

Creative Support Limited

Delos - Avonlea (Creative Support)

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

We carried out our inspection on 8 August 2017. The inspection was announced.

The service provides accommodation for up to seven people living with learning disabilities. The service is located in a residential area of Wellingborough. Accommodation is on three floors. Avonlea has two communal lounges and kitchen dining area. It has an enclosed landscaped garden. At the time of our inspection six people were using the service.

Staff understood and put into practice the provider's procedures for safeguarding people from abuse and avoidable harm. They advised people using the service about how to keep safe in the home and when they were out participating in activities of their choice, including those that included an element of risk. The provider had enough suitably skilled staff to be able to meet the needs of people using the service.

Staff had insight about people's needs and behaviour patterns. They supported people and others to be safe when they presented behaviour that others found challenging.

Staff supported people to take their medicines at the right times. People knew what their medicines were for.

People using the service were supported by staff who had received relevant and appropriate training. This included training about people's health. This meant staff understood the needs of people they supported. Staff were supported through effective supervision and training. Staff understood the relevance to their work of the Mental Capacity Act 2005. They sought people's consent before they provided care and support.

Staff supported people with their nutritional needs by providing information about balanced diets and healthy eating. They supported people to prepare their own meals.

People were supported to access the relevant health services when they needed to. People's care plans were reviewed after they had been diagnosed with an illness and staff received additional training to be able to support people in those circumstances.

People were involved in the assessments of their needs and in reviews of their plan of care. People were provided with information about their care and support options and were involved in decisions about their care and support. Care workers respected people's privacy and dignity.

People's plans of care were centred on their specific needs. Those plans had agreed aims and objectives which care workers helped people to achieve. People knew how to raise concerns if they had any. The provider acted on concerns people had raised.

The provider had aims and objectives that were understood by staff and people using the service. They had

effective procedures for monitoring and assessing the quality of service that promoted continuous improvement.

Further information is in the detailed findings below.

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 abuse and avoidable harm and risks were identified and mitigated where possible.

Staff were recruited safely. People were involved in making decisions about who was recruited.

Enough suitably skilled and experienced staff were available to meet people's needs.

Medicines management procedures were safe. People were supported to have their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had received relevant training and development to be able to meet the needs of people using the service, including after people were diagnosed with an illness.

Staff respected people's decisions and understood their responsibilities under the Mental Capacity Act 2005.

People were supported with their nutritional needs.

People were supported to maintain their health and access health services when they needed to.

Is the service caring?

Good ●

The service was caring.

Staff understood people's needs and developed caring and supportive relationships with people.

People were encouraged to express their views and be involved in the planning and delivery of their care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs. They achieved what they wanted to with the support of staff.

Staff supported people to lead active lives based around their hobbies and interests.

The provider sought and acted on people's views about the service.

Is the service well-led?

Good ●

The service was well led.

People's views and experience were used to improve the service.

Staff were involved in developing the service.

The provider had effective procedures for monitoring and assessing the quality of the service.

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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.

The inspection took place on 8 August 2017. It was our first inspection of the service since it was registered with the Care Quality Commission (CQC) in February 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection because Avonlea is a small service and staff and people who use the service are often out during the day. We needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

Before our visit we reviewed notifications the provider had sent to the CQC about incidents that had occurred at Avonlea. Notifications are events a provider has to tell us about, for example incidents that occur between people using the service or incidents where a person is threatened or harmed.

We contacted the local authority that funded some of the care of people using the service and Healthwatch Northamptonshire, the local consumer champion for people using adult social care services.

On the day of our visit we spoke with two people who used the service. We spoke with the registered manager and two care workers. We observed how staff interacted with people.

We looked at three people's care plans and associated records. We reviewed information about the training and support staff received. We looked at a staff recruitment file to see how the provider operated their recruitment procedures. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "I'm safe because all of the staff are nice. I like it here." Another person said, "It's safe. I love it here because it is so homely."

Staff we spoke with had a comprehensive understanding of safeguarding procedures and knew how to recognise signs of abuse or potential abuse and report it. They were familiar with the provider's safeguarding reporting procedures. Staff told us they were absolutely confident that any concerns they raised would be taken seriously and acted upon. One told us, "I am definitely confident that if I had any concerns the manager would take them seriously." Staff told us they would report concerns directly to CQC or the local authority if they felt they needed to. They also knew about the provider's whistle blowing procedure through which they could raise concerns with a senior manager. A person we spoke with told us they knew about the provider's whistle-blowing procedure and they were confident about raising a concern if they had one.

Staff were skilful at keeping people safe because they understood and recognised patterns in people's behaviour. As a result, they were able to make early non-physical interventions when they recognised signs that a person was anxious and about to present behaviour that challenged others. We saw written feedback from a relative in which they complimented staff on how they sought to understand the reasons for a person's behaviour. They wrote, 'Compliments on how dedicated staff are in trying to establish why [person] shows behaviours.' The registered manager and staff regularly reassessed the needs of a person who presented behaviour that challenged others. They were supported to move to another service that was more suited to their needs. We saw feedback from the person that they were happier at that service but they remained in contact with people at Avonlea. This showed how the service had managed a potential risk to people's safety in a way that had a satisfactory outcome for everyone.

When incidents happened between people they were reported and investigated. The reporting procedures were designed to support learning and identification of the cause of incidents. These procedures were used to make informed decisions about people's care and support. For example, after two people argued about which of them could make a hot drink, the registered manager arranged for an additional area in the kitchen where people could make drinks. In another example, an analysis of incidents was used to decide whether a person's needs could be better met at another service run by the provider.

People's care plans included detailed assessments of risks associated with their care routines, lifestyle and activities. It was clear from those risk assessments and what people told us about activities they enjoyed that the provider was not risk averse. For example, a person participated in activities such as judo and swimming. A person liked to ride a bike in a cul-de-sac next to Avonlea and staff supported them to do that safely. This showed that people were encouraged to participate in activities that increased their confidence and independence because they included an element of risk.

The provider had effective procedures for ensuring that enough suitably skilled and experienced staff were available to meet people's needs. Staffing levels were based on people's needs and choices about how they

wanted to spend their time. At least two staff were always on duty and the registered manager or in their absence their deputy were able to assist staff if necessary. Rotas were planned six weeks in advance which ensured there were always enough staff available to support people with planned recreational and other activities, for example healthcare appointments.

The provider had effective recruitment procedures that ensured that only suitably skilled and qualified staff were employed to work at the service. People were involved in parts of the recruitment process. They asked questions at recruitment interviews. Assessments of interviewee's suitability were based on a scoring system which included a rating made by people who used the service. People therefore had influence on who was selected and they could be confident that only staff with the right skills were recruited. The provider's recruitment procedures ensured that all the necessary pre-employment checks were carried out before new staff, including volunteers, began working at the service. The checks included a Disclosure and Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the care workforce. People chose which volunteers they wanted to support them.

Arrangements for the management of people's medicines were safe. A person described how staff supported them with their medicines and what they told us matched what we read in their care plan. This showed that staff supported people in line with their care plan. Both people we spoke with told us that staff told them what their medicines were for. They told us that staff stayed with them until they swallowed their medicines. Medicines administration records we looked at were completed to show when people had their medicines. The registered manager carried out audits to check the accuracy of those records.

The arrangements for the storage of medicines were safe, as were arrangements for disposal of medicines that were no longer required. The registered manager had arranged for the pharmacist who supplied the medicines to carry out independent annual audits of medicines management at the service to supplement their own weekly audits.

People were supported to understand what they should do in the event of emergencies. Every person had a personal evacuation plan in the event of an emergency, for example a fire. Regular fire drills that were used to remind people what they should do in the event of a fire. The registered manager had reviewed the fire safety arrangements at Avonlea following recent events reported on in the press and at the request of CQC.

The registered manager oversaw the maintenance of the premises and ensured they were clean and safe.

Is the service effective?

Our findings

People were supported by staff that had the appropriate skills and knowledge to be able to meet their needs. A person told us, "The staff definitely have the skills."

Staff told us they had received training that equipped them with the skills they needed to support people. The training began with an induction period during which staff were supported to learn about the needs of the people using the service. A care worker told us, "The training has been really good. It included training about people's specific needs and their health conditions. It has meant I'm confident I know how to support people." Another care worker said, "The training has been really good. It carried on after induction and covered lots of things, including the people's communication styles, how they behave and how we should support them. It was very person centred."

Staff used communication techniques that suited the needs and preferences of people. Some people were able to have lengthy conversations, others preferred short sentences and others symbols and pictures. Staff were trained to use the communication system using pictures. We saw and heard staff communicate using people's preferred styles when they explained to people who we were and asking people if they wanted to speak with us.

The registered manager monitored a staff training plan. This ensured that staff received training that supported them in their roles. New staff were supported to achieve the Care Certificate. This consists of a period of assessed practice and is designed to ensure that all new care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support. Seven staff were supported to complete the Care Certificate in the first 12 weeks of their employment. Staff received training about medical conditions people lived with, for example autism and epilepsy. A care worker told us, "Because of the training I've had I know exactly what to do if a person has a seizure." Staff had training in food safety which was important and relevant because they either made meals or supported people to make meals in a way that was safe.

Staff were also supported through supervision meetings and appraisal. These were structured with three clear aims of being 'educational, supportive and managerial.' Staff were also supported through 'observed practice' where the registered manager made observations of care worker's practice and then provided feedback. Staff told us they found all of this support helpful. A care worker told us they had been supported to progress their career by being supported to study for further qualifications. The registered manager operated systems that ensured staff had at least four supervisions a year and an 'end of year' appraisal.

Volunteers were used to support people with their social needs. A volunteer's role was to act as a 'befriender' who supported people to go out. The volunteers were supported to understand about people's preferences and likes and they received the same core training as permanent staff.

Communication between staff was effective. They shared information about people and their daily needs in 'handover' meetings. This ensured that people received continuous and consistent support from staff

arriving for their shifts.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Five of the six people at Avonlea received care and support under a DoLS authorisation because it was in their best interests to do so. There were people who did not have the mental capacity to fully understand the value of healthy eating or healthcare appointments. Staff supported them by prompting them to eat nutritionally balanced meals. Those people were weighed monthly as means of monitoring their health by identifying unplanned weight loss or gain. Staff supported the people to attend healthcare appointments, including annual health checks. We found that the provider had made the appropriate assessment and application for DoLS and any conditions were being followed.

Staff used their communication skills to explain to people about their care and support in order to request and secure people's consent. We saw in people's care plans that they had different ways of expressing consent that staff were familiar with.

People were supported to have a healthy and balanced diet. They were involved in developing a four week cycle of menus from which they chose what meals to have. People were supported to have meals that met their diverse cultural needs. Staff had discussed a person's dietary needs with a relative who provided them with recipes of meals they made for the person when they were at home. That person told us they enjoyed the meals staff made. They told us, "I like the food. They make things my mum used to make." The person was also supported to make their favourite snacks. Another person was taught skills that enabled them to make their own healthy meals one day a week as part of a health food programme they participated in. The person's relative acknowledged the positive impact of the support the person received in a letter that included reference to positive changes that had supported the person with their aim of losing weight. The relative said that the person was now playing sports, swimming and running further than they had done before.

Staff supported people to access health services when they needed them. Staff arranged appointments such as annual health checks and medicines reviews and supported people to attend them. After a person was diagnosed with a serious condition the registered manager researched the condition and ways the person should be supported to continue their day life as far as possible. Staff then had training about the condition, its symptoms and how to support the person at times they were recovering from treatment. Staff were taught how to use relaxation strategies to support the person when they presented signs of anxiety because of their treatment. This showed that people experienced care and support that met their health needs.

Is the service caring?

Our findings

People were supported by staff who cared about them. A person told us, "I like it here because I get on well with all the staff. They make me feel at home." A care worker told us, "Being here is like being at home."

Staff we spoke with had good knowledge of people's care plans and the people they cared for. They told us they added to their knowledge of people through everyday support and talking with people about what they had enjoyed or not enjoyed. Staff knew about things that mattered to people. For example, a person supported a football club who were playing on the evening of our inspection. After staff checked the game was being televised they told the person who was evidently pleased.

Staff involved people in decisions about their care and support. They provided them with information they needed to make informed choices and decisions. For example, staff supported a person who wanted to have a 'smart television' by providing information about the range of smart televisions that were available. The person bought one they could afford and which was compatible with their room.

People were involved in general discussions about things that affected them, for example planning of social events, outings and holidays. Those things were discussed at 'house meetings'. People were involved in decisions about their care and support at weekly meetings with their key worker when they were involved in planning things they wanted to do, for example activities and social events. A person told us, "My keyworker helps me to do the things I like and to plan things I want to do." This showed that staff were involved in making decisions about their care and support.

People had access to information about their care and support. Sections of their care plans included 'easy to read' versions that people could refer to. For example, a care plan included an easy to read version of information about a person's medicines. This helped the person to understand what their medicines were for. Another person was provided with information about a course of treatment they were having at a hospital. This was provided in such a way as to inform the person what the treatment entailed, how they might feel as a result of it and how they would be supported at Avonlea. This showed the service to be caring and compassionate.

People were supported to feel that they mattered and added value to the service. For example, people were involved in the staff recruitment procedures and their views about potential recruits were part of the assessment process. Two of the people were actively involved in the provider's quality assurance procedures and acted as 'checkers'. A person told us they enjoyed that role because it made them feel valued. Another person told us they were supported to develop and maintain friendships with other people who used the service. This was important because this support meant that people lived in harmony at Avonlea which contributed to it being homely; something people told us they liked about the service.

The provider promoted people's dignity, respect and privacy through staff training and support and policies and procedures. We saw staff treating people with dignity. Staff acted to help people feel they mattered to them. They spoke in calm tones and with speech that was understood by people. This was evident when

staff explained to people who we were and why we were visiting Avonlea. This supported us to be able to have lengthy conversations with people about their experience of the service.

Staff respected people's privacy and dignity. We saw guidance for staff in a person's care plan which described how they should be supported with their personal care in a way that respected their privacy. People's preferences about whether they were supported by male or female staff were respected. People told us they were able to spend time alone in their rooms whenever they wanted to. A person told us, "I like my room." Staff told us that people's rooms were decorated to their tastes so that they were places where people felt comfortable and at home. A person told us they liked to watch their favourite television programmes in their room.

People were able to receive visits from relatives and friends when they wanted which added to the sense that Avonlea was their home.

Is the service responsive?

Our findings

People using the service participated in the assessments and planning of their care and support through regular reviews of their care plans. Their participation and involvement was effective because it helped staff develop a good understanding of the things that were important to people and things they wanted to do. People's care and support had been modified in line with people's changing needs, for example after a person was diagnosed to have a long term illness their care plan was extensively reviewed and developed to support their new needs.

Staff supported people to be involved in planning their care and support. This was at monthly reviews of care plans and at 'house meetings'. Staff supported people to explore activities that helped them to achieve aims and objectives. For example, people had aims such as becoming more confident, independent or adopting a healthier life style. Staff taught people skills to be more independent with their personal care. A person told us about how they experienced a better life style as a result of support they received to participate in a broader range of activities. They told us they went swimming, attended Zumba classes and learnt to cook healthier meals. We saw written feedback from people's relatives in which they expressed how please they were to see how the quality of people's lives had improved because of the support they received. Their comments included, '[Person] has showed positive changes over the last 12 to 18 months' and '[Person] seems to have so much more energy now which is brilliant.'

Other activities supported people to play an active and meaningful role in making Avonlea a homely environment. A person told us, "I do lots of things here. I do things like setting the table for meals." People supported each other with laundry routines, cleaning communal areas. A person told us, "I have routines each day for cleaning, cooking and washing." This showed that staff supported people to explore and select activities that achieve a level of independence they wanted.

Staff supported people to develop the skills, confidence and knowledge they needed to be able to go out alone. For example, people had been supported to develop the skills and awareness to be able to walk to and from local shops independently.

Staff supported people to maintain relationships with relatives and friends. A person was supported to attend a family wedding. Staff used information they had about people's spiritual and cultural lives to support people with their needs. For example, the service invited a local faith representative to attend meetings at Avonlea to meet people to talk with them about their spiritual needs. This resulted in people being supported by 'befrienders' to attend religious services when they wanted to. Befrienders also supported people to go to social venues of their choice where they met people with similar interests. For example, people went to a local pub to play skittles with a group of people who had formed the club. A person attended a 'mums and tots' group where they fulfilled a wish to work with children. The service therefore supported people to be active with a wider range of people in the community.

The mix of individual and group social activities supported people to avoid social isolation. From speaking with people and staff and looking at records it was evident that people received care and support that was

centred on them. Care and support had been planned and delivered in a way that helped people increase their independence and to fulfil ambitions. For example, people's wishes to visit football stadiums see theatre productions and film studios were all fulfilled. A care worker summed up the service's approach when they told us, "We support people to get what they want from life."

People's views were sought in a variety of ways. These included people's involvement in reviews of their care plans at six month intervals and regular dialogue with staff. They also participated in 'house meetings' where they could discuss with staff and management more general issues such as activities and meals or any concerns they had. The service also had a 'suggestions and grumbles book' that people could use to record concerns or feedback. People shared a forum called the 'Hearsay Group' with people who used other services run by the provider. This existed to support people to make proposals about changes they wanted the provider to make. Through the Hearsay Group people had submitted a proposal to a senior management group about funding arrangements during holiday periods which the provider accepted. This showed that the provider not only offered people opportunities to make suggestions, but they also acted upon them including when that meant revising policies and strategies.

People using the service knew how to make complaints or raise concerns using the provider's complaints procedure. Information about the complaints procedure was included in people's information packs about the service. The information was available in an easy to read format. People were able to report concerns to staff, the provider or, if they wanted, to the local government ombudsman or CQC. People were supported to access independent advocacy services if they wanted help with making a complaint. The complaints procedure had been developed with people who used the service. It stated that complaints were a very important part of continuous improvement. Complaints were investigated and we saw from relative's feedback that they had been resolved to people's satisfaction.

Is the service well-led?

Our findings

The service was managed by a person who was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The registered manager showed leadership in enabling staff to support people to experience consistently good care that respected people's preferences and wishes. The registered manager promoted the provider's policies for supporting people with dignity and respect and supporting people to be independent. They monitored that staff did this through observing staff practice and seeking feedback from people and their relatives. People and relative's feedback about the quality of care they experienced was consistently positive. Staff meetings were used to provide feedback to staff and to motivate them.

Staff we spoke with were highly motivated; they said this was due to how well the service was managed. A care worker told us, "I think the service is managed very well. The manager is brilliant." Another care worker said, "I love working here. It is a great company to work for. The staff are here because they want to be, it's not just about wanting to have a job." Staff and management shared the same vision and aims which was that people's needs were at the forefront of everything the provider did. Staff told us that was why they stayed with the service for as long as they had (the two staff we spoke with had a combined service of 14 years of working with the service and its predecessor organisation).

The service and the provider had an open and transparent culture. When mistakes were made, for example errors with administration of medicines, the people affected were told and they were supported to make a complaint if they wanted to. Learning about how errors could be avoided was shared with other services run by the provider and contributed to a senior management review of medications administration errors at all services. This showed the provider had systems for identifying what worked well in some services and extending that practice to all services.

People were involved in important decisions about the service. Their feedback from the Hearsay Group influenced decisions at board level which demonstrated that their voice was heard and acted upon by the provider. For example, as a result of feedback from the Hearsay Group the provider had increased the funding for people's holidays which meant that people had the staff support they wanted during holidays.

The registered manager was fully aware of their legal responsibilities. They ensured that effective arrangements were in place to keep the CQC informed of events at the service such as accidents or incidents. This meant that the CQC was able to continually monitor the service and identify any concerns about the quality of care people experienced.

The provider's procedures for monitoring the quality of service included a series of audits and checks, for example medications audits, safety checks and reviews of records. The procedures included people's feedback from reviews of their care plans, the Hearsay Group and annual satisfaction surveys. The survey

provided people with an opportunity to give feedback about their experience of the service and the quality of care they experienced. This meant that the provider sought information from people about the whole of their experience of the service and was able to come to an informed view about that.

The service had established links with the local community, for example with a local place of worship, shops and social venues that people using the service visited. Those links had supported people to be active participants in the wider community which had led them to leading more confident and fulfilled lives.