

Creative Support Limited

Creative Support - Avonlea

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Creative Support – Avonlea is a residential care home, providing accommodation and personal care for up to seven 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 six 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.

Staff were not consistently deployed to provide people with appropriate support. This meant people did not always receive care that met their needs and staff felt under pressure.

Medicines management required more comprehensive oversight. Environmental risk management and infection control procedures required strengthening.

Training had not always been refreshed at the timescales identified by the provider.

People and their relatives understood how to raise any concerns or complaints with the provider but did not feel their concerns were always responded to effectively.

Safe recruitment procedures were followed.

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. Policies and systems were in place; however, staff practice did not always follow policy in relation to the administration of Deprivation of Liberty safeguards (DoLS).

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 and covered key aspects of their care needs. People had support to participate in a range of social and recreational activities.

People were encouraged to express their views about their care and support needs.

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 21 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to 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 not always responsive.

Details are in our responsive 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 ●

Creative Support - Avonlea

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 – Avonlea 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.

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. This information helps support our inspections.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with nine members of staff including support staff, a team leader, the registered manager and two directors.

We reviewed a range of records. This included several people's medicines and health records and three 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 spoke with three relatives about their experience of care provided. 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.

Staffing and recruitment

- Staff were not consistently deployed to provide people with appropriate support. We received feedback from people's relatives and staff that previous changes to staff deployed in the home and a high number of agency staff affected the ability of staff to meet people's needs.
- People's relatives felt staffing deployment limited the support available to their family member at times. One person's relative told us they were concerned by the number of agency staff that were deployed in the home, as agency staff did not have the detailed knowledge required to provide support to their family member.
- Staff told us they felt under pressure and feedback included, "Staff prioritise people, so health and safety checks and cleaning may not get done. If the team works effectively there is enough staff but when working with agency there's a lack of experienced staff on shift." And, "Agency staff usage does have impact, if we have regulars and they know us it's ok. But if not it's hard... There are certain things they can't do, they can only do the cooking and cleaning. We can cope but it's not ideal."
- The registered manager had recently identified the impact high agency usage was having on staff's ability to provide people's support. They were currently recruiting more staff and were using staff from other local services to improve staffing consistency.

Using medicines safely

- Systems and processes in place to ensure people's medicines were managed safely required strengthening. Arrangements in place for recording and monitoring medicine to be taken as required were not effective. We saw three people had medicines prescribed to be taken when required that had passed their expiry date. There was a risk people would be administered medicine that was out of date.
- Prescribed 'as required' medicines such as pain relief were not always recorded on people's medicine administration records. There was a risk that staff would not know this was prescribed for people.
- Medicines stock checks were planned to take place weekly. However, we saw these had not been taking place as regularly as planned. The registered manager had identified this before the inspection and had allocated a staff member to be responsible for these.
- Records reflected that people had received their regular medicines as prescribed.
- People's medicines were stored securely to prevent unauthorised access to these. The registered manager had introduced individual medicines storage for people to ensure medicines administration was person centred.

Assessing risk, safety monitoring and management

- Prior to the inspection the provider had identified concerns with the safety of the environment and timeliness of health and safety checks. It had been identified that window restrictors on windows on the first and second floor may not prevent windows from being fully opened. At the time of inspection work was in progress to fit new window restrictors. It had also been identified that radiator covers were not fitted to radiators to mitigate the risk of burns. This risk had been assessed and work was planned to fit radiator covers where required.
- The registered manager had identified that staff had not consistently followed the provider's systems and processes to assess and minimise some risks to people, for example food temperature checks and health and safety checks. During the inspection we saw the consistency of checks had improved; this needs to be sustained and embedded.
- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, risks from health conditions. People had risk assessments for behaviour that may pose a risk to themselves or others.

Preventing and controlling infection

- Some areas of the home were not clean or maintained in a way to mitigate infection risks. There was an odour of urine in the communal lounge which the registered manager told us was caused by some of the seating that was difficult to clean. We saw the odour had been referred to in an audit that had been carried out in December 2019. New seating had been ordered, but people continued to have to use this seating until the replacement arrived.
- The downstairs toilet was also used as the laundry for the home. The dual use of this confined area posed a cross contamination risk. No risk assessment had been carried out to determine the level of risk or identify a safe working procedure.
- Staff had access to appropriate personal protective equipment (i.e. disposable gloves and aprons) to reduce the risk of cross-infection.

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 and their relatives told us they were happy with the staff that provided their support. One person's relative told us, "[Person's name] loves being there, I do feel they are safe."
- 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 would report to [Team Leader] or [Registered Manager], but we also have information available if we needed to report to the authorities."

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

- Not all staff had received appropriate training to enable them to work effectively in their role. Records showed that some training had not been refreshed in line with the provider's policy. For example, not all staff had received regular updates in food hygiene or emergency first aid and epilepsy training. However, we saw action had been taken to book this training. We also saw three staff had not received a refresher of the provider's bespoke course in supporting people to manage their feelings and behaviour and this was now overdue. This had been identified in a recent audit and an action raised for staff to attend this training.
- Staff received other specific training to meet the identified needs of the people they supported. For example, training in person centred practice, autism awareness. Staff also received training in supporting people with particular health needs.
- Most people and relatives told us staff had the skills and experience needed to work effectively and this had improved over time. One relative told us, "I think they used too many bank staff who came in not knowing things about [health need]. But it [staff knowledge] has been good for the last nine months."
- Formal supervisions took place. All the staff we spoke with told us they felt supported in their roles and they had regular contact with senior staff. One member of staff said, "Yes, I get regular supervision. Mostly things get sorted out as and when, we don't need to wait."

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).

- Improvements were required to the systems in place for mental capacity assessments and DoLS. Mental capacity assessments were completed for significant decisions about people's care, including interventions required when people were unwell. We saw when one person was unwell a detailed best interest decision

had been completed with the involvement of the person's representative and a multidisciplinary team. However, the best interest decision included placing restrictions on the person and it had not been considered whether a DoLS authorisation should be requested.

- The registered manager did not have sufficient oversight of DoLS applications. On the first day of inspection they were unable to tell us the status of DoLS applications for people living at the service. On the second day of the inspection they provided this information but advised they were not clear why an application had been made for one person and would need to look into this.
- From our observations we were satisfied the service was acting in people's best interests and people were supported to make their own decisions whenever possible.

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, and reviewed on a regular basis, to ensure people's needs and preferences were consistently addressed.

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

- People were supported have a healthy balanced diet and we saw people were supported to make home cooked meals.
- People were supported to choose the food that was on the menu and enjoyed regular meals out.
- Where people had particular needs around food and drink this was recorded in their care plan and staff were knowledgeable about this. For example, one person was at risk of dehydration and staff ensured they had regular drinks.

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

- People's health and wellbeing was monitored effectively; they attended regular routine health monitoring appointments.
- People had access to health and social care professionals when they were unwell. Staff we spoke with had a good understanding of people's health needs, the support people required, and who to contact for support.
- People's healthcare needs, including their oral health, was documented within their care plans. 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.
- People had their own rooms which were personalised to their tastes. There was a selection of communal areas and a kitchen which were homely and accessible to people in the service.
- An outside garden space was available, which was safe and accessible for people to use.

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 and relatives said that people were happy in the home and staff were caring and respectful. One person said, "Person's name calls it home, they love being there...It's a proper family home, [person's name] is friendly with all the people there."
- We saw staff with people, giving them the time they needed to communicate and express themselves.
- People were supported to ensure their religious or cultural needs were met. This was documented in their care files so staff knew who required support and how the support should be offered.

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

- People and their relatives were involved in planning their care and were supported to express their opinions.
- Staff understood people's different communication needs, and provided different ways to support people to express their views and choices.
- People's choices were respected, and they were supported to do the things they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on people's doors and waited for a response before entering and asked for permission to go in to people's rooms.
- People were supported to be as independent as possible. Their needs and abilities were assessed, and plans devised to help them grow their skills and independence. Staff with enhanced skills and knowledge in autism had recently been deployed to the service. They spoke passionately about the work they had done with people to increase their life skills and the positive impact this had had on them.
- People's information was stored securely in an office, and 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 deteriorated to Requires Improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's relatives told us past changes to the staff team and high use of agency staff had meant staff had not always had detailed knowledge of people's needs. Some people felt this had improved but others felt this remained a concern. Two people's relatives told us staff did not always promptly identify when their family members needed increased help with personal care. However, another person's relative spoke positively of staff's knowledge of people, saying, "We think the home has settled down well, the staff are now very interested in looking after [Person's name]."
- Senior staff monitored people's well being and adjusted their care when needed. For example, amending staff shift times to accommodate one person's morning routine.
- The care plans provided good information about people's individual needs and preferences. Regular staff confirmed they read and followed people's care plans and demonstrated good knowledge of people's support needs. Staff we spoke with were knowledgeable about people's needs.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any concerns or complaints about the service. However, there were mixed views about how complaints were responded to. Before the inspection we were aware of complaints that had been raised for areas that continued to be of concern for one person. At the time of the inspection the provider was working to resolve these. Some people spoke positively about how complaints were handled, one person's relative said, "Anything I mention, they put it right."
- There was a complaints procedure in place. Records showed that all complaints had been dealt with in line with the provider's complaints procedure.

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

- People were supported to maintain contact with their family. People's relatives told us they were made to feel welcome when they visited, and staff kept them informed of their family member's well-being.
- People had many opportunities for social engagement and activity. One person's relative said, "[Person's name] is going out now more than ever... since just before Christmas they've been to the ballet, panto, musical theatre... they've got a very nice life really." We saw people also enjoyed regular meals out together.
- People were supported to access voluntary opportunities to help them be part of the local community and grow their independence and skills.

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.

- People's communication and information needs had been assessed and people's care plans included a section on communication skills and needs.
- People had different communication methods, and information was adapted to ensure they understood as much as possible. This included pictorial versions of documents and individual communication tools.

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. A senior member of staff had recently attended training and was allocated to lead the development of the service in this area.

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 medicines stock checks. We also saw that medicines audits were not fully completed with regards to staff competency checks
- Quality assurance processes were not consistently effective at ensuring the actions required to implement improvements were taken in a timely way. The provider had identified staffing deployment was not always meeting people's needs. There had not been a timely response by the provider to ensure a consistent staff team was deployed. This had affected people's experiences of care.
- Health and safety checks were 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.
- 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.
- Systems to maintain compliance with the Mental Capacity Act (MCA) 2005 required strengthening. Oversight of systems in place for DoLS applications required improvement.

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.

- At the time of inspection increased oversight was in place, and action was being taken to improve the service, however this needs to be sustained and embedded. The registered manager acknowledged the shortfalls 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, where they are working towards improving the areas identified.
- Some audits had resulted in oversight and action in response to concerns. For example, the registered manager was working through an action plan from an internal quality audit and we could see improvements had been made. Action had also been taken in response to a finance audit to improve the oversight of the

management of people's finances.

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 was mixed regarding the ability of staff to provide person centred care to people. The provider had recognised the impact of inconsistent staffing deployment and was working to improve this. However, some people's relatives told us the improvements needed had not been made quickly enough.
- Staff provided mixed feedback about their experiences working at the service and the support that was provided to them. Staff felt able to gain support from the registered manager but staffing deployment was a concern. One member of staff said, "Sometimes I don't feel supported as sometimes there's not enough staff... We use agency if we can't get staff, but sometimes we have to run with only two staff, one regular and one agency, you feel under pressure."

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

- People's relatives provided mixed feedback about the overall quality of the care provided, and their dealings with the management team. They did not always feel listened to or that their concerns were responded to effectively.
- People were being supported to contribute to the running of the service. The registered manager told us they were trialling individual meetings with people and their relatives to gain their views on the service.
- 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.
- The provider produced a regular newsletter for people and staff. These were focussed on positive events within services. 'Service user awards' were also held every month to celebrate people's individual achievements.

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.

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 staffing deployment, medicines oversight and health and safety.
- Staff meetings were in place and staff told us these were beneficial. One member of staff said, "We have regular staff meetings, we talk about service users, the running of the house, whether we are happy, planning future events and paperwork."

Working in partnership with others

- The registered manager 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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home.