

Creative Support Limited

Creative Support - St Helens Respite Service

Inspection report

Thyme Lodge
357 Clockface Road
St Helens
Merseyside
WA9 4LY

Tel: 01744815372

Date of inspection visit:
24 August 2018

Date of publication:
03 October 2018

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 was carried out on 24 August 2018 and was announced.

Creative Support Respite, Thyme Lodge is a care home offering respite to adults with a learning disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home has five bedrooms over two floors. Rooms have ensuite facilities and ground floor rooms had full wet rooms with ceiling track hoists.

The home has been developed and designed 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.

The home 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Everyone we spoke with talked positively about the activities undertaken. People had the opportunity to participate in a wide range of activities of their choice. This reduced the risk of people experiencing social isolation.

The registered manager and staff team had undertaken some very good pieces of work to support people to achieve their very personal goals. Staff had developed excellent relationships with people and treated each person individually. Everyone spoke positively about the staff and management team.

The registered provider continued to have safe recruitment practices in place. All staff had completed an induction at the start of their employment and undertaken shadow shifts with an experienced team member. Mandatory training was consistently completed along with refresher training when required in accordance with good practice guidelines. Staff received support through supervision and team meetings. Staff told us they felt well supported.

People's needs were assessed before they commenced periods of respite at the home. This information was used to create person centred care plans and risk assessments. These documents included clear guidance for staff on how to meet individual people's needs. People's needs that related to age, disability, religion and other characteristics were considered throughout the assessment and care planning process.

The registered provider had safeguarding policies and procedures in place. Staff demonstrated a good level of understanding and had all received training. Staff felt confident that any concerns they had would be

promptly acted upon. Staff had their knowledge assessed through supervision. The registered provider had developed a 'Keeping you safe' document in an easy read and pictorial format.

People had developed positive relationships with the regular and consistent staff that supported them. Privacy and dignity of people was respected and people's independence was promoted through documentation and interactions observed between people and staff.

Medicines were managed safely in accordance with best practice guidelines. There were medicines policies and procedures in place, staff had all received training and had their competency regularly assessed.

People were supported by staff with their nutrition and hydration needs. When people had specific assessed dietary needs staff had guidance available to meet these. People spoke positively about the food and drink available. We observed a mealtime experience that included many positive staff interactions, comfortable conversation and practical support which was offered as required.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and procedures available for staff to follow in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training.

The registered provider had audit systems in place that were regularly and consonantly undertaken. The audit system identified areas of good practice along with areas highlighted for development and improvement.

Creative Support Respite was well maintained and decorated to a good standard. All required health and safety checks and documentation were in place and consistently completed. Fire safety equipment checks were in place.

Policies and procedures were available for staff to offer the guidance within their role and employment. These were regularly reviewed and updated by the registered provider.

There was a clear complaints policy and procedure in place available in accessible formats. Relatives told us they felt confident to raise any concerns and thought they would be promptly acted upon.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 was a comprehensive inspection carried out by an adult social care inspector. The inspection took place on 24 August 2018 and was announced. The registered provider was given 2 hours' notice as we needed to be sure that someone would be available during our visit.

Prior to the inspection the registered provider had completed a provider information return (PIR). This is a form asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. We used this information to form part of our inspection planning document and throughout the inspection process.

We checked the information that we held about the home and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the registered provider is required to send us by law.

Prior to the inspection we contacted the local authority quality monitoring team and local safeguarding teams who raised no concerns about the service.

During the inspection we observed the five people staying at the home for respite. People were able to give us brief comments in relation to the support they received. We also used their responses to the staff team to make a judgement on the quality of the support they received. We spoke two support workers, one senior support worker and the registered manager.

We looked at the environment, medicines management systems, four staff recruitment and training files, three care plan files that included risk assessments and other records that related to the management of the home.

Is the service safe?

Our findings

People spoke positively about the home and their comments included "I feel safe and the staff are always here to help me" and "I enjoy staying here, staff are kind and they keep me safe." Relatives comments included "[Name] loves coming to stay in a safe and friendly environment" and "staff look after [Name], their medicines and all their care needs."

The registered provider continued to follow safe recruitment practices and employed sufficient staff numbers to meet the needs of the people supported. The recruitment records included the full completion of an application form, interview notes, two references that included the most recent employer and a disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. People supported by the service were invited to participate in the recruitment of staff. One person told us "I helped with staff interviews" and "I was able to say the type of person I would like to work at the home." They spoke positively about this process and told us they had received training to help them.

Individual risk assessments were in place where areas of risk had been identified. These included mobility, nutrition and hydration, social behaviour, environment and medication. Documents included a full description of the risk and gave clear guidance to staff to support people. This meant staff offered the correct level of intervention relevant to each person to mitigate any risk.

Accidents and incidents were promptly and fully recorded by staff and reviewed by the registered manager. These documents were also reviewed by the registered provider's risk and safety manager to identify any areas of development or improvement. Staff had access to all required information to follow in the event of an emergency. This file included clear guidance to staff about who to contact along with all appropriate contact details.

The registered manager regularly undertook health and safety checks. All equipment continued to be regularly serviced to ensure it remained safe. All required safety certificates were in place. Fire safety checks were consistently completed and all people living at the home had a personal emergency evacuation plan (PEEPS) in place that described the level of staff intervention required to support them to evacuate the building in the event of an emergency.

The registered provider had a policy and procedure in place to protect people from the risk of cross contamination and infection. All staff had completed infection control training and were able to describe the importance of following best practice guidelines. This included the use of personal protective equipment such as disposable gloves and aprons.

The home continued to have effective systems in place to safeguard people from abuse. Staff had all received training and demonstrated a good knowledge and understanding in this area. The registered provider had developed a 'Keeping you safe' documents in an easy read, pictorial format. This document supported people to understand about abuse and staying safe.

An effective system was in place for the safe storage and administration of people's medicines in accordance with best practice guidelines. People brought their medicines with them when they visited for respite and an appropriate system was in place for checking medicines in and returning them at the end of people's visit. All staff had received training and up-to-date competency assessments were in place. People's care plans described the level of support they required with their medicines.

Is the service effective?

Our findings

Relatives spoke positively about the staff and their comments included "The staff are excellent and very knowledgeable"

Staff had all completed an induction at the start of their employment and had undertaken shadow shifts to fully understand the needs of the people they supported. The induction staff undertook met the requirements of the skills for care, care certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Mandatory training had been consistently completed and regular refresher training took place in accordance with good practice guidelines. Staff had all undertaken training in autism and epilepsy to meet the individual needs of the people they supported.

People were supported to eat and drink in accordance with their assessed needs. Staff had a good understanding of people's individual dietary requirements, preferences and choices. Our observations throughout a mealtime indicated that this was a positive and enjoyable occasion. Staff were attentive to people's individual needs. Comments from people during the meal included "The gammon is lovely" and "I really like this."

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place

We saw that staff gained consent from people on a regular basis during the interactions with them. The staff team informed people how they were to be supported, provided explanations of what they were about to do and gained agreement to the level of support offered.

Is the service caring?

Our findings

Staff were observed to be kind, caring and patient throughout our inspection visit. People were relaxed and comfortable with the staff team and a positive friendly rapport had been established. Comments from people, staff and health and social care professionals included "Staff treat all service users with dignity and respect", "Staff are passionate about treating people as individuals", "Staff are always smiling, they are very dedicated", "Staff are polite and caring" and "They are kind and thoughtful."

Care plans included a 'Communication passport' for each person that described their individual communication needs. Some people communicated through signs, expressions and sounds. Consideration had been given to each person's likes and dislikes and how staff would know these. Documentation also included details about sensory loss that included hearing and sight. Clear guidance was available for staff to ensure each person's individual needs were met.

Staff described the importance of maintaining people's privacy and dignity. We saw that staff knocked on people's doors and requested permission to enter their rooms before doing so. Staff consistently sought permission before undertaking any tasks with a person and did not rush them. Staff sensitively supported a person with their personal care needs to ensure their dignity was protected.

All the staff at the home were 'Dignity Champions' and spoke positively about dignity being a basic human right. The registered manager held an annual dignity event that is attended by people, their relatives, staff and health and social care professionals. The most recent event was in February 2018. On a wall at the home there was a dignity tree where people wrote on the leaves what dignity meant to them. They had used words that included; my own space, honesty, be nice, good manners, talking to me, speaking nicely and knocking on my door.

Staff understood the importance of people's independence being promoted and encouraged this. Examples included using specialist crockery and cutlery for a person to be able to feed themselves and supporting a person to choose their own clothes and dress themselves, offering support with zips and buttons as required.

People's records were stored securely in a locked office to maintain their confidentiality. Daily records and other important documentation was completed in privacy to protect people's personal information.

Is the service responsive?

Our findings

During our visit people engaged in activities of their choice. One person was engaged in completing jigsaw puzzles with the support of a staff member. They worked together comfortably to complete each jigsaw. This person also enjoyed choosing stickers to make a picture that they were completing to take home for their Mother. The staff member sang songs with this person and demonstrated a good understanding of the way they liked to be supported.

People were consistently offered choices throughout our visit. These choices included what activity a person would like to participate in, where they would like to sit, who they would like to sit with, would they like a Jacuzzi bath and what radio station would they like to listen to. Staff actively encouraged people to participate in their decision-making processes at all times.

One wall within the home was dedicated to photographic memories of activities undertaken. These included bowling, making cakes, a trip to Southport, dessert at a local eatery, quiz nights, bingo, shopping, sensory room relaxation, pampering sessions, beach, theatre, safari park, zoo, meals out as well as many other activities that people had requested to undertake. The home had recently held its annual Summer Fayre that had been attended by the local Mayor and Mayoress. The home linked regularly with other homes and services run by the registered provider to participate in activities. People told us this meant they met up with friends and people they knew.

The registered manager facilitated a quarterly activity forum where people that accessed the home get together to discuss and view ideas for activities. They shared if they had enjoyed previous activities and looked at new activities for the next three months. An activities ideas board was also available in the home for people to request repeated or new ideas of activities. These could be in the home with staff support or within the community.

People told us they enjoyed the activities. Their comments included "I like going out on activities and I am invited to events even when I am not staying here", "I am listening to music on the computer today and learning about my favourite singer" and "I enjoy going to the garden centre, quiz nights and going to the pub with great staff." Comments from satisfaction questionnaires included "A good range of activities are available", "Always a great welcome and fab activities" and "We did some nice activities and I cannot wait to stay again."

People had their needs assessed ahead of them visiting the home for respite. People visited the home with their chosen relatives before they decided if they would like to visit for respite. They could visit and meet staff and other people in receipt of respite multiple times if they chose to. People could choose who they had as a keyworker and also which room they preferred to stay in.

Information from the assessment was used to prepare person centred care plans and risk assessments. People and their chosen relatives were included in the development of the care plans and risk assessments. Care plans held information about people's likes and dislikes, daily living skills, favourite foods, drinks and

activities. Peoples needs in relation to equality and diversity were considered throughout the assessment process and were contained within the care plans. These needs included age, disability, religion and other protected characteristics.

Care plans were specific to each person. They held sufficient detail and guidance for staff to fully understand each person's individual needs and choices. People's preferred routines were detailed to include their preferences and choices. All care plans and risk assessments were reviewed regularly and updated whenever any changes occurred. People and their chosen relatives were fully involved in the review process. This meant staff had the most up to date information available to support people.

Each person had an 'All about me' document and 'Listen to me' workbook where people's needs were described in their own words. They included headings 'How best to support me', 'What I'd like people to know', 'What is important to me' and 'Who is important to me'. It included information about each person's communication needs, any allergies and essential medical information. People and their chosen relatives had been fully involved in the completion of these documents.

Staff completed daily records and these included information about people's dietary input, personal care, continence, activities undertaken, medicines and mood. Individual charts and records specific to individual assessed needs as required. These included seizure charts and observation charts.

The registered provider had a complaints policy and procedure in place. These documents were available in easy read, DVD and pictorial formats. Relatives told us they felt confident to raise any concerns and thought these would be fully investigated and promptly responded to.

Is the service well-led?

Our findings

People, relatives, staff and health and social care professionals all spoke positively about the management team and stated they were approachable and supportive. Staff described the registered manager as 'hands on' and 'leads by example' and always available.

The registered manager had been registered with the Care Quality Commission since December 2013. A registered manager is the person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider sought regular feedback from people and their relatives. Many positive comments had been received via this process. Comments included; "My son enjoys going to Thyme Lodge, staff are always friendly", "I am completely satisfied" and "Supportive and understanding management team."

The registered manager had recently held a driving up quality event that was attended by people supported, relatives, staff and health and social care professionals. Workshop style discussions were held to encourage information sharing and ideas for service improvement and development.

The registered manager and staff team had developed positive relationships with numerous local organisations that work with people with learning disabilities. They worked closely with day services that people attended while staying at the home, they liaised with transport services to ensure people were collected and returned to the home safely.

The local church choir visited the home last Christmas to sing carols with people. Neighbours were invited and attended activities and events held at the home. Due to positive networks and links established within the local and wider community, people were welcomed and well known in local cafes and shops.

Staff described being a close team that worked well together. They said the manager was approachable and understood their role and the people supported really well. Staff meetings were held regularly and staff said their ideas and suggestions were encouraged and welcomed. Staff told us they felt valued.

Staff told us they felt fully supported by the management team and received regular supervision. They described feeling confident about raising any concerns they had and feeling listened to.

Quality assurance systems were in place and consistently completed by the registered manager. Audits included health and safety, medicines management, care plans and risk assessments, accidents and incidents and infection control. Areas for development and improvement were identified, action plans prepared and completed within specified timescales.

The registered provider had policies and procedures that were available in easy read and pictorial formats.

These were regularly reviewed and updated. These documents gave clear guidance to people and staff.

The registered provider had displayed their ratings from the previous inspection on the website and within the home in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.