

Creative Support and Consultancy Limited

Holland Road

Inspection report

48 Holland Road
Clacton On Sea
Essex
CO15 6EL

Tel: 01255474934

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27 March 2019
02 April 2019

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16 May 2019

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

About the service: Holland Road is registered to provide accommodation for up to four people who require personal care and may have learning disabilities or mental health needs. Nursing care is not provided at Holland Road. At the time of inspection there were four people were using the service.

People's experience of using this service:

People at the service were kept safe, staff understood their safeguarding responsibilities and knew how to identify abuse. Relevant risk assessments had been completed. Medicines were well managed and people received their medicines as prescribed. People lived in an environment that was maintained well and health and safety checks were completed on a regular basis. Systems and processes were in place to report and review incidents and complaints.

The care service was being developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with dietary needs and were involved in menu planning. People's health was monitored and people had access to health services

People were supported effectively by knowledgeable staff who had been well trained.. Staff were also supported by a management team who were experienced and knowledgeable. A complaints procedure was in place.

People were treated with dignity and respect by caring staff. People were supported to communicate in a way that helped them as the service provided information in easy read format.

Whilst there was nobody at the end of their lives at the time of inspection. We have made a recommendation about end of life planning.

The service was effectively managed by a registered manager with support from a house manager. The service was currently being sold to a new provider, staff reported communication about these changes had been excellent.

More information is in the detailed findings below.

Rating at last inspection: Good (report published 15 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Holland Road

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: Holland Road 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: The unannounced inspection took place on 27 March 2019, followed by phone calls to relatives on 02 April 2019.

What we did: Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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 visited the service on 27 March 2019. Some people who lived at the service had complex needs and were not able to talk with us or chose not to. We used observation to gather evidence of people's experiences of the service. We spoke with one person's relative over the telephone, for their views.

During our visit to the service we also spoke with the registered manager, the house manager, the regional director and a support worker. We looked at two people's care records. We also looked at a range of records

relating to the management of the service. These included accident and incident reports, complaints and compliments records, audits and training records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns.
- Staff told us they would inform the house manager or registered manager if they had concerns someone was at risk of abuse. A member of staff said, "I would speak to [house manager] or go higher if I needed to."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained guidance for staff to follow to keep people safe. People had positive behavioural support plans which contained a range of strategies for staff to minimise any challenging behaviours. A staff member said, "[Named person] can hit out, we read the signs and understand how to prevent this."
- The service had assessed the environment and equipment for safety.

Staffing and recruitment

- Employment checks were carried out before staff were employed by the service which included criminal records checks to ensure staff were safe to work with vulnerable people.
- Staff told us staffing levels were safe and sufficient to meet people's needs.

Using medicines safely

- People received their medicines safely and when they required them. Medicines were kept securely.
- Medication audits were carried out daily to identify possible errors or problems. The house manager had identified not all liquid medicines had opening dates and proposed to discuss this with staff.

Preventing and controlling infection

- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- The service has a system to record, monitor and manage accidents and incidents and learn from these. For example, a recent safeguarding incident had resulted in the regional director spending more time with a person that used the service to support the person and staff.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- Staff supported people confidently and understood how each person required help. For example, a staff member picked up a person's non-verbal communication throughout our observations.
- Staff completed an induction and were supported to maintain their skills through regular training. Staff told us training had improved under the new provider. One staff member said, "Training is much better."

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

- Staff told us how they supported people to express their views and decide what they wanted to eat and drink. Menus with pictures were available and shown to people to help with decision making.

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

- People had access to the healthcare they needed. Staff understood people's physical health and wellbeing needs. People were supported to attend routine health appointments, such as GPs and dentists. A relative said, "They keep me up to date and let me know straight away when there is an appointment."
- Support plans included a health passport. This was used to record any advice or information given following health appointments so staff had the most up to date guidance to support people.

Adapting service, design, decoration to meet people's needs

- Bedrooms were very personal to each individual and very homely. People were involved in the decoration of their rooms. One person had their own area of the house with own bathroom to meet their needs. Another person had their own lounge to use.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the MCA and associated DoLS were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.
- Staff understood the importance of supporting people in making their own decisions as much as possible. The service involved advocates on behalf of people who lacked capacity if required. Advocates are trained professionals who support, enable and empower people to speak up.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The house manager told us about each person at the start of the inspection. They could tell us in detail about their likes, dislikes, care and treatment. They told us about one person's past experiences and how this impacted on their behaviour now. The house manager said, "They have good and bad days but they will talk to us which helps."
- One person communicated using vocalisations and indicating their needs by standing in particular areas. The house manager noticed them becoming vocal standing in front of the radio and responded by turning the radio on for them so the person could enjoy the music... This kind of interaction continued throughout the morning, with staff regularly identifying when the person wanted the radio turned over, or wanted the television turned on and responding to their communication. The house manager in particular engaged well with this person and each time the person communicated the house manager stopped what they were doing to respond to them quickly.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. One staff member told us, "I think people are getting a good service, I get on well with everyone, it is a good atmosphere."
- A relative said, "There are staff changes but staff are caring. It is an excellent service."

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

- Keyworkers met with people regularly and created a monthly report detailing how the person had been throughout the month and what they had achieved. One person had chosen to go on a diet and staff had supported them with a healthy eating plan. A keyworker takes a lead with individual people, in relation to checking their care records, reviewing their care with them, and making sure they had all the things they required such as clothes and toiletries.
- One person used a talking mat to aid communication. A staff member said, "They [person] are writing on the mat themselves now."
- People were enabled to maintain and develop relationships with those close to them and to develop social networks and links within the local community. Relatives could visit at any time and staff supported people to visit relatives. A relative said, "I visit all the time and they do a very good job."

Respecting and promoting people's privacy, dignity and independence

- Staff understood people's individual support needs and how they required help to maintain their independence.
- People's privacy was respected and we observed how staff always knocked before entering people's rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. These needs were shared appropriately with others.
- A support plan and assessment was in place to show the support people needed and these were reviewed regularly.
- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. For example, one person liked to spend time going to a hydro pool. A relative said, "[Family member] goes out as much as they are able."
- During our observations, staff were committed to getting people out into the community. One person was due to go out with a support worker but changed their mind when they got to the car. Staff reasoned it may be because of the colour of the car as they had gone out in a black car the other day. The person was brought back to the service, and other options were discussed with them such as getting the bus, going in another car or going a little later in the day. Staff continued to discuss solutions until they found an option the person was happy with.

Improving care quality in response to complaints or concerns

- A formal complaints policy and procedure was in place and available for people and relatives.
- Staff knew how to support people to make a complaint.
- There had been no complaints since the previous inspection. A relative told us any minor issues were sorted out straight away by the house manager.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care.
- We recommend that the service seek advice and guidance from a reputable source, about capturing people's end of life wishes in records.

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

Good: The service was consistently managed and well-led. Leaders and the culture they

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and regional director understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
- The culture was person centred and staff knew how to empower people to achieve the best outcomes. A relative said, "The service is very well run."
- Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon. A staff member told us, "The managers are approachable and listen to what I have to say."
- Staff told us they had been kept informed about the change in provider. One staff member said, "We knew what was happening, there has been no impact on the people here."

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

- The registered manager, house manager and staff understood their roles and responsibilities.
- Regular audits were carried out to monitor the quality of the service. These included, infection control, health and safety and medicines.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- People were able to feed back on the quality of the service via surveys and monthly house meetings. The service used all feedback to continually improve the service.
- A relative told us they were invited to Christmas parties and barbecues. They added, "It is like one big family."

Continuous learning and improving care

- The registered manager was involved in care provider networks where they shared good practice.
- Staff meetings took place regularly and all aspects of the service were discussed.
- Staff told us the new provider had kept them well informed and provided additional training opportunities for staff.

Working in partnership with others

- The service had good links with the local community.
- The service had close working relationships with other agencies such as other healthcare and social care professionals to make sure people received joined-up care.