

Creative Support Limited

Creative Support - The Laurels (Cumbria)

Inspection report

10 Norfolk Road
Carlisle
Cumbria
CA2 5PQ

Tel: 01228527972
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?

Good 

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:

The Laurels is a care home that provides accommodation and personal care for up to 29 people, some of whom may be living with dementia. At the time of the inspection there were 19 people living at the service. The accommodation is provided over two floors. There is a range of communal areas on the ground floor. These include dining areas, lounges and a small garden area.

Rating at last inspection: Requires Improvement (last inspection report published 13 September 2018). The overall rating for the service remains the same. This service has been rated Requires Improvement at the last two inspections.

Why we inspected: This was a planned inspection, which took place on 15 and 16 January 2019 and was unannounced.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe; effective; responsive and well-led to at least good. Although we found that some improvements had been made, further work was required.

People's experience of using this service:

People told us that they felt safe at the home. There were enough staff on duty to provide safe care to people. Systems were in place to protect people and help keep them safe.

People's medicines were not always managed safely.

We have made a recommendation about the management of medicines.

Improvements to the risk assessment process had been made. There were some areas that needed further improvement to ensure staff had full details of risks and how to manage them.

Staff knew the needs of the people they supported to provide individual care and records reflected the care provided. People told us they received good quality care, although some people thought there was sometimes an imbalance of support.

People had been involved with the decisions about their care. Staff provided explanations so people could make day to day decisions about their lives.

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.

The home was clean and there were no unpleasant odours. On the first day of our inspection some painting

and re-decoration was taking place. One person told us that the home was "cramped" at times and others felt the home was "in need of a facelift." There were some aspects of the home that helped people with dementia orientate themselves but these could be improved upon. The provider told us that they had plans in place for the refurbishment of the home.

We have made a recommendation about improvements to the environment, particularly for people living with dementia.

We found that the provider had made improvements to the way in which people were supported with eating and drinking. This included a more organised and calm environment and improved monitoring systems.

There were limited opportunities for people to follow their interests and hobbies but the provider was working on making improvements to this.

We have made a recommendation about supporting people with their hobbies and interests.

Staff received supervision, appraisals and induction training. Further training and specialised training was available to help ensure staff supported people safely and effectively.

There were opportunities for people, relatives and staff to give their views about the service.

Action plans were in place to help keep improvements to the service on track. There were a range of checks in place to help monitor the quality of care provided. However, some staff were not clear about the importance of some checks.

We have made a recommendation about ensuring staff understanding of the audit process.

More information is in the full report

Follow up:

We will continue to monitor the service through the information we receive.

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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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 one 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 care service. The expert-by-experience had expertise of dementia care.

Service and service type:

The Laurels 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 Laurels accommodates up to 29 people in one adapted building.

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.

What we did:

Before the inspection we reviewed the information we held about this service, including the action plan the provider had given us following our last inspection. We also reviewed the notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We also reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight of the people using the service, spoke with 10 of the staff working at the service. This included the registered manager, locality manager and an agency worker. We reviewed the care records of three of the people who lived at The Laurels (pathway tracking) and observed staff supporting people using the service. We reviewed a selection of records relating to the safe operation of the service including health and safety checks, equipment checks, two staff recruitment and staff training records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted seven health and social care professionals to ask about their views and experience of the service. We also contacted the local Healthwatch group and the health protection specialist from the local authority.

We asked the provider to send us some of their policies and procedures, including their new medicines policy. We also received updated information about the plans for upgrading and refurbishing the home.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe.

At the last inspection in March 2018, we asked the provider to take action to make improvements to staffing levels, risk assessments and the safe management of medicines. These actions have mostly been completed.

The people we spoke with said they had no concerns regarding their safety in the home. One person said, "I feel very safe and settled in this home." Another person told us, "I feel really safe in here and protected."

Assessing risk, safety monitoring and management

- We found that improvements had been made to the risk assessment process at the service. Most risk assessments had been reviewed and updated routinely or as people's needs changed.
- Further work was needed to ensure the improvements were consistently applied. We found that one person required specific support with their eating and drinking needs. Another person was placed at risk by the way they sometimes expressed their needs. Information about the risks and how to manage them had not been included in their risk assessments.
- Premises and equipment safety checks had taken place.
- The monitoring of water temperatures was not carried out appropriately. Staff told us that there were issues with water temperatures, for example, sometimes showers were too hot or too cold.
- Accident and incident records did not always include accurate and concise information, particularly around the details of any injuries noted at the time of the accident/incident.
- Since our last inspection the provider had installed a new call bell system.
- During our visit to the service we saw that staff attended to people without delay and were attentive.
- Some people wore a pendant alarm so that they could summon staff from anywhere in the home.

Using medicines safely

- The systems in place to help make sure people received their medicines safely were not always followed by staff.
- Medication administration records had been accurately completed. However, a medicine for one person had gone out of date and another person had run out of one of their medicines.
- Incident records showed there had been five medication errors and reports of staff finding medicines on the floor in people's rooms.

We recommend that the service consider current guidance on the safe administration of medication and take action to update their practice accordingly.

Staffing and recruitment

- We found there were enough staff available to meet people's needs. Staffing levels were enhanced using

agency staff at times. The staff we spoke with told us that the senior support workers had organised the shifts, resulting in them having more time to spend with people. They thought that the staffing levels were better although there were times when the service was short staffed.

- We saw that staff were able to spend more time with people, socially as well as providing direct care.
- People who lived at the service told us they sometimes had to wait for staff to attend them. One person told us, "Sometimes there needs to be more staff especially at nights because it takes two carers to get me into bed. Sometimes carers are stretched." Another person said, "There are enough staff for my needs, but I'm aware that some people need more care than me and might say different."
- Staff had been recruited safely to help make sure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding and protecting people from abuse.
- The staff that we spoke with explained the process they would follow if they suspected anyone was being treated poorly.
- The provider had an additional system in place, called 'Code Red', to help staff think about their responsibility and duty of care when escalating concerns.

Preventing and controlling infection

- The home had sought help and advice from a health protection specialist about infection control and prevention.
- Staff had received training in infection prevention and control.
- The home was clean and there were no unpleasant odours.
- Protective clothing such as disposable gloves and aprons were available throughout the home. We saw staff used these items appropriately.
- Hand hygiene during the administration of medicines could be improved, for example when staff are touching people or administering eye drops. We spoke to the management team about this at the end of our inspection.

Learning lessons when things go wrong

- Accidents and incidents were being analysed to help identify any trends or patterns and reduce the risks of them happening again.

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.

At the last inspection in March 2018, we asked the provider to take action to make improvements to staff training and supervision and the way in which people were supported with their nutritional needs. These actions have been completed.

The people we spoke with told us that staff checked with them before carrying out any care or support. People thought that the staff were well trained and capable. They told us that they enjoyed the food and that there was always a choice of meals. One person told us, "Staff always ask for my consent before carrying out any care." Another person said, "The food is second to none with a great variety. The staff gave me laminated sheets with a four-week menu cycle, so I know exactly what I'm eating each day."

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

- The registered manager told us that the way in which people's care needs were assessed and recorded had been reviewed and changed to help make sure accurate and detailed information was included.
- Care needs assessments were detailed and personalised to people's needs, choices and expectations.

Staff support: induction, training, skills and experience

- Staff told us that they were provided with suitable training and updates. They told us that they also received support from their line managers. This included supervision, direct observations of their practice and staff meetings.
- We observed staff working with people who lived at the service. We saw that staff demonstrated good practices and provided explanations where necessary. This was particularly evident when staff supported people with their mobility and when people were given their medicines.
- The provider had a staff training plan in place to help make sure staff kept their skills and knowledge up to date.

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

- People could choose where they wanted to eat their meals. Most people wanted to sit in the dining room at mealtimes but others chose to stay in their own rooms.
- The dining experience observed in the main dining room was calm and relaxed.
- People enjoyed the meal they had chosen and staff were on hand to assist, if needed.
- The provider had obtained some cutlery with larger handles and crockery to help people maintain their independence with eating and drinking.
- The nutritional records we looked at showed that people had access to dieticians and speech and language therapists.
- Improvements had been made to the way in which people identified at risk of poor nutrition, were

supported and monitored.

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

- One social care professional that we spoke with told us that the provider demonstrated a "proactive" response to advice.
- Care records showed the people had access to health and social care professionals when needed.
- People's care records contained 'hospital passports'. These documents are designed for use when people may have to be admitted to hospital quickly. The service had updated these documents following our last inspection. They provided important information about people's personal care and support needs.

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

- The provider had plans in place to carry out major improvements to upgrade the home, including extending the kitchen, replacing and re-siting heating boilers and upgrading the laundry arrangements.
- One of the people who lived at the home told us, "This home is very cramped and carers have to squeeze past other people sometimes to carry their work out effectively."
- The physical environment was not adapted to meet the needs of people using the service, in particular people living with dementia or people with limited mobility.
- There were some signs around the home to help people locate their own room or some of the communal rooms, for example the toilets. These adaptations had not been applied consistently throughout the home.

We recommend that the service refers to current guidance or seeks advice from a reputable source regarding the design of the environment and accommodation for people who live with dementia.

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 saw that staff gave people the opportunity to make decisions about their care and support needs.
- Staff did not rush people and gave them time to make their choices.
- Staff had been provided with training about obtaining consent and were able to discuss this subject with us.
- The provider had policies and procedures in place in relation to the MCA and DoLS.
- Where necessary DoLS applications have been made. There was a system in place to help the registered manager monitor the progress of these.

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.

The people we spoke with felt that the care they received was good quality. People were mostly complementary about the staff team and the support they received. One person said, "The staff are very caring and always have a nice chat with you." Another told us, "The staff are generally alright, you always get the odd one less helpful and caring, but that's life." A third person said, "I find older carers better than younger ones because they sit and talk to you more. I do have my favourites."

Ensuring people are well treated and supported; equality and diversity

- We observed that staff treated people with care and kindness.
- There was friendly banter and chatter between staff and people in the dining room and lounge areas.
- One person told us, "It never seems a burden when you ask carers to do a favour for you," and another said, "When you ask staff to do things, they will do anything you ask them to do."
- However, another person said, "Staff can be approached easily to gain more assistance, but it depends on how much you make yourself known to how much attention you get from support staff." Two of the staff we spoke with made similar comments and both thought that some people received more attention than others, particularly people who "made the most noise."
- We told the registered manager and the locality manager about these comments so that they could look into them further.

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

- We observed and heard staff offering people choices about their support and providing explanations when needed.
- We saw from the care records we reviewed that people had been actively involved in their development and review. Information in their records was specifically related to their individual needs and wishes.
- Staff knew people very well and were able to describe people's care and support needs. This level of knowledge was particularly useful to staff when they were supporting people with limited verbal communication skills

Respecting and promoting people's privacy, dignity and independence

- One person who lived at The Laurels told us, "Staff are easily approachable, but still leave you to be as independent as possible."
- People were supported to maintain contact with their relatives and friends. Visitors to the home said that the home was "welcoming at any time."
- Staff spoke fondly of residents and generally knew their care and support needs very well.
- Staff were mindful of people's privacy and dignity. People were supported discreetly with their personal care needs, for example when needing the bathroom.

- Staff knocked on people's doors and waited to be invited in.

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.

At the last inspection in March 2018 we found care and support plans had not been kept up to date. The plans were focused on care tasks and gave little consideration to the social and leisure aspects of people's lifestyles. We found that the provider had made some improvements to the care and support plans.

The people we spoke with told us that they knew who to speak to if they had a concern or complaint. One person said, "I've never raised a complaint in all the time I've lived here, and if I did, I would usually raise it with the carer I feel most comfortable with, then raise it up to management if the incident was unsolved and I'm very comfortable doing this." Another person told us about a recent complaint that they had made. We found that this was still under investigation by the registered manager. People told us that they could choose whether to join in activities or not. One person told us, "I find that getting involved in activities with other residents helps to take your mind away from any worries." Whilst another person said, "I like to spend a lot of time in my bedroom. I like to be on my own with my telly." A third person commented on the visits to the home by local nursery children. They said, "The visits really lift the atmosphere of the home."

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

- We found that staff were knowledgeable about people and their needs. The care plans we reviewed had been updated and provided more detailed information about people's individual needs and personal preferences.

- We saw that people could get up and have breakfast when they chose to. Some people preferred to take breakfast in their own rooms.

- People were able to move around the home freely and sit in a variety of places to enjoy chatter, music, TV or just sit quietly.

- Two people told us that they were able to get out to the local shops when they wanted.

- People living at The Laurels felt that activities were limited. Two people mentioned, in a recent survey carried out by the home, that their spiritual needs were not met. One of them had written, "I would like to go out more for example to church on a Sunday morning."

- Some improvements had been made to the activities available at the home. The provider had recently employed an activities co-ordinator. A volunteer also attended the home to assist the activities co-ordinator with their work. We observed some people enjoying music and singing along. We also observed staff playing games and holding reminiscence discussions with others.

- However, further work was needed with regards activities, particularly around the development of life stories. Collecting information about people's life story, hobbies and interests would help the service to develop a more person centred programme of leisure and social activities for people living at the service.

- The service used technology to help people keep in touch or to help people with their communication needs, particularly where English was not their first language.

We recommend that the service seek advice and guidance from a reputable source about effectively supporting people to follow their interests, encouraging them to participate in social activities relevant to their interests and maintain personal or community relationships.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place. Copies of this were available at the home.
- The recent satisfaction surveys that we looked at helped to confirm that people knew how to raise a complaint. However, they also showed that people were not always confident that their complaints would be dealt with effectively.
- We saw the registered manager kept a record of complaints. The most recent complaints were at various stages of completion. There was a clear audit trail to show what actions had been taken and that people had been kept informed of the progress of any investigation.

End of life care and support

- At the time of our inspection there were no people receiving end of life care.
- The service accessed community nurses and other healthcare professionals for support when people were approaching the end of their life.
- We found that the service had medicines already in place for people who may come to the end of their life quite quickly.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection in March 2018, we asked the provider to take action to make improvements to the systems and processes used to monitor and assess the quality and safety of the service. These actions have mostly been completed.

The people we spoke with felt that the service was well managed. One person said, "In a nutshell I think it's well managed and everything is spot on. What more could you want!" Another person told us, "Staff on the whole get on well with each other and the home is managed very well." The staff we spoke with told us that they received "very good" support from the senior care staff. However, staff also told us that they did not always feel well supported by the registered manager.

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

- At our last inspection of the service, the governance and oversight systems at the service were not robust.
- At this inspection we found that the provider had made improvements to this aspect of the service. Action plans were in place and included clear timescales for achieving the improvements needed.
- The provider had brought their quality team into the home to support the improvement programme. The senior care staff were appreciative of the input from the locality manager and the quality manager.
- There was evidence to support that the quality team maintained some oversight of the quality and safety monitoring at the home.
- Regular audits had been completed to help monitor the safety and quality of the service. Checks had been made on a wide range of services and activities at the home. They included checks on medicines, accidents, incidents and health and safety matters such as infection control, fire safety and safety checks on the equipment in use at the home.
- We found that some of the audits and checks had not always been accurately carried out and recorded.
- Conversations with staff told us they were not clear on the reasoning for audits and checks being carried out.

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

- Staff had varying views on communication within the home. One person thought it was "usually good" whilst others thought it was a bit "hit and miss". A handover took place at each shift change and there was a communication book that staff were required to read and sign.
- It was evident from our discussions with staff and from the staff meeting minutes, that they had been made aware of the expectations of the organisation following our last inspection.

- We found that significant work had been carried out to help make sure care records were person-centred. Checks had been made on these records to help make sure they were accurate and up to date.
- Staff had received supervision from their line managers and had direct observations of their practice.
- However, staff told us that they did not always feel listened to or supported by the registered manager. We brought this matter to the attention of the locality manager.

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

- We saw that the service regularly held meetings with the people who lived at The Laurels, their relatives and staff.
- The meeting minutes that we looked at showed that the provider had discussed and shared information about the outcome of our last inspection. However, there were no recordings of people's questions, comments or contributions within the meeting minutes. This meant that there was little evidence to support meaningful engagement took place.
- We reviewed the questionnaires that had been returned to the service as part of a recent survey. The comments were mostly positive but there were one or two areas that required some action to bring about improvements.
- The survey had not been formally assessed by the provider at the time of the inspection. However, the locality manager told us that the service planned to review the surveys and produce a "You said, we did" report for people who used the service. The report would also help demonstrate the provider had listened and were starting to make improvements.

Continuous learning and improving care; Working in partnership with others

- Health and social care professionals that we contacted felt there was a positive working relationship between the service and themselves.
- One of the social workers we contacted felt that the management and staff team were helpful. They said, "The home appears to be warm, welcoming and I have not received any negative comments from families".
- Commissioners from the local authority told us that there was regular on-site monitoring of the service by the provider's senior managers and quality team. They told us that they had received a "pro-active response" to advice and guidance.
- The service had started to build links with the local community to try to improve people's well-being, for example children from a local nursery and local entertainers attended the home.
- The registered manager had been working with the Quality and Care Governance team at the local authority and with the Health Protection Specialist.
- Following our visit to the home, we asked the management team to send us various pieces of information related to the inspection. The management team were pro-active and sent us everything we asked for.