

Creative Support Limited

Creative Support - Doseley Road

Inspection report

199 Doseley Road
Dawley
Telford
Shropshire
TF4 3AZ

Tel: 01952506105

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Creative Support Doseley Road is a care home providing care and support to autistic people and people with a learning disability. At the time of our inspection the home was providing personal care to three people. The service can support up to five people. Doseley Road accommodated people in one adapted building, there were communal rooms and a large garden for people to enjoy.

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.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support in a safe, clean and well-maintained environment. This met their sensory and physical needs, whilst making it feel homely.

People had choice and control in their living environment. People chose how they wanted to spend their day. Staff encouraged people to make their own decisions and take positive risks.

People personalised their home and bedrooms in their own personal style. Some people chose to have a key to lock their bedroom door when they were in their bedroom. Choices were respected by the provider and staff team.

Relatives told us staff had in-depth knowledge about their family members and developed meaningful relationships with their family member, based on trust and mutual respect.

Staff told us how to communicate with people. They had detailed understanding of the way people chose to communicate. Staff members told us to stop attempting to communicate with people when they saw signs people were becoming anxious. It was clear staff put people's wellbeing first, above anything else occurring in the home.

Staff supported people with their medicines in a dignified and safe way. They ensured people's privacy was respected when they received their medication.

Right Care:

People's needs, aspirations and quality of life was the main focus of care and support. Staff members told us they were there to support people to live their own life and visiting health professionals confirmed this, adding how the provider strived to ensure people lived their own lives free from restrictions.

Staff understood how to protect people from poor care and abusive practices. All staff had received safeguarding training and they were confident to raise concerns.

There were enough appropriately skilled staff to meet people's needs and keep them safe. Staff had been recruited safely.

Relatives felt the care received was kind and compassionate. The provider worked with advocacy services to ensure people's voice was heard.

Visiting professionals told us how the registered manager was driven in providing the highest quality of care which produced the best opportunities for people using the service.

Right Culture:

Staff member's said the registered manager was a great leader. A leader who focused on the rights of the people using the service and acted as a positive role model, leading by example to the staff team.

Staff members told us they felt they worked in an inclusive environment which focused on high quality support for people who used the service.

Health and social care professional praised the management and leadership qualities of the registered manager. Explaining the registered manager works openly and transparently to achieve the best outcomes for people.

Relatives felt included in the service and told us they could raise concerns or make suggestions freely.

The culture of the service was open and transparent. Incidents and accidents were shared with the staff team in order to learn from mistakes and improve the service.

Innovative ideas and suggestions were acted upon to ensure all person's using the service received inclusive care and could access the community regardless of physical difficulties.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2020).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Creative Support - Doseley 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. 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

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.

Service and service type

Creative Support Doseley Road 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. Creative Support Doseley Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our 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.

During the inspection

We communicated with three people who lived at the home and three relatives about their experience of the care provided. One person verbally communicated their experiences through words and sentences. Two other people used different ways of communicating, including using sounds, their own sign language and their body language.

We spoke with six staff including the registered manager, senior care workers and care workers. We received feedback from two visiting health professionals and one visiting social care professional. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to safe recruitment. A variety of records relating to daily care practices, risk assessments and management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. 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. One relative told us how staff were able to recognise signs when their family member was feeling anxious. This helped them feel reassured their family member was safe.
- Staff received safeguarding training and knew how to apply it. One staff member said, "Poor practice is acted upon straight away. All staff here would be confident to report poor practice to the manager."
- Local area safeguarding policies and internal policies were accessible to staff. One staff member said, "I can access the safeguarding policy in the office."

Assessing risk, safety monitoring and management

- Risks were managed effectively to ensure people lived safely and free from unwarranted restrictions. One staff member said, "There is nothing people can't do. We risk assess and support people as much as we can."
- People were involved in managing risks to themselves and in making their own decisions. We saw people making their own choices about all aspects of daily living, such as making their own meals, going out for a walk or choosing to be alone.
- Risk assessments were regularly reviewed. Staff had excellent knowledge about people's care plans and risk assessments.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people living in the home. Staff rotas were in place to monitor staffing levels.
- Relatives told us there were sufficient numbers of staff on duty. One relative, said, "There are always staff with [my family member]."
- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with people were employed.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed regularly. The registered manager had raised concerns over the necessity and impact of one person's medication. In response they worked with medical professionals to have it safely removed.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines

were stored safely in line with manufacturer guidance.

- Pain relief medication protocols were detailed, they contained signs and symptoms indicating when the person was in pain. We saw one person displaying these signs and observed staff responding sensitively when administering pain relief medication.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider supported visitations in line with government guidance.

Learning lessons when things go wrong

- There was a culture of openness when things went wrong. A visiting social care professional told us, "Any safeguarding concerns or medication errors have been reported and dealt with effectively." They added, "The registered manager identifies areas of improvement and takes steps to change processes."
- Relative's told us they were informed of any incidents straight away and said staff kept them up to date with any changes in their family members health and wellbeing.
- The registered manager recorded and reviewed authorised restrictions on people's freedom, to look for ways to reduce them.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant 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 support plans set out their current needs and long-term aspirations. Staff told us about each person's goal without referring to documentation.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff members told us they were involved in reviewing and updating people's care plans. One staff member said, "I am given time to read the care plans and risk assessments. We update the care plans together as a team."

Staff support: induction, training, skills and experience

- Training records confirmed staff received training in a range of different courses. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
- Staff received regular support in the form of supervisions. Supervisions were themed covering such topics as the Mental Capacity Act, Human rights and Safeguarding. One staff member told us how the themed supervisions helped them to learn and develop.
- Staff completed a comprehensive induction when they started working at the home. One staff member said, "The induction is completed at the staff members pace, if they want longer, they can have longer."

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

- People regularly went out to eat together in the local town with the staff who supported them. The provider took innovative and inclusive steps to ensure people requiring additional aids or support had the same opportunities to eat out and enjoy their meals in the local community.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meal. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were involved in choosing their food, shopping, and planning their meals.

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

- The provider worked effectively with other agencies. One visiting health professional told us, "The team follow my recommendations to the letter and take great care in the preparation and presentation of the person's meals and drinks. Nothing seems to be too much trouble for the staff team."
- People had health passports which were used by health and social care professionals to support them in the way they needed. A health passport is a document which enables people or staff to record details about

people's disability, health condition or learning disability. This allows professionals to easily read information about the person's condition and make reasonable adjustments in different situations, such as when the person is in hospital.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- The design, layout and furnishings in the home reflected people's individual needs. People had personalised their bedrooms and were involved in decisions relating to the interior decoration and design of their home.
- Work had started on a sensory garden. This included the development of a water feature. People using the service chose to help in the development of the garden.
- An allotment had been sectioned off with raised beds for people to enjoy. Staff explained how vegetables grown were used in meal preparation. This was good because it showed how staff respected the skills and attributes of people using the service.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's mental capacity and best interest meetings had taken place to ensure decisions made were appropriate and least restrictive.
- Staff attended Mental Capacity and DoLS training. Staff provided us with detailed explanations of the principles of the Mental capacity Act and a clear description of DoLS.
- A visiting health professional confirmed how the provider worked within the mental capacity framework. They said, "I have confidence in the provider to manage people's complex needs. They have always sought to use the least restrictive measures possible."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care. Staff saw people as their equal and created a warm and inclusive atmosphere.
- Relatives felt the care provided was personalised. One relative told us, "The care and consideration shown to people is amazing." We saw several warm interactions, where people were treated with kindness by staff.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. One staff member could see our initial presence was causing a person's anxieties to rise. They asked the person if they wanted to go for a walk with them, which they agreed and returned in a less anxious state of mind. This showed staff understood people well and responded to signs of anxiety positively.

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed. We saw several examples of people making their own decisions about daily living and future goals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Our observation showed staff had excellent knowledge of people's communication methods.
- People were supported to access independent, good quality advocacy. We looked at reports showing how an advocate had gone for a walk with one person to gather their views. This was good because the person relaxed more with new people when they were out walking.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Records showed people were encouraged to develop new skills, such as gardening skills, starting new hobbies and undertaking a job in the community.
- Relatives felt the provider encouraged people to be independent and respected their privacy. One relative told us, "My [family member] likes to stay up at night watching films. They like the one:one time with night staff."
- Privacy and dignity were respected, staff members knocked on bedroom doors before entering and addressed people in their preferred names at all times. One person chose to keep a key in their room and lock their door when they were in their bedroom. Staff respected this decision.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred planning tools and approaches were used by staff with people to plan how to reach their goals and aspirations. People met regularly with their key worker to discuss their goals and how they would be supported to achieve these. A key worker is a staff member who is the central point of contact for the person, their family members and carers.
- Staff were responsive to people's needs. One health professional said, "I have always held the staff in high regard as to their responsiveness to changes made to the treatment plans over the years and with regards to the caring and devotion they have shown to people."
- Relatives felt care was personalised. One relative told us about the positive steps the provider had taken to support one person to engage back into the community after the COVID-19 lockdown.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication profiles were in place for each person. These detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had excellent skills and understanding of individual communication needs. There were times when we were unsure of the person's specific sign language or particular verbal messages. Staff sensitively interpreted the sign or explained the message from the word spoken, whilst including the person.
- Information was available in a range of formats to meet people's preferred communication methods. Policies and procedures were available in large print, easy read and pictorial formats. This meant people could understand important policies within the home, such as raising concerns or complaints.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to do things they enjoyed. Activities were reasonably adjusted to ensure people could choose to take part. We saw examples of adjustments including raised allotments, taking equipment out on activities and the purchasing of recreational equipment specific to people needs.
- Relatives told us how staff supported people to visit them regularly and how they felt involved in the home. We saw one relative's written complement to the staff team following a party at the home.

- Staff helped people to have freedom of choice and control over what they did. A visiting social care professional said, "The home is being run for the benefit of people, rather than the convenience of management and staff. It is a very happy home."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily. There was an easy read complaints policy available to people.
- Relatives told us they felt confident to raise comments or concerns. One relative told us they raised a verbal concern regarding the family members oral hygiene. The registered manager had a meeting with the relative and resolved this concern quickly.
- The provider had not received any formal complaints although their policy was in place and detailed how all complaints must be taken seriously.

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care. One relative told us of the great reassurance they had felt during their family members end of life. They offered a heartfelt complement to the registered manager and the staff team.
- People's care plans contained end of life wishes and choices. We saw how the home used ReSPECT forms to gather peoples wishes for end of life treatments. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained the same. 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 registered manager worked hard to instil a culture of care which promoted people's individuality and enabled people to develop and flourish. One staff member said, "[Registered manager] has the correct values. They are very devoted to the care people receive and to the staff team."
- Visiting professionals told us the service achieved good outcomes for people. One health care professional said, "I would commend the [registered manager] and the team for the responsive, empathetic, professional and person-centred approach they have shown."
- Staff members felt the culture was supportive. One staff member said, "[Registered manager] is an amazing manager. If you have a problem, they will sort it out. The [registered manager] is the best."
- The registered manager was visible in the home, approachable and took a genuine interest in what people and staff had to say.

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 was clear about their duty of candour. They said, "It's always important to apologise if anything goes wrong and to be open and transparent at all times."
- Staff told us how incidents and mistakes were shared and discussed at regular team meetings in order to learn from them. We reviewed an incident involving a medication error, this showed how lesson were learnt and shared with the team.

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

- The registered manager and staff understood their roles, and they were clear about quality performance, risks and regulatory requirements. There were checks and audits in place to monitor quality and safety. These were robust and highlighted areas which needed improvement.
- The registered manager had the skills, knowledge and experience to perform their role. One visiting social care professional told us, "The registered manager has extended knowledge of each person living in the home."
- Staff member told us the registered manager led by example demonstrating good leadership skills. One staff member told us, "The [registered manager] is a great leader and a great role model. They would not ask you to do anything they would not do themselves."

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

- People were involved in the running of the service. We saw staff encouraging people to help with tasks in the garden and making reasonable adjustments to support them. We observed people choosing to complete household chores and being supported by staff.
- Relatives told us they felt included in the care provided and were able to confidently raise suggestions and concerns. One relative told us about a suggestion they had made to encourage their family member to attend a personal appointment. This was taken forward and the person now regularly attends their appointment. This showed staff listened to relatives and valued their knowledge.
- The provider welcomed suggestions from the staff team and valued their contributions. One staff member said, "We have team meeting every month. I can make suggestions and be listened to. We are a great team."

Continuous learning and improving care

- Staff felt able to suggest improvements to the care practices. One staff member told us, "Everyone can make suggestions. I have made some regarding the sensory garden." Another staff member told us about a suggestion they had made which had been taken forward regarding health monitoring. They appeared proud of their suggestion. This showed how the provider valued the knowledge of the staff team.
- Audit systems were in place to monitor the service and identify improvements. These were clear and set out clear dates when any improvements needed to be actioned.

Working in partnership with others

- The registered manager and staff team worked in partnership with a range of health and social care professionals to improve outcomes for people. One health professional told us, "[The registered manager] always initiates contact with me if they have any questions or concerns; this is so valuable as it can help to pre-empt crisis situations including admissions to hospital."
- The provider engaged in local forums to work with other organisations to improve care and support for people living in the home. They were a member of a local health and social care group which connected providers across the county. The registered manager told us this was useful to share good practice and to be alert to changes within the sector.