

Creative Support Limited

Delos - The Frogpond (Creative Support)

Inspection report

109 Great Park Street
Wellingborough
Northamptonshire
NN8 4EA

Tel: 01933677889

Website: www.creativesupport.co.uk

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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

This inspection took place on the 5 July 2017 and was unannounced.

The service is registered to provide accommodation and personal care for up to three people with learning disabilities. At the time of our inspection there were two people living there, both of whom had lived there for a number of years.

The service has 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 2008 and associated Regulations about how the service is run.

We saw that people were well supported and cared for and the atmosphere in the home was calm and relaxed. People had developed good relationships with staff who knew them well.

Staff knew how to keep people safe and promoted people's independence. Risk assessments were in place which helped to mitigate risk but enabled people to live as independent a life as possible.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided.

Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff who were kind and compassionate and who were committed to respecting their individuality and promoting their independence. Individualised care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and interests and enabled people to participate in activities either individually or in groups.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. People could approach the registered manager and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. The provider encouraged feedback and actively involved people in looking at ways to improve and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were supported and cared for by a well trained staff team who treated them as individuals.

People were fully involved in decisions about the way their support was delivered.

People had access to healthcare as and when required.

Is the service caring?

Good ●

The service was caring.

People received their support from staff that were friendly and kind and who showed respect and compassion.

Staff respected people's dignity and right to privacy and treated them as individuals.

People were encouraged to express their views and to make choices and their family and friends were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

People had individual plans of care which contained all the relevant information that was needed to provide the care and support they needed.

People were encouraged to follow their interests and take part in activities both outside and within the home.

People were aware that they could raise a concern about their care and information was designed to ensure everyone could make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led .

People and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The provider monitored the quality and culture of the service and strived to lead a service which supported people to live a fulfilled life.

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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.

This unannounced inspection took place on 5th July 2017 and was undertaken by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted social and healthcare professionals who visited the service, and commissioners who fund the care for some people using the service, and asked them for their views.

Before the inspection, 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 the service does well and improvements they plan to make. We took this information into consideration as part of our judgement.

We spoke with the two people who used the service, two support staff and the registered manager.

We looked at two records for people living in the home, three staff recruitment files, staff training records, health and safety records and quality audits.

Is the service safe?

Our findings

There was a warm and welcoming atmosphere as we arrived at the service. We were greeted by one of the people at the door whilst staff stood back and observed from a distance. The person asked us who we were and introduced themselves before they let us into the house. This meant that people had been made aware of the risks around people coming to the house and what steps they needed to take to keep themselves safe.

People looked happy and relaxed around the staff; they told us they felt safe with the staff and knew who they needed to speak to if they did not feel safe. Staff understood their roles and responsibilities to safeguard people from harm or abuse; they knew how to raise a concern if they needed to do so. One member of staff told us "If I had any concerns I would speak to [name of registered manager] and if they did not do anything I would contact the local authority or Care Quality Commission; I have no concerns for anyone here." There was an up to date policy and procedure staff could refer to and we saw that staff had received regular training. Information gathered prior to the inspection showed that staff had raised appropriate notifications to the local authority and Care Quality Commission (CQC).

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe. These included identifying risks both in the home and out in the community. These enabled people to retain their independence but ensured that any potential risks to their safety were mitigated. People's individual plans of care and risk assessments were regularly reviewed and changes made as and when necessary.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and people were able to tell us what they needed to do in the event of a fire. One person said "If the bell sounds I need to go out of the front door and wait over the road." There was also information available about each person which detailed how they liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency.

People were cared for by suitable staff because the provider followed a thorough recruitment process. Disclosure and barring service (DBS) checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

Staffing levels were calculated according to the needs of the people and also took account of any forthcoming appointments or events that would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs and that where needed staff worked additional hours to ensure that the levels of staff remained consistent. The registered manager and staff were committed to ensuring that people were always supported by people who knew them and therefore did not use any agency staff. The staff also told us there were enough members of staff on shift.

There were systems in place for the safe management of medicines. Medication Administration Record (MAR) sheets had been completed. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. Audits were in place which ensured that any shortfalls were quickly addressed by the provider.

Is the service effective?

Our findings

People received support from staff that had received the training they needed to do their job. Staff told us that when they were first employed they spent time with the registered manager and other experienced staff shadowing them to enable them to get to know the people they were to support. They also had to complete a set of mandatory training courses which included safeguarding, manual handling and First Aid.

The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there were regular updates of the training available to help refresh and enhance their learning. Specialist training was also available such as training around epilepsy.

Staff were confident in the registered manager and were happy with the level of support and supervision they received. They told us that the registered manager was always available to discuss any issues with them and that they felt able to highlight their own further training needs. One member of staff told us "Supervision is very good; when I asked about doing training in relation to epilepsy this was sorted out straightaway." We saw that the registered manager had a programme in place for staff supervisions and that they worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

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 decisions 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA. The registered manager and staff were fully aware of their responsibilities under the MCA and the DoLS Code of Practice. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks.

People's care was regularly reviewed with them and people were involved in decisions about the way their support was delivered. From our conversations with people and our observations people were listened to and enabled to contribute to any changes that were needed to the way in which they were supported. Information held within people's care records was compiled in ways which reflected people's individual communication needs, for example pictorial symbols were used to enable people to understand the level of support they needed.

People were supported to maintain a healthy balanced diet. Each week the people living in the home discussed and planned their menu for the week ahead. Each person was able to choose what they wanted and staff supported them to maintain a balanced diet. People were encouraged to shop for their meals and help in the preparation if they wished to.

People's healthcare needs were closely monitored and advice sought from other healthcare professionals. One healthcare professional we contacted prior to the inspection told us that they found that the staff knew people well and were very receptive to their changing health needs. Records confirmed that people had access to a range of health professionals, including community nurses, Speech and Language Therapists and Psychologist and they each had a 'Help me in Hospital' document in place which provided the information needed to help the individual should they have to attend hospital.

Is the service caring?

Our findings

The atmosphere throughout the day of the inspection was warm and friendly. People were treated with kindness and consideration and staff took time to engage in conversation with them. One person told us "The staff are nice, they take me out and [name of member of staff] is going with me on holiday this year." Another person showed us their room and told us about choosing their furniture and deciding on the colours of the room. The rooms had been sensitively decorated to reflect people's personalities.

We observed staff having meaningful conversations with people and it was clear that staff knew people well. They encouraged people to make choices for themselves and enabled them to express their views. The provider had set up a 'Hearsay Group' which involved people living in the home and other people supported by the provider; people were encouraged to attend and talk about any issues or concerns they had. One person told us that they sometimes acted as the chair for the meeting. We saw from one of the meeting minutes that an issue around the level of pay for staff to support people on holiday had been discussed and the group were waiting for information back from the provider. This showed that people were empowered to express their views and that they were listened to.

Staff were mindful and considerate of people's wishes when asking if they could enter their rooms. People's individuality was respected by staff and we observed staff gently encouraging people to do things for themselves. One person told us they were happy with the way staff treated them.

Family and friends were welcome to visit anytime and people were enabled to stay in contact with their families through regular telephone calls and visits to family and friends.

The provider actively supported people to speak up for themselves and were aware that if people did not feel able to or had no family to support them that they would support them to find an advocate. At the time of the inspection no one had needed the support of an advocate.

Is the service responsive?

Our findings

Up until recently three people had lived at the home for several years. The registered manager told us if and when a third person was to come to live there then this decision would be taken with the people living in the home. An initial assessment would be undertaken with a person to identify whether their needs could be met, also whether the person liked the home. This would be followed by visits and overnight stays at the house which would give everyone the opportunity to see whether the home was right for them and positive relationships could be formed. The service focused on meeting individual needs but was mindful of the need for all the people living there to have shared interests and mutual respect for each other.

People had detailed care plans which identified their individual needs, likes, interests and preferences. These could be further strengthened with more information about people's history and past lives. We saw that people were actively involved in setting goals for themselves and when they achieved their goals the reward was something they had chosen for themselves; for example for one person buying something to add to their collection of Dr Who memorabilia.

People were encouraged to pursue their interests. One person told us that they enjoyed working as a volunteer at a local day centre and going out to the local pub. Another person said "I like having friends around." People had plans in place to go on holiday; one person told us how much they enjoyed going on holiday and were especially happy that the member of staff they wanted to take with them was able to go and support them. We could see from our conversation both with the person and member of staff they both were looking forward to the trip. People were encouraged to live as independent and fulfilled life as possible.

Staff had a good understanding of each person in the service and clearly understood their care and support needs. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs. For example in one care plan we saw that there was detailed information about how to recognise and manage when a person was becoming anxious and their behaviour changed; there was clear information as to what steps the staff and the person needed to take to manage the situation. Care plans were reviewed on a regular basis and the information held within them had been collated in a way that best met individual communication needs. Pictures were used where appropriate and any written information was clear and concise.

People were aware that they could raise a concern about their care and there was information provided on how to make a complaint which was designed to enable everyone to access it. People told us that they always felt able to speak to the staff or the registered manager if they needed to and we could see that they had done so. The staff were responsive to people and had looked at ways to resolve any issues people had had. The staff said that they always tried to resolve any concerns as quickly as possible. There was a monthly house meeting which enabled people to share any concerns they had. The feedback we found was positive and we could see that people were asked about the care and support they received through the house meetings.

Is the service well-led?

Our findings

Everyone we spoke to expressed how happy they were with the way the home was managed. The staff said they felt well supported and could speak to the registered manager whenever they needed to. People said they felt listened to and we could see that the registered manager was fully committed to providing an environment which would help people to maximise their abilities to live as independent a life as individually possible. One health professional commented 'The manager is an excellent communicator and liaises well with health professionals; we know as a team, she will have considered everything that they could do as a team first, before referring onto a specialist team for further health support.' The registered manager was a good role model for staff to ensure they promoted people's independence and respected the rights of the individual person.

There was a culture of openness and transparency. The provider actively encouraged feedback from people, their families and other health professionals to help drive continuous improvement. A recent survey showed an overall satisfaction with the service with people commenting how safe and supported they were by staff who understood their needs and how much choice they had.

The whole ethos of the service was based around respect and dignity providing a service which was tailored to meet the needs of the individual. Working with people at their pace and listening to what they wanted to do. People were empowered to be part of the decision making in who worked at the home and had received training to be involved in the recruitment process.

Staff received the support and guidance they needed. There were up to date policies and procedures in place which supported staff. Staff were encouraged to speak up and were aware of how they could whistle blow if they were unhappy about anything. One member of staff told us "We have regular meetings which give us all the opportunity to raise any concerns and share ideas."

Daily records were up to date and the provider had systems in place to monitor the quality of the service. There were monthly audits in place for example around medicines and care plans. We saw that where any shortfalls had been identified the provider had taken appropriate and timely action. The provider visited the home regularly and undertook a quality audit every three months. People were also encouraged to be involved in quality checking the service.