staff supported people to make positive lifestyle changes to benefit their health and wellbeing. Two people had been encouraged and supported by staff to stop smoking. These positive lifestyle choices were celebrated by the provider and staff and one person proudly told us about the achievement award they had won as a result.
- People were enabled to have their own pets and a kitten and guinea pigs were owned and cared for by people living in the home. One person explained how staff had supported them to learn to care for their pets. The kitten was of great interest to everyone living in the home.
- People and where appropriate other health professionals had been involved in creating and updating their care plans.
- Care plans were reviewed and mostly updated when people's needs changed. However, parts of one person's care plan still referred to the person living at their previous address. This concern was discussed with the management team who immediately reviewed and updated the care plans where needed.

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.

- During the assessment process people's communication needs were assessed and discussed and a care plan was completed which supported people's requirements.
- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given. For example, one person was using pictorial information to help them plan and manage their activities throughout the day.

Improving care quality in response to complaints or concerns

- People were clear how to raise any concerns or complaints about the service and were confident these would be addressed.
- There was a complaints procedure in place. Records showed that all complaints had been dealt with in

line with the provider's complaints procedure.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The provider was in the process of implementing procedures to provide people with the opportunity to discuss their wishes regarding their end of life care.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated 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

- The provider's systems and processes for the management and oversight of the service had not been consistently implemented. We saw that audits had not been carried out at the frequency required by the provider's policies. For example, a self-assessment tool for the service that was due to be completed on a six-monthly basis by senior staff was overdue as it should have been completed in November 2019.
- Environmental risk assessments had not identified all areas of potential risk. Where risks had been identified the control measures necessary; had not been implemented. The implementation of health and safety checks was inconsistent and the oversight in place had not ensured staff acted when checks identified concerns. The registered manager was aware of the concerns around health and safety checks and was working with staff to embed systems to ensure staff understood their responsibilities. We saw the consistency of checks had improved.
- Although infection control audits were in place these had not identified that some areas of the home were not sufficiently clean. Infection control audits that had been completed were not dated or signed by the member of staff completing them. This meant the provider could not ensure staff completing audits had the required competence.
- The provider had not ensured staff received all mandatory training necessary for them to carry out their role and training had not always been refreshed in line with the provider's policies. Training records were unclear, as the date of previous training was not available for many mandatory courses.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate the oversight and governance of the service was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager acknowledged the shortfalls in the oversight of the service and acted quickly to deal with the concerns we raised during our inspection. Since the inspection we have received further information from the registered manager, to demonstrate they are working towards improvement.
- Some audits had resulted in sufficient oversight and action in response to concerns. For example, medicines stock counts and checks were undertaken weekly and where concerns were identified action was taken to ensure improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people, their relatives and staff confirmed that people felt well cared for in the home. We received consistent feedback that the service was providing personalised care to people. One person said, "The staff always help me to do what I want."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Management team] listen and put whatever is needed in place."
- Staff told us that they were listened to when they raised concerns and prompt action was taken in response. One staff member told us, "Any concerns I can speak to [management team] anytime."

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 registered manager was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- People we spoke with described feeling very comfortable with staff. They spoke positively about the overall quality of the care provided, and their dealings with the management team.
- Staff spoke about their work at the home with enthusiasm and felt well-supported and valued by the management team. One staff member told us, "There is support for staff, if we want to chat to the managers they are available."
- People were supported to contribute to the running of the service. The registered manager told us they were trialling individual meetings with people and their relatives if appropriate to gain their views on the service.
- Residents' meetings and individual meetings between people and their keyworker were in place, but these did not happen as regularly as planned. This was an area the registered manager was aware required strengthening.

Continuous learning and improving care

- The registered manager had recognised that improvements were needed and had begun to take the action needed to improve the service. For example, in relation to health and safety.
- Staff meetings were in place and staff told us these were beneficial. One member of staff said, "We have an agenda beforehand and can have a discussion. We talk about any concerns with the clients or anything else we need to talk about."

Working in partnership with others

- The registered manager and staff worked in partnership with local commissioners and community health and social care teams to ensure people were receiving care that met their needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Environmental risk management and infection control procedures were not sufficient. Staff had not consistently followed the provider's systems and processes to assess and minimise environmental risks to people.</p> <p>Sufficient information was not always provided about people's individual risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes were not always effective at identifying concerns and driving improvement in the service. Systems that were in place were not implemented effectively and audits had not identified concerns with the service.</p>