

Craegmoor Supporting You Limited

Craegmoor Supporting You in the Midlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Craegmoor Supporting You in the Midlands is a supported living service. It is registered to provide personal care to people in their own homes, including adults with a learning disability and/or autistic spectrum disorder. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection visit the service supported 12 people with personal care.

People's experience of using this service

At our previous inspection visit in February 2019 we found staff had not been adequately supported to ensure they received training the provider deemed as mandatory. At this inspection we checked that staff training was up to date, and staff received re-training to keep their skills up to date.

People felt safe using the service and staff understood how to recognise and report abuse. However, risk assessment and risk management plans were not always kept up to date to ensure people received safe care and treatment.

Staff recruitment processes included background checks to review their suitability to work with vulnerable adults. People received support from staff when needed and were supported to have their medicines by appropriately trained staff.

The service was aware of the values that underpin the Registering the Right Support and other best practice guidance. The values shown included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

There was a registered manager at the service at the time of our inspection visit. The registered manager, senior managers and the provider worked in partnership with outside agencies to improve people's support when required. There were improved checks in place to make sure the service provided a quality service.

Rating at last inspection

The last comprehensive inspection report for Craegmoor Supporting you in the Midlands (published March 2019) we gave a rating of requires improvement overall, with a rating of requires improvement in safe, effective and well led. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014. At this inspection we found the service had made some improvements and were no longer in breach, but we have continued to rate the service as requires improvement.

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

Why we inspected

This was a focussed inspection to ensure the service was meeting people's needs, that staff had the necessary skills and experience and the management processes were effective. We reviewed the key questions of safe and well led only.

We looked at a notification of a specific incident where a person had developed an injury. This incident is currently being investigated. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns around the management of risks to people. This inspection examined those risks.

Ratings from previous comprehensive inspections for other Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed and remains requires improvement overall. This is based on the findings at this inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Craegmoor Supporting You in the Midlands

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

There was one inspector.

Service and service type

Craegmoor Supporting You in the Midlands is a supported living service. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This meant both 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

The inspection was unannounced. Inspection activity started on 10 December 2019 and ended on 02 January 2020. We visited the office location on the 10 December 2019. Following our inspection visit we continued to gather evidence from the registered manager, and speak to people, their relatives and staff about the service.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. We looked at the action plan the provider had submitted to us, following our previous inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff at the office, including a manager and the registered manager. We reviewed a range of records. This included two people's care records and a selection of medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including training records and checks on the quality of care provided.

After the inspection

We received feedback from three service users and three relatives of people who used the service. We also received feedback from a health and social care professional and three members of care staff.

Is the service safe?

Our findings

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

At the previous inspection we rated this key question as requires improvement. At this inspection we have continued to rate this key question as requires improvement. This meant people were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Overall, people had risks identified in their care records, and staff had received training and instruction on how to mitigate those risks. However, we reviewed one person's care records who had a high risk of their skin deteriorating. We found the person's care records did not show there was a management plan in place to treat their existing wound and prevent future skin damage. However, we were assured by the registered manager the person was being supported by district nurses and physiotherapy professionals to ensure their wound healed. Physiotherapists were assisting the new manager in drawing up a comprehensive wound management and skin integrity management plan, to prevent any future developments of sore skin.
- One person also had a diagnosis of epilepsy and there was no risk management plan in place to instruct staff on how they should react if the person had a seizure. However, staff we spoke with told us they knew how to support people with this condition. We spoke with the registered manager regarding the person's care records, who explained care records were currently being re-written and reviewed. We confirmed after our inspection visit the person had updated care records in place to show staff how to manage the identified risks.
- We looked at another person's care records who also had a diagnosis of epilepsy, and found their care records had been reviewed, the risk management plan for the treatment of seizures was comprehensive and described to staff how they should react in the event of a seizure. A relative commented on how well their relation was supported with the risk of choking, saying, "His food and drink have been managed properly as he hasn't been ill for the year he's been there."

Staffing and recruitment

- At our previous inspection we had identified staff did not always receive appropriate supervision and training to enable them to care for people safely and effectively. We found this was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found staff received regular training and supervision to enable them to effectively support people who used the service. One staff member said, "I have no concerns, my supervision and training are kept up to date and I receive professional development support."
- Supervision meetings were being completed regularly with care staff by local co-ordinators and supervisors. A supervision tracker had been implemented by the provider to check staff received regular support from managers. The newly appointed manager told us, "All supervisions are now up to date."
- Staff mandatory training levels were checked by the registered manager and new manager each month, to ensure training compliance was monitored. Training compliance was discussed as part of the provider's monthly governance meeting.
- Checks were also in place by the provider's quality assurance team to review supervisions, and training

compliance.

- People and staff agreed there were enough staff to provide support when it was needed.
- The provider explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service. As people lived together in some locations and required overnight support in shared accommodation, staffing rotas were organised to ensure staff were available 24 hours a day.
- The provider's recruitment process included background checks of potential staff to assure the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been trained in safe medicines management and assessed as competent, supported people with their medicines.
- Some protocols were in place to ensure people received their 'as required' medicines when they needed them. However, protocols were not in place for all the medicines one person received. We brought this to the attention of the registered manager who assured us the omissions were due to the review of the person's care records, as this was not yet completed. We saw some protocols were in place and were assured the remaining information would be added to the person's care records following our visit. The registered manager assured us the person was supported by staff who knew them, and their needs, well.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. A relative said, "I know [Name] is safe there, as there are always staff available, even at night." Other comments included; "The staff have been brilliant. We are so relieved that [Name] is clearly so happy and we can be confident that he is safe", "My relative comes home for visits, he is very clear he now lives at the service and more or less counts the days until they go back!"
- Staff had received training about the different types of abuse. Staff understood they needed to report any concerns to the provider and felt assured these would be taken seriously.
- The provider understood their obligation to report their concerns to the relevant authorities and CQC.

Preventing and controlling infection

- Staff received training in how to prevent the spread of infection and wore personal protective equipment when personal care was given.
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

Learning lessons when things go wrong

- The provider had systems in place to record and monitor accidents and incidents that occurred at the service. Lessons were learned from the analysis of such events, to prevent future occurrences.

Is the service well-led?

Our findings

Well-Led – this means 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 requires improvement. At this inspection this key question has remained as requires improvement. This meant the service was not always consistently managed and well-led. Leaders and the culture they created did not consistently promote high-quality, person-centred care.

Continuous learning and improving care

- At the previous inspection in February 2019 we identified a breach in Regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found the provider had failed to ensure governance systems were robust and systems and processes were established, and operated effectively, to ensure compliance with the regulations.
- At this inspection we found the provider had recruited a new manager to work alongside the registered manager who had started work two months prior to our inspection. The new manager was sharing the governance and oversight of the service with the registered manager so that the leadership of the service was split into two regional areas. The new manager planned to become a registered manager at the service. Since the new manager's arrival, a new format of care records had been implemented, and each person's care plans were being reviewed to ensure they were up to date and included appropriate risk management plans. However, this process was not yet complete.
- The two managers were supported by four local care co-ordinators, who worked alongside staff in people's homes. This meant co-ordinators were able to monitor and observe the performance of staff and conduct regular audits and checks on the care people received. One relative told us, "The local manager is very responsive to our feedback. If there is ever anything wrong we just raise it, and they are straight onto things to put them right."
- A new auditing schedule had been implemented, which included the four local care co-ordinators conducting local audits and governance checks. This was to ensure people were receiving safe care and treatment.
- However, the new records and auditing procedures required further time to ensure new systems were effective and embedded into the service.
- The registered manager reviewed all audits and identified areas for improvement. Improvement action plans were to be reviewed in a monthly governance meeting, to which the new manager planned to attend.
- The provider's quality improvement team had also recently been re-structured and completed regular checks on the quality of the service people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and provider had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.

- The provider understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, staff and professionals were positive about the leadership of the service. Staff said the provider was approachable and they would not hesitate to contact them if they had any concerns. A social care professional commented, "I find the new manager to be responsive and easily contactable should I have any issues."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff recorded any changes in people's needs and shared information with other staff in daily records.

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

- Relatives and people were asked to take part in regular surveys about the care they received.
- People were encouraged to share their experiences of the service by meeting with keyworkers, in review meetings, and when they met care staff on a daily basis. People's feedback was collated and analysed to make improvements to the service.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.
- The provider was committed to making improvements to the service and had obtained advice and support from external agencies, for example, Skills for Care and other training organisations. They shared best practice with staff to help improve the quality of care provided. A social care professional commented, "I've found the overall quality of the service to be good, they have worked well with the young adults I have placed with them, increasing their independent skills and finding some of them paid and voluntary work opportunities."