

Creative Support Limited

Delos - The Chestnut (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 10 July 2017. The inspection was announced.

The service provides accommodation for up to five people living with learning disabilities. The service is located in a residential area of Wellingborough. Accommodation is on two floors and there is a communal lounge and kitchen dining area. The Chestnuts has a garden. At the time of our inspection three people were using the service.

The service was managed by a person who had applied to be a registered manager. 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 and associated Regulations about how the service is run.

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. The provider had enough suitably skilled staff to be able to meet the needs of people using the service. Staff prompted people to take their own medicines. The provider had implemented new and improved arrangements for the safe management of medicines shortly before our inspection.

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.

We saw several interactions between people and staff and it was evident that staff were considerate and caring. People were able to participate in a variety of meaningful activities that reflected their hobbies and interests at The Chestnuts and when they went out.

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.

Staff were protected from abuse and avoidable harm and risks identified and mitigated where possible.

Staff were recruited safely and enough suitably skilled and experienced staff were available to meet people's needs.

Medicines management procedures had been reviewed and systems for the safe management of medicines improved to reduce the occurrence of errors.

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.

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.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs.

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.

The manager had implemented a strategy to improve the service in the year 2017/18.

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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 10 July 2017. It was our first inspection of the service since it was registered with the Care Quality Commission in November 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection because The Chestnuts 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 an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience for this inspection had experience of caring for and supporting people who lived with learning disabilities.

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 Care Quality Commission about incidents that had occurred at The Chestnuts. 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.

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

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.

We contacted the local authority that funded some of the care of people using the service, Healthwatch Northamptonshire, the local consumer champion for people using adult social care services and health and social care professionals who visited the service to see if they had feedback about the service.

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Is the service safe?

Our findings

People using the service told us they felt safe. A person told us, "I do feel safe here and so do my guinea pigs." Another person told us that staff protected them when a person (who no longer used the service) presented behaviour that challenged others. They told us, "We had a bad experience with another service user. It made me feel bad. The staff listened and helped us. It is all calm here now."

Staff kept people safe because they used non-physical intervention techniques they had been trained to use to support people when episodes of challenging behaviour occurred. They also made short term arrangements to temporarily move three people to another location to keep them safe from episodes of challenging behaviour by another person. The manager had worked with other services and the local authority to make this happen.

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 had used the provider's safeguarding reporting procedures. Their reports were acted upon by the manager and the provider to ensure people who used the service were safe, whether they were at risk or the source of concerns. Staff told us they were absolutely confident that any concerns they raised would be taken seriously and acted upon. They gave an example of how the manager and provider had acted on their concerns about people's safety and their own safety because of the serious nature of a person's behaviour.

Staff supported people to contribute to a safe and homely environment by promoting friendly relations between people, for example arranging social events. It was evident that the three people enjoyed each others company and that of the staff. People took part in friendly social interactions with each other, staff and the inspection team. For example, a person asked us to sign the visitor's book, which showed they were conscious of safety arrangements at The Chestnuts and they made us drinks. It was evident that people felt safe and at home and welcomed us as guests.

Staff supported people to understand how to keep safe when they went out alone. Staff had done that by teaching people about safety in a way that increased their awareness of risks in the local community. For example, staff supported people to become more confident when they went shopping. A person who was less confident was supported by staff when they went out.

People were supported to understand what they should do in the event of emergencies. For example, there were regular fire drills that were used to remind people what they should do in the event of a fire. A person told us, "We have to come downstairs and go out there [pointing to the front of the house] if there is a fire. We do not know when there will be a practice the staff don't tell us." The Chestnuts had an independent fire safety inspection in April 2016. The manager had reviewed the fire safety arrangements at The Chestnuts in the last month following recent events reported on in the press and at the request of CQC.

People's care plans included detailed assessments of risks associated with people's 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 had recently started attending kick-boxing classes. This meant that people were encouraged to participate in activities that increased their confidence and independence because they included an element of risk including using kitchen appliances and cooking. For example, we saw a person was supported to make a meal of poached eggs on toast for themselves and others.

The provider had effective procedures for reporting and investigating accidents and incidents. We saw that reports of both had been thoroughly investigated and where necessary, people's risk assessments had been reviewed. Staff knew how they could report concerns through the provider's whistleblowing procedures or to external agencies including the local authority and Care Quality Commission.

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 manager or in their absence their deputy were able to assist staff if necessary. Staff deployment meant that people were able to participate in activities that involved going out or to support people to attend healthcare appointments. This meant that people were not restricted in terms of how they wanted to spend their time because of staffing levels.

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. The manager took into account how interviewees interacted with people when assessing their suitability to work at the service. People could therefore be confident that only staff with the right skills were recruited.

Arrangements for management of people's medicines were safe. Every person had a double locked cupboard in their rooms with their own medication. A care worker told us, "It is nicer for the residents if their medicines are in their rooms. It gives them some privacy and dignity it makes it more person centred and it reduces mistakes with medicines."

The manager and provider had recently reviewed the arrangements for management of medicines after a series of medications errors were made in the period January to April 2017. New arrangements for checking for checking and storing medicines had reduced errors to 'zero' in June 2017. Arrangements for disposing of medicines that were no longer required were safe. The manager had arranged for the pharmacist who supplied the medicines to carry out independent audits of medicines management at the service to supplement their own weekly checks of how people were supported with their medicines.

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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. Every person had a 'key worker' who was their main carer who they discussed their daily care and support with. A person told us, "If we need anything we tell our keyworker." People told us they liked all the staff that worked at The Chestnuts.

Staff told us they had received good training that equipped them with the skills they needed to support people. One told us, "I'm very satisfied with the support I've had through training and the practical support from the manager. The people at head office have been supportive to helping staff and residents cope with a difficult situation that was resolved." We observed that staff put their training and knowledge of people and their care plans into practice. For example, staff used their knowledge from training about person centred care and communicating with people to support people to experience positive outcomes. Staff spoke with people using short sentences and gentle tone that people evidently responded to positively. People and staff engaged in prolonged conversation which people clearly enjoyed.

The manager monitored a staff training plan. This ensured that staff attended training that supported them in their roles, for example training about care planning, supporting people to be independent and laws they needed to be aware of such as the Mental Capacity Act 2005 (MCA). The manager supported through supervision meetings when they discussed staff performance, training, the needs of people using the service and any other support staff felt they needed. Training and supervision was up to date.

Communication between staff was effective. They shared information about people and their daily needs in 'handover' records and a communications book. This was read by staff which 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.

No person was subject to a DoLS authorisation. People had assessments of their mental capacity to understand information about their care and support. All were presumed to have capacity which is the correct action unless there is evidence to the contrary. Staff we spoke with understood their responsibilities under the MCA. They respected people's decisions and provided people with information that supported them to make informed choices. For example, when a person decided they wanted a tattoo staff supported them with information about where this could be done safely and what it involved. A person told us, "I have a tattoo it didn't hurt at all. The staff helped me."

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. When we spoke with people about their meals one brought us a folder of information about them. This showed they had easy access to the information and that it was theirs to use. People could have meals when they wanted. A person told us, "Breakfast is at any time."

People made meals for themselves and staff with staff support. Staff supported people to choose cooking ingredients so that they could make meals or 'treats' for celebrations. People made meal times a social occasion and invited us to eat with them. A person told us they enjoyed meal times and a care worker told us, "I love that we eat together because it creates a family atmosphere." We saw people making drinks throughout the day. A person told us, "We can come into the kitchen anytime to get a drink." People had fresh fruit available to eat. A person who lived with diabetes was supported to make informed choices about what they ate. They told us, 'I have to test my blood every morning. The staff help me [with testing and advising about what food to eat]. I allow myself chocolate once a week, and I nibble on an apple.' The advice and information staff gave the person was in line with what it said in their care plan.

Staff supported people to access health services when they needed them. Staff made healthcare appointments with people's agreement after they told staff about how they felt. A person told us, "We tell our keyworkers if we are poorly and they will make us an appointment." After a person told a care worker they had toothache the care worker showed the person a diary that showed they had an appointment booked with a dentist soon. After a discussion the care worker offered to telephone the dentist and the person agreed. Staff arranged appointments such as annual health checks and medicines reviews. They explained the appointments were necessary to support people to maintain their health and people agreed to attend. Staff supported a person with diabetes to monitor their blood sugar levels themselves. They advised the person how to do to keep them under control, for example by eating and drinking the right foods. This showed that in matters of health people were supported to be independent and to achieve good outcomes.

Is the service caring?

Our findings

People were supported by staff who cared about them. A person told us, "I like it here. The staff are all lovely." A care worker told us, "Being here is like being at home." It was evident that there was a friendly and homely atmosphere at The Chestnuts and that people felt very much at home. We saw, for example, a person hang out washing in the garden; another gathered plates up to wash them after a meal. People made themselves and others, including us, drinks and told us to "feel at home."

A person eagerly showed us around the home and took us to their room where they showed us family pictures and things of importance to them. They proudly said, "These are my things." People and staff had made The Chestnuts into a home they were very happy to live in. People were keen to show us their rooms because they said they liked them so much. The rooms were individually personalised. People told us they were involved in choosing new colours for their rooms and communal areas. They had been involved in plans to create a new landscaped garden. This showed that people were involved in decisions about things that mattered to them.

People were supported by staff who understood their needs, preferences, likes and dislikes and what was important to them. After a person was temporarily transferred to another location for their safety they became upset after a few days because they missed their pets. They told us, "I was upset that I had to move to another place. I cried because I was missing my guinea pigs. One day I was at the new place and the staff said 'come here', and there were my guinea pigs. They had gone to get them for me."

People's care plans were detailed and explained how people wanted to be supported. Staff we spoke with had good knowledge of care plans and the people they cared for. They added to their knowledge with information they obtained from people through everyday conversation and observation. For example, a care worker learnt that a person liked to have tea with a person they befriended at another location run by the provider. When the care worker asked the person what they'd like to do they offered a range of options of places the person liked to go to and the person chose to go for tea with their friend.

Throughout our inspection we saw staff and people engage with each other in a friendly manner. Staff were attentive to people's needs. A care worker noticed that a person was upset when other people told us about the time they were temporarily moved to other services. A care worker comforted the person and suggested that they both sit somewhere else for a chat. Shortly afterwards the person returned, smiling and happy to re-join the conversation we were having with people.

The provider involved people in decisions about their care and support. They provided them with information they needed to make informed choices and decisions. For example, people were involved in decisions about how to keep them safe during a period when the situation at The Chestnuts was potentially unsafe. People were provided with information about options about where they could temporarily move to. They were supported to feel they mattered during that time and afterwards when staff arranged a party to celebrate their return to The Chestnuts. A person told us, "When we came back here the staff gave us a party it was just like a birthday." People were involved in the redesign of the garden and in decisions about the

refurbishment of The Chestnuts. This showed that people were involved in decisions that affected their experience of the service.

People were involved in regular reviews of their individual care plans and in more general discussions about things that affected them, for example planning of social events, outings and holidays. People were supported to understand about the quality of service they had a right to expect. The manager had made a folder of information in an easy to read format that was based on our guidance to providers about the fundamental standards of care people were entitled to expect. People took great delight in showing us the folder.

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 which meant staff and people engaged in lengthy conversations that people evidently enjoyed. Staff respected people's privacy and dignity. We saw guidance for staff in a person's care plan which stated that in the mornings they could knock on a person's door to say it was their chosen time to be woken but that they must not enter the room. Staff respected people's privacy when they were engaged in conversation with other people who used the service. Staff stayed in the background and did not intrude into people's space at those times unless they were invited to join in."

People were able to receive visits from relatives and friends when they wanted which added to the sense that The Chestnuts was their home. People told us they were looking forward to the work in the garden they helped redesign being completed because they would have barbeques to entertain relatives and friends.

Is the service responsive?

Our findings

People using the service participated in the 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 had access to their care plans. A person took us into the office and said, 'Those are our files, we use them with our keyworkers.' People's care and support had been modified in line with people's changing needs, for example as they became more independent risk assessments were reviewed and levels of risk downgraded.

Staff supported people were involved in planning their care and support. This was at monthly reviews of care plans and in response to events that happened at The Chestnuts. For example, events at The Chestnuts had it an unhappy place to live for three of the people. They were involved in decisions about the most suitable options for ensuring they continued to be supported by staff at alternative temporary location until the issue at The Chestnuts was resolved. They were supported throughout the temporary relocation and to resettle at The Chestnuts.

People told us they were involved in activities that made them feel they were responsible for making The Chestnuts a pleasant home. They were keen to show us a rota they had for various tasks. A person was evidently proud that they had supported a care worker to clean a bathroom. The care worker praised the person saying, "You did it yourself. I only carried the mop and bucket for you." Another person filled a washing machine with their clothing and selected a wash programme. They later hung the washing out to dry in the garden. Staff supported people with those types of meaningful activity to emphasize that The Chestnuts was their home and to support their independence.

Staff supported people to develop the skills, confidence and knowledge they needed to be able to go out alone. For example, staff taught people road safety, shown them how to use public transport safely. A person told us, "I go to the hairdressers myself when my hair needs a good cut. I have been shown how to use the bus, so I go out on my own now." People who were less confident were accompanied by staff when they went out. People went out when they wanted.

Staff supported people to maintain friendships and relationships with people. Social occasions were organised involving people from other services run by the provider that people were friendly with. People told us about friends they had made. A person told us, "We have friends at [address] who we go out with for a drink and the staff come." People went to social venues such as a bingo hall which they told us they enjoyed because they won prizes. A person who expressed interest in a leaflet about kick boxing was supported to join a kick boxing class. They told us, "I go to kick boxing, I wouldn't do it on anyone here, but I am going to get a black belt in kick boxing."

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, a person wanted to see a theatre show in the west

end of London and was being supported to do that. They told us, "I am going to see Michael Jackson. I am very excited. I am going to London with staff." A care worker told us they enjoyed their job as much as they did because they could see how their support had improved people's lives. They told us, "The whole world is opening up to them."

People's views were sought in a variety of ways. These included people's involvement in reviews of their care plans, regular dialogue with staff and at meetings where people could discuss with staff and management any concerns or changes they would like to see made. The meetings involved people from other local services run by the provider because they could have shared concerns or suggestions. The meetings were called 'The Hearsay Group'.

People's views were listened to and acted upon. For example, people discussed how the costs of staff supporting them on holidays away from The Chestnuts were funded. The existing arrangements meant that some holidays could not be for as long as people wanted. They were supported to make a case for increased funding to the provider's head office and secured it. This meant they could have the holidays they wanted. This showed that the provider listened to peoples' views and was prepared to revise 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 resolved to people's satisfaction. People were provided with a letter in an easy to read format in response to a complaint and a meeting to explain the response.

Is the service well-led?

Our findings

The service was managed by a person who had applied to be the registered manager. Staff told us the service was well managed and that the manager had dealt very well with a difficult and challenging situation at the service that had upset people and worried staff. Staff told us they felt cared for by the manager. The manager told us they had been supported by senior managers and they had "restored" the service to what people and staff wanted it to be. Staff were involved in a plan to restore the service and in the service's strategic plan for 2017/18.

The manager showed leadership in supporting people and staff to be safe through a challenging period. They engaged with the local authority to secure their support to deal with the situation at The Chestnuts. They supported people and staff through what had been a difficult experience for both. They ensured that people's emotional and comfort needs were met during the period they were temporarily away from The Chestnuts. The manager and provider supported staff with understanding to help them recover their confidence from a period when some had experienced stress. A care worker told us, "The service was at breaking point but we are seeing really good results now."

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. The provider and manager had worked to review the procedures for management of medicines after a series of medicines errors were made at The Chestnuts and other locations. The errors were identified by audits carried out by the manager. An action plan was put in place to bring about improvements. The action plan had resulted in improved procedures and a significant reduction in errors. This showed the provider and manager used monitoring systems to identify errors and areas for improvement and to implement and sustain improvements. Feedback to staff about errors they made was supportive and informative and actions were taken to retrain staff and restore their confidence.

People were involved in important decisions about the service, for example decisions about ensuring their safety during a challenging period at The Chestnuts. They were also involved in developments at the service such as the refurbishments of the house and gardens. 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 manager was fully aware of the responsibilities of a registered manager. They ensured that effective arrangements were in place to keep the Care Quality Commission informed of events at the service such as accidents or incidents. They had a clear vision of how they wanted to develop the service which was shared with people using the service and staff. For example, the manager had created a folder of information for people based on CQC guidance about fundamental standards of care and they were developing a strategy about how they could progress towards an outstanding rating.

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. They took actions in response to people's feedback, for example after people said they didn't know about the complaints procedure all people were invited to contribute to the development of one that was in an easy to read format and one they could have in their rooms.