

Crediton Care & Support Homes Limited

Creedy Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Creedy Court is a residential care home providing accommodation and/or personal care for up to 18 people, at the time of the inspection there were 15 people living there. 14 people received the regulated activity of personal care. The property is divided into separate living areas spread around a court yard. Within the overarching Creedy Court there are two annexes (each for one person) and two further sections of the building called Westleigh (for up to six people) and Eastleigh (for up to 10). Each section has separate bedrooms, bathrooms, lounges and eating areas. Therefore, people could spend time alone or with a few other people if they wanted to.

People's experience of using this service and what we found

Right Support

People had a choice about their living environment and were able to personalise their rooms. One person told us they loved where they lived, and were proud to show us their many personal possessions which were arranged as they liked them. The environment was organised so that they could be as independent as possible.

Staff enabled people to access specialist health and social care support in the community.

Although during the pandemic some activities ceased, they were beginning to start up again now. People were supported by staff to pursue their interests, for example, Tai Chi. Some people had contributed to painting a mural inside one of the buildings. Pottery art works made by people living at Creedy Court were well displayed on internal walls. Three people told us they were going out to do three different activities. Some people were moving freely around the property whilst accompanied and interacting with staff. Others were supported in keeping with their needs and preferred routines and having some time where staff were present but not actively interacting with them.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. One relative told us, "I would say they are extremely competent, loving and caring." One person told us "They look after me. I can get fed up, but I like a chat with my staff friends."

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff placed people's wishes, needs and rights at the heart of everything they did.

One person told us, "I am very happy, I have a nice room and I love all the staff." Friends and family told us "[Person's name] is very happy at Creedy and is getting a good service" and "I'm really happy with how things are."

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. One person enjoyed spending time in the office with staff. In response to their interest, they had their own photo ID work lanyard which they were keen to show us, and were clearly enjoying joining in the office atmosphere.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was published 10 April 2019. Creedy Court was rated Requires Improvement overall, with Safe and Well-led rated as requiring improvement and Effective rated as Good. That is why, in this inspection, we only looked at Safe and Well-led.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Creedy Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Creedy Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Creedy Court is a care home without nursing care. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2022 and ended on 7 June 2022. We visited the office location on 25 May 2022.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from partner agencies such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information we had received about the service since the last inspection. We also used information gathered as part of monitoring activity which took place on 17 March 2022. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and communicated verbally without using any additional aids to help understanding. We observed four people who either didn't want to speak with us, or were non-verbal and distressed at our presence, hence further communication was not attempted. We spoke with four relatives/friends about their experience of the care provided.

We spoke with nine members of staff including the registered manager, the registered manager for another home in the provider group, the care team leader, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We sought feedback from two professionals.

We reviewed a range of records. This included three people's care records, medication records including a more detailed look at those relating to two people. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us "Any form of abuse however big or small, I would report it to my shift leader and the management team."
- Relatives told us they thought the service was safe. One family member told us "Interactions with staff show they are very conscious of [person's name] welfare."

Assessing risk, safety monitoring and management

- The service helped keep people safe through formal and informal sharing of information about risks.
- Risk assessments and care plans gave staff the information they needed to support people to safely manage the risks they face. For example, following guidance from the relevant health professionals to safely support a person to eat their favourite food which otherwise might cause them to choke.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. For example, if someone wasn't allowed to leave the home on their own for safety reasons, staff found ways for people to leave the locked buildings (whilst still being safely within the premises) without having to ask staff for permission.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. Although staffing the service had not always been easy during the pandemic, there was now a large enough stable staff team who knew people well.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. This included looking at employment history, references and Disclosure and Barring Service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Extra safeguards had been introduced to improve medicine safety, for example, the use of 'PillTime'. This system sorts and pouches up each person's medicines for their prescribed administration times before it is delivered to the service.

- Some people received medicines on an as and when required basis, known as PRN medicines. PRN medicines were administered in line with people's individual needs. For example, there was personalised guidance for staff to help in their decision making about giving PRN medication for each person who needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us "They wear masks and the place is very clean." Another relative told us "They did a lateral flow test when I last visited."
- The provider had replaced the laundry floor which had been reported as a concern in the last CQC inspection.

Visiting in care homes

- The service recognised family members and friends visiting people was important to their wellbeing. Visitors were able to arrive at any time and supported to visit safely in line with government guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised and reported incidents appropriately and managers investigated the incidents.
- Following a COVID-19 outbreak when staffing levels became very low, a system had been introduced to try and prevent that happening again and ensure staffing numbers are safe. For example, administrative staff will be trained so that in an emergency they can be called in to provide safe support for people. Also, all care staff are now aware who they can contact to provide such emergency support if the need arises. This learning was shared with other homes in the provider group.
- When things went wrong, staff apologised and gave people honest information and suitable support, for example, when errors had been made in medication administration.

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.

Care homes

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA.
- For example, when someone refused essential medication but didn't have capacity to make that decision themselves, best interest decision making processes were followed in line with national guidance to ensure the person was safe.

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 Requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider created a culture that enabled people to ask for what they needed and have a good outcome.
- For example, during inspection whilst we were meeting the registered manager in their office, one person came into the room and asked for a letter to be posted for them. The registered manager immediately responded to facilitate this happening by providing a stamp and envelope, and asking staff to support the person to post the letter.
- The provider and staff put people's needs and wishes at the heart of everything they did. For example, one staff member told us how important it was to them to provide, "Respect, caring, and empowering and encouraging people's independence."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. For example, although they were aware of the whistle blowing policy, one member of staff told us they were unlikely to need to use it. They were confident the organisation would address any issue when it was raised so it would not get to a point of needing to whistle blow.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. For example, by auditing medication administration, the registered manager identified staff were making errors. They implemented new strategies to reduce the number of mistakes. Further audits indicated a reduction in medication errors and the registered manager was able to account for any errors that occurred after the strategies were put in place.
- CQC were notified by the registered manager when the criteria were met, for example, when requesting a Deprivation of Liberty Safeguards (DoLS) authorisation
- Relatives were complimentary about the service, telling us "The new manager is good at communication. He will email if there is an issue or change."

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

characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- For example, after one person had moved out of the service and another person had died, the provider sought information from staff and people about the sorts of support they needed. As a result, the service arranged bereavement support for people based on their individual needs and equality characteristics. This meant the help provided was varied, for example, drama therapy, easy read booklets on bereavement, and speaking with people individually depending on their past experiences of death and loss.
- Staff told us they felt supported by the registered manager, that they were approachable, and appropriate changes were made as a result of consultation with staff.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. For example, there are plans to develop an existing on site building to provide accommodation for some people already living at Creedy Court. This would reduce the number of people living in each section of the service and increase the possibilities for delivering person centred care.
- The registered manager had started a programme of improvement in line with audits of the service. For example, there was a new fire safety system being fitted at the time of inspection, there were plans to improve the décor of some rooms and several carpets had been replaced.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/other health and social care organisations, which helped to give people using the service a voice/improve their wellbeing. For example, art therapy was available to people again (having stopped over the pandemic), people had advocates where required, and the service engaged with statutory agencies to promote the best opportunities and support for people.
- A local authority professional confirmed the service's desire to work collaboratively with external agencies.