

Craegmoor Supporting You Limited

Craegmoor Supporting You in the South West

Inspection report

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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

Craegmoor Supporting You in the Southwest provides personal care and support to people living in their own homes in North Somerset. At the time of this inspection there were five people who received support from the service. The support people received ranged from 15 hours each week to 112 hours each week depending on people's individual needs. The service provided domiciliary support to people in their own homes and a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home.

The inspection took place on 23 March 2016 and was announced.

There was 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.

People and their relatives were happy with the support arrangements provided. People told us they felt safe and were treated with respect.

Systems were in place to protect people from harm and abuse and staff knew how to follow them.

The service had systems to ensure medicines were administered and stored correctly and securely. There were enough staff available to keep people safe and meet their needs. A recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Risk assessments had been carried out and they contained guidance for staff on protecting people. Care plans provided information about how people wished to be cared for and staff were aware of people's individual care needs and preferences. Reviews of care had been carried out so that people could express their views and experiences regarding the care provided. People and their relatives were involved in the care planning process.

People had access to healthcare services and were supported to attend health appointments.

Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People and their relatives thought staff were caring and knew the people they were supporting well.

There were systems in place to receive feedback from people who use the service, staff and relatives. People and relatives were aware of how to raise concerns and they were confident if they raised concerns these would be responded to.

The registered manager and provider had systems in place to monitor the quality of the service. The service had an action plan in place that identified improvements and the progress made against these.

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 was safe.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans detailed the support people required to minimise risks.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good ●

The service was responsive.

There were systems in place to receive the views on the service from people and their relatives.

Support was provided flexibly to help people achieve the outcomes they wanted.

Care planning was person centred and focused on each person's individual needs, well-being and aspirations.

Is the service well-led?

Good ●

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Systems were in place to monitor and improve the quality of the service for people.

Craegmoor Supporting You in the South West

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 was planned to check 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 23 March 2016 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home. During the inspection we visited one property and spoke with one person who lived there. We also spoke with the registered manager, localities manager and two staff members. We looked at documentation relating to four people who used the service, four staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with two relatives, one person and two further members of staff. We also received feedback from three visiting professionals.

Is the service safe?

Our findings

The service was safe.

People and their relatives told us they or their relatives were safe in their homes and with the staff supporting them. One person said, "I feel safe here" another commented, "Yes I feel safe". Comments from relatives included, "Yes I feel [name of relative] is safe".

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. The registered manager, localities manager and staff knew the importance of safeguarding people they cared for. Staff had received training in safeguarding vulnerable adults. When asked, staff could give us examples of what constituted abuse and what action they would take if they thought people who used the service were being abused. They informed us they would report their concerns to the registered manager, localities manager or the on call manager and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority safeguarding department and the Care Quality Commission. Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff told us they would report concerns to external agencies such as the police or the safeguarding team if required.

People's needs had been assessed prior to services being provided. Records showed assessments were undertaken to identify risks to people who used the service, these assessments were reviewed regularly. The assessments covered areas where people could be at risk, such as managing their medicines, accessing the community and support with specific health conditions. The staff we spoke with were aware of the risks relating to the people they supported and how to support people to manage these.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at four staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work. Records confirmed the checks had been completed.

Relatives thought there were enough staff members available to meet people's needs. One relative said, "We are happy with the staff, there are generally the same staff working which has led to improvements". We looked at the staff records and discussed staffing levels with the registered manager and localities manager. The registered manager told us staffing levels were based on people's individual assessed hours of support and the staffing rota was arranged around this. Staffing rota's reflected people's individual hours and identified when they required support. Staff felt there were enough staff available to meet people's needs. We looked at the staffing rotas and confirmed the staff support hours identified for each person were covered. The registered manager gave us an example of where they had identified one person needed more support hours. This had been discussed with the person and their care manager and additional support

hours had been provided.

There were systems in place for the administration and recording of medicines. Records showed each person had guidelines on how and when they take their medicines. Staff told us medicines were stored securely. Where agreed, people told us that they had received their medicines from staff and they were happy with the arrangements. One person told us, "I'm happy with the medicine system". Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that medicine administration records (MARs) were signed and medicines were administered.

Is the service effective?

Our findings

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. Relatives told us they thought staff were trained to meet the needs of their family members.

Staff told us they completed an induction when they commenced employment, the registered manager told us the induction linked to The Care Certificate. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member told us, "The induction was really good, we worked alongside experience staff and learnt the unique requirements of each person, it prepared me for the role".

Relatives told us they thought staff were trained to meet the needs of their family member. One relative told us, "The staff have a good awareness of what they can and cannot do". Staff felt they had enough training to keep people safe and meet their needs. Training included core skills training that the provider had identified such as medicines, safeguarding adults from abuse and fire safety. Staff also received training to meet people's health needs and conditions. The registered manager told us, "We recently added understanding dementia to our training matrix so we can anticipate future service user needs". We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The registered manager told us they had arranged for training to be delivered to these staff. Staff told us there were good opportunities for on-going training. One staff member described the training they had received as, "Ok". Another said, "They actively find training we can do it's really good".

Records showed staff received supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us, "Supervisions are ok, they are constructive and we are encouraged to learn".

The localities manager told us they had supported one person to be involved in delivering training to staff. They gave us an example where a person was involved in delivering training to staff about their health condition. The registered manager told us how this had benefitted the person as they were able to explain their health condition to the staff team and the support they needed, they told us this provided reassurance to the person that staff understood their needs.

The management and staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One staff member told us, "It's about protecting people who need support to make decisions". 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.

Care records showed the service recorded whether people had the capacity to make decisions about their care. Records demonstrated the registered manager had recently requested input from a health professional to look at specific decisions relating to one person's care and support.

People were supported to see health professionals. One person told us, "I am confident the staff would help me if I was unwell". Records demonstrated people were supported to see their GP, dentist, the diabetic nurse and members of the multi-disciplinary team as required. One relative told they had to remind staff to book a dentist's appointment for their family member. They said that this had been raised with the managers and in response to this the person's care plan had been amended to include regular appointments. Health professional told us there had been concerns with staff not always recording and communicating information. We discussed this with the registered manager who told us they were aware of the concerns and had put measures in place to prevent further issues. We observed staff meeting minutes where these concerns had been addressed with the staff team.

Is the service caring?

Our findings

The service was caring.

People and their relatives said they were supported by caring staff. One person told us, "The staff are really good". Comments from relatives included, "The staff are kind, we have no issues" and "[name of relative] seems happy with the staff".

People were supported by staff who knew them. Relatives thought staff knew their family member well. One relative told us, "The staff know [name of relative] as well as we do". Staff told us they spent time with people getting to know them and they recognised the importance of developing trusting relationships. Staff talked positively about people and were able to explain what was important to them such as their chosen routines, important relationships and hobbies. We observed people appeared relaxed around staff.

People felt staff respected their privacy and dignity. People told us staff always knocked on their door before entering. Staff described how they ensured people had privacy and how their modesty was protected. For example, ensuring there was a curtain between them and the person whilst supporting them with personal care and offering the appropriate levels of support. One staff member said, "I offer the level of support that the person wants". Another commented, "I make sure there is a curtain between us, so I am there to offer support when it is needed but they have privacy".

A health professional told us staff were "Welcoming" and they described staff communicating with people as, "Good, relaxed and appropriate".

Where people were able to make decisions and plan their own care we saw evidence they were involved. Each person had a designated key worker who met with them on a monthly basis to review their care and support. We saw records of the meetings held between one person and their key worker. This meeting identified that the person requested to meet with their friend. The staff had supported the person to achieve this.

Relatives told us they were involved in the assessment and planning of their care. One relative said, "We are involved in [name of family member's] care, it is positive for us to be involved". Records we saw confirmed reviews were being held with relatives. Relatives told us they could visit their family members at any time, there were no restrictions and they were made to feel welcome by the staff team.

Is the service responsive?

Our findings

The service was responsive.

People's views were sought about the service they received. Staff encouraged people to give feedback on the care and support delivered and this was recorded as part of a monthly meeting held with people. One staff member told us how the person's key worker sat with them monthly and went through a form called 'My Meeting'. This involved the person giving feedback on the staff, concerns, planning future activities, health issues and their home. One person told us they thought their monthly meeting was, "Good". The person's my meeting record stated they were happy about going to the library, happy with the staff and had attended a planned trip to a local park. One relative told us how they were happy with the level of activities their family member was supported to take part in.

People received care that was responsive to their needs and personalised to their wishes and preferences. Each person had a care plan that was personal to them. Care plans contained evidence that people were involved in the planning and assessment of their care. Care plans contained records of people's preferred daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. Each person had a 'one page profile' that detailed what was important to know about them. A staff member told us the care plans were updated when people's needs changed. One person's care plan did not record the medication they were taking. We discussed this with the localities manager who told us they would amend the care plan to include this information. The registered manager told us they were in the process of updating all of the care plans.

People were supported to identify and achieve their goals and maintain their independence. A relative told us, "They definitely support [name of relative] with their independence". Care plans included information on outcomes that people were being supported to achieve such as becoming more independent with personal care. Staff told us how they supported people to achieve their independence.

The registered manager and localities manager told us how they matched staff skills and interests with the people they were supporting. They told us this was looked at during the interview process where potential candidates were asked about their hobbies and interests. They said consideration was given to how the staff members skills and interests could benefit the people they support. One staff member confirmed this. They told us they were matched with one person because they were of a similar age and could "Empathise" with the person. The staff member said the person had feedback to them that they "Appreciated" the link they had with the staff member and recognised this had been taken into account.

People told us that they knew how to complain. One person told us, "I would speak to my keyworker". Comments from relatives included, "I would speak to the staff" and "They are responsive to complaints, we talk about things as they pop up, the managers are available to meet us if we want to". Where a complaint had been raised and acknowledged, we saw this was investigated, recorded and responded to in line with the provider's complaints policy. Records showed there had been one complaint received in 2016.

The service was newly registered in February 2016 and the registered manager had plans to send out satisfaction surveys to people and their relatives later in the year.

Is the service well-led?

Our findings

The service was well led.

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post at Craegmoor Supporting You in the Southwest. The registered manager was also responsible for overseeing other services in the Southwest region. The registered manager and localities manager told us they kept themselves up to date with best practice and changes in legislation by attending managers meetings, the organisations 'intranet' and the local provider forum meetings.

The localities manager told us they regularly spent time working alongside staff, observing and giving them feedback to support their development and promote best practice. They told us, "In order to monitor culture I observe staff relationships with service users on a weekly basis". The registered manager told us they monitored the services by undertaking monthly visits. We saw records of the visits that covered areas such as; feedback on the staff, medicines, safeguarding, dignity and respect and training.

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included the care plans, The Mental Capacity Act 2005, medicines, staff files and support agreements. Where shortfalls were identified in the services there were action points in place to remedy these. All accidents and incidents which occurred in the home were recorded and analysed. The registered manager was aware of their responsibility to notify the Care Quality Commission of all significant events which occur in line with their legal responsibilities.

Staff told us the managers were approachable and assessable. Comments included, "The manager is good and always at the end of the phone" and "The managers are approachable, you can go to them with any problems". Staff told us there was an on call system 24 hours a day and that they could use this for management support if required. Relatives also spoke positively about the managers. One relative said, "I speak to the managers regularly, they are available if we want to speak to them". The registered manager and localities manager told us they promoted an 'open door policy' for staff to approach them with any concerns. The localities manager told us, "We have open and transparent management, my management style is approachable and 'open door'".

We looked at staff meeting records and they were held to address any issues and communicate messages to staff. Items discussed included training, communicating important information and information relating to people who used the service. Staff described the staff meetings as, "A good interaction between management and staff". They went on to say that the managers "Listen to their ideas" and "Compromise". We noted that staff had raised concerns regarding the staffing rota and on call arrangements and we saw that both issues had been addressed and resolved.

At the time of our inspection the service was awaiting the results of a recent staff feedback survey that had been conducted during the last two weeks of February 2016. The registered manager told us the results from the survey would be analysed for themes relating to what the service does and doesn't do well.

The service had their visions and values set out in their statement of purpose. The registered manager told us these were discussed with staff in the interview process and throughout the induction. One staff member told us the vision was "To treat each person as an individual, to support their independence and support them to live their own lives". Another said, "Our aim is to ensure the service user lead as an independent life as possible". The staff member confirmed this had been communicated to them through their induction.

We discussed the key challenges and achievements of the service with the registered manager and localities manager. They told us they key challenges had been "Staff engagement" and "Maintaining service standards". They explained how they had worked with the staff team to support them and promote effective communication and enable the staff to "Have a voice" and "Problem solve". They said this had been one of their key achievements. The service had an action plan in place detailing what they planned to achieve for the year and the person responsible for overseeing each area. Areas covered included; recruitment, documentation for people who use the service, audits and the office environment. We saw that the service had made achievements against their action plan.