

Creative Support Limited

Creative Support - Willowtree House

Inspection report

7 Poplar Street
Wellingborough
Northamptonshire
NN8 4PL

Tel: 01933222452
Website: www.creativesupport.co.uk

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Creative Support – Willowtree House is a residential care home providing personal care for up to six 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 five 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.

Environmental risk management and infection control procedures were not sufficient. Staff had not consistently followed the provider's systems and processes to assess and minimise environmental risks to people.

Not all staff had received mandatory training. Training had not always been refreshed at the timescales identified by the provider.

Safe recruitment procedures were followed. There were enough staff available to meet people's support and activity needs.

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 recording of mental capacity assessments and 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, covered key aspects of their care needs and promoted a person-centred approach. People had support to participate in a range of social and recreational activities.

People and their relatives understood how to raise any concerns or complaints with the provider.

The management team promoted effective engagement with people and their relatives. Staff felt well-supported and valued. People were encouraged to express their views about the care provided, and these were listened to.

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 8 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to environmental risk management and 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Creative Support - Willowtree House

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 – Willowtree House 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.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including support staff, a team leader and the registered manager.

We reviewed a range of records. This included several people's medicines and health records and two 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 two 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Staff had not consistently followed the provider's systems and processes to assess and minimise risks to people. Health and safety checks, such as fire alarm checks and equipment checks had not always been completed at the required frequency. The registered manager had identified this prior to the inspection and was working with staff to ensure these were completed. We saw the last four weeks of checks had been completed as required, this needed to be sustained and embedded.
- Staff had not always followed up concerns identified by health and safety checks. For example, when water temperatures were too low, and fridge and freezer temperatures were outside the safe range.
- Radiator covers had not been fitted to fixed radiators to mitigate the risk of burns. No risk assessment was available to demonstrate the potential risk of burns from fixed radiators had been assessed. We discussed this with the registered manager, who arranged for the risk to be assessed and covers to be fitted to radiators where required.
- Environmental risks had been assessed, however actions identified by these assessments had not always been completed. For example, the Legionella risk assessment had identified that shower heads should be cleaned weekly and unused outlets be regularly flushed. At the time of inspection this was not being done.
- Some areas of the home were not clean or maintained in a way to mitigate infection risks. The dining table where people ate their meals was covered in a sticky substance that made it difficult to clean. The registered manager had requested a new table, but insufficient action had been taken in the meantime. We saw extractor fans and some light fittings and skirting boards were dirty and dusty.
- People were at risk of infection as food was not always safely stored. Opened food such as condiments in the fridge had not been labelled with the date they were opened and the use by date. The temperature of cooked food was not checked before it was served to people to ensure it was safe to eat.

We found no evidence that people had been harmed however, the safety of the service was not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these issues with the registered manager who told us they had identified that improvements were required to the safety of the environment and a full health and safety audit had been arranged.

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage identified risks. For example, people at risk from health conditions or where people's behaviour may pose a risk to themselves or others. People were provided with equipment to support their independence and manage their safety.

- Staff had been supplied with, and made use of, 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 told us, "I feel safe, the staff are lovely."
- 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've had safeguarding training and know about whistleblowing. I can look at the safeguarding policy to see who to report to."

Staffing and recruitment

- Safe staffing levels were maintained in the home with the use of regular agency staff. People's relatives told us staffing deployment at the home ensured people's needs could be met safely. One person's relative told us, "Yes there are enough staff, at the weekend it's a mixture of agency and regular staff."
- Staff confirmed that the required staffing levels were met. One member of staff said, "Yes, there's enough staff, we do use agency staff, but they are the same ones. Everyone gets their one to one, [individually commissioned] hours."
- The provider followed safe recruitment practices when employing new staff.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed.
- People received their medicines from trained care staff.
- People's medicines were stored securely at all times to prevent unauthorised access to these. The registered manager had introduced individual medicines storage for people to ensure medicines administration was more person centred.
- The medicines record for one medicine which was a variable dose, was confusing due to the way staff had recorded administration. The person was receiving the medicine as prescribed. However, we discussed with the registered manager the need to review the way staff recorded administration to ensure it was clear.

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. However, where a new recording tool had been introduced to monitor one person's behaviour, we could not see that the completed forms had been reviewed by senior staff. This was discussed with the registered manager, who recognised the need to record that these were reviewed.

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 a number of the staff had not received training in food hygiene and infection control. Some training had not been refreshed in line with the provider's policy. For example, not all staff had received regular updates of the provider's bespoke course in supporting people to manage their feelings and behaviour. We discussed this with the registered manager, who told us mandatory training would be completed for all staff who needed it. Staff had received mandatory training in other areas such as safeguarding, health and safety and fire safety.
- Staff received some specific training to meet the identified needs of the people they supported. For example, training in person centred practice and learning disability. Staff were also encouraged and supported to complete vocational training. One member of staff told us they had been encouraged to attend leadership and management training.
- People and relatives told us staff had the skills and experience needed to work effectively. One relative told us, "The staff have been really great, they have a good understanding."
- Formal supervisions took place; however, these were not always at the frequency stated in the provider's policy. However, 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, "We see a lot of [registered manager] and [senior staff], there is lots of support."

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).

- Mental capacity assessments had not been completed for all decisions where people may not have the

capacity to consent, for example to consent to staff administering their medicines. Where mental capacity assessments had identified people lacked capacity, best interest decisions had been completed. However, the provider needed to ensure these consistently contained sufficient detail and demonstrated that people's representatives had been consulted.

- The provider had not maintained clarity on the status of applications for DoLS authorisations for the people living at the service. At the time of the inspection the registered manager was working with the local authority to rectify 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 told us they enjoyed the food and the menus were planned by the people living in the house. The registered manager told us staff were supporting people to to have more involvement in preparing food and drink and people's skills in this area were improving.
- Where people had particular needs around food and drink staff provided appropriate support. For example, one person had been supported to lose weight to improve their health and well being.
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with specialist advice from appropriate healthcare professionals. We saw people's care plans reflected the advice and guidance provided.

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

- Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.
- People and their relatives told us staff helped people to seek professional medical advice if they were unwell and to attend routine health appointments and check-ups. One person said, "I ask staff if I want them to get the doctor and they always do it."
- Staff recognised the importance of oral health care. People had oral health assessments, and 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. A decoration plan was in progress and most of the communal areas had recently been decorated.
- People told us they liked their bedrooms, which they could personalise to their tastes. Some people's bedrooms had recently been redecorated with people choosing their colour schemes and decoration. One person proudly showed us their new walk in shower, which had greatly improved their ability to access the shower.
- People had appropriate space to receive visitors, socialise with others, or spend time alone if they wished.

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 their relatives told us staff approached their work in a kind and caring manner. One person told us, "The staff are very kind and respectful." Another person's relative said, "We're very happy with everything, they [staff] are lovely."
- We observed many positive interactions between staff and people who used the service. People looked at ease and comfortable with staff. People were supported to spend their time how they wanted.
- Care and support was delivered in a non-discriminatory way and the rights of people were respected.
- 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 told us the registered manager and staff listened to their views and involved them in decisions about the service provided.
- We saw staff encouraging people to make day-to-day decisions, such as how they wanted to spend their time.
- Records showed that people had been involved as much as they were able in planning how their care would be provided.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff and management always treated people with dignity and respect. We saw staff supporting people in a respectful and dignified manner. Staff ensured they didn't discuss anything personal in front of other people and knocked and requested entry before entering people's rooms.
- Staff and the registered manager had an excellent understanding of the people using the service and were committed to supporting people to achieve as much as they could. One person had been supported to grow and develop their skills and was looking forward to moving on to more independent living.
- The provider had procedures in place for protecting people's personal information and staff followed these.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 and their relatives told us people's care was planned around people's needs and preferences. One person told us, "The staff are very good, if I can't do anything they help me out." Speaking about their keyworker, they said, "[Staff name] is my keyworker, they help me with forms and writing."
- People were supported to maintain contact with their family. People's relatives told us they were always made to feel welcome when they visited.
- People had support to participate in a wide range of therapeutic, social activities, both in the home and in the local community. One person was being supported to apply for their own vehicle to enable them to more easily access different activities in the community with staff support. Another person told us how much they were looking forward to a planned holiday abroad.
- People's care plans were individual to them and contained current information about people's needs, likes and dislikes. They covered key aspects of their care needs and included detailed personalised information.
- Staff confirmed they read and followed people's care plans and demonstrated good knowledge of people's support needs.

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 in detail.
- A range of communication tools were used to support effective communication with people and ensure they had information in a way they could understand. For example, individually adapted sign language and pictorial information.
- Care plans included a section on communication strategies. This contained detailed information about how the person may express themselves and what this may mean.

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 and were confident these would be addressed.
- There was a complaints procedure in place. Records showed that all complaints had been dealt with in line with the provider's complaints procedure.

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, until December 2019, monthly medicines audits had not been carried out at regular intervals. Also, a self-assessment tool for the service that should have been completed on a six-monthly basis by senior staff had only been partially completed.
- Environmental risk assessments had not identified all areas of potential risk and where risks had been identified the control measures necessary had not been implemented.
- The implementation of health and safety checks was 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 recently improved.
- Although infection control audits were in place these had not identified that some areas of the home were not sufficiently clean.
- Some records were not fully completed. For example, we saw incident reports that were not dated and audits that had not been signed by the member of staff completing them. This impeded the provider's ability to properly review and reflect upon the information contained in these records.
- 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. People's capacity to consent was not always assessed. Where people were assessed as lacking capacity best interest decisions did not always provide detailed information.

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.

- The registered manager acknowledged these 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, to demonstrate they are working towards improving the areas identified.

- Some audits had resulted in sufficient oversight and action in response to concerns. For example, medicines stock counts and checks were undertaken weekly and where concerns were identified action was taken to ensure improvements were made.
- Where internal finance checks had identified improvements were required, an in-depth audit had taken place and an action plan created to drive the improvements required.

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 confirmed that people felt well cared for in the home. We received consistent feedback that the service was providing personalised care to people. One person's relative said, "We're very happy with it, all the staff are very good. [Person's name] is very happy, they talk to us very freely. I know [registered manager] and [senior staff]."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "The managers are brilliant, I feel very supported."
- Staff told us that they were listened to when they raised concerns and prompt action was taken in response. One staff member told us, "It's an open culture, anything I need to say I can say. We see a lot of [registered manager] and [senior staff] and they're also on call."

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.

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

- People and relatives we spoke with described an inclusive culture and open communication with staff. They spoke positively about the overall quality of the care provided, and their dealings with the management team.
- Staff spoke about their work at the home with enthusiasm and felt well-supported and valued by the management team. One staff member told us, "People here have a good life, there is plenty for them to do and they are treated as individuals."
- 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.
- Residents' meetings and 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.

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 medicines audits and health and safety.
- Staff meetings were in place. However, these required a more formal approach with a planned regular schedule and an agenda made available for staff to contribute to before the meetings.

Working in partnership with others

- The registered manager and staff 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 12 HSCA RA Regulations 2014 Safe care and treatment Environmental risk management and infection control procedures were not sufficient. Staff had not consistently followed the provider's systems and processes to assess and minimise environmental risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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.