Creative Support Limited

Creative Support - Lodge Lane

Inspection report

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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

This inspection was unannounced and took place on 8 June 2016.

Lodge Lane provides accommodation and personal care for up to five people who have a learning disability. On the day of our inspection two people were living there.

At the last inspection on 21 and 23 January 2015, the provider was in breach of three regulations relating to safe care and treatment, staffing and good governance. We asked the provider to take action to make improvements. The provider sent us an action plan to tell us what they would do to address the breach of regulations. At this inspection we found that this action had been completed.

The home had a registered manager who was present for the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in the home because staff knew how to protect them from the risk of potential abuse. Staff had access to risk assessments that informed them about how to protect people from the risk of harm. People were cared for by sufficient numbers of staff and were supported to take their medicines as prescribed.

People were supported by staff who had received one to one [supervision] sessions and regular training. People's human rights were protected because staff were aware of the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff supported people to eat and drink enough. People were assisted to access relevant healthcare services when needed.

People were cared for by staff who were aware of their needs and how to assist them. Care was provided in a kind and sympathetic manner and people were supported to be involved in planning their care. Staff were aware of the importance of delivering care and support in a way that promoted people's right to privacy and dignity.

People were supported to be involved in their assessment. People were assisted in number of ways by staff to pursue their interests. Staff recognised when people were unhappy and action was taken to address this.

People were encouraged to be involved in the running of the home. The provider had taken action to improve their governance so people received a better service. Staff were aware of who was running the home and were supported by the registered manager to provide a safe and effective service.

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.

People were safe because staff knew how to protect them from abuse. Staff had access to risk assessments that informed them how to reduce the risk posed to people. People were cared for by sufficient numbers of staff and were supported to take their medicines.

Is the service effective?

Good

This service was effective.

People were cared for by staff who were trained and received regular support from the management team. People's human rights were protected and they were supported to access healthcare services when needed. Staff supported people to eat and drink sufficient amounts to maintain their health.

Is the service caring?

Good

This service was caring.

Staff actively involved people in their care planning and they were treated with kindness and compassion. People's right to privacy and dignity was respected by staff.

Is the service responsive?

Good

This service was responsive.

People were supported by staff to live a fulfilled life and were encouraged to be involved in their assessment. Complaints were listened to and acted on.

Is the service well-led?

Good

This service was well-led.

The provider had taken action to review their governance to

improve the service for people. People were encouraged to have a say in how the home was run. The home was run by a management team who were focused on meeting people's needs.

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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 was planned to check 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 inspection took place on 8 June 2016 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority to share information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

During the inspection we spoke with three care staff, the registered manager and the area manager. After our inspection we spoke with two relatives by telephone. We looked at two care plans and risk assessments, medication administration records, accident reports and quality audits. We observed care practices and how staff interacted with people.

Good

Is the service safe?

Our findings

People's care needs were met by sufficient numbers of staff. Since our previous inspection in January 2015, the provider had taken action to ensure there were enough staff on duty to meet people's needs. Staff told us that staffing levels had improved to ensure people were cared for properly. Staff told us that agency staff were used when necessary to cover staff's leave. The registered manager said that staffing levels were determined by people's care and support needs. This ensured there were enough staff to assist people to do the things they wanted to do. For example, one person enjoyed accessing leisure services within their local community and required the support of two staff to do this. We saw that this level of staffing was provided for this individual. The registered manager said that when more people move into the home the staffing levels would be reviewed to ensure there were enough staff on duty to care for them. People could be assured that staff were suitable to work in the home because the provider's recruitment procedure included safety checks. Staff told us that before they started working in the home a request was made for references and a Disclosure Barring Service check was carried out. These checks assisted the provider to select the appropriate people to work in the home.

People were supported by staff to take their prescribed medicines. The provider had taken measures since our last inspection to improve the management of medicines. We saw that keys to medicine cabinets were now stored securely to reduce the risk of people obtaining medicines that had not been prescribed for them. Staff who were responsible for managing medicines had received training to do this safely. We looked at two medication administration records [MAR]. These had been signed by staff to show when medicines had been administered. The MAR indicated that medicines had been given to people as directed by the prescriber to promote their health. Where people had been prescribed emergency medicines to be given to urgently treat a life threatening health condition. Staff told us they had received training about how to administer this medicine safely. The registered manager told us that no one in the home was able to manage their medicines independently.

People could be assured that they would be safeguarded from the risk of potential abuse because staff knew how to protect them. Staff were aware of various forms of abuse and told us that any concerns would be shared with the registered manager. Staff were also aware of other external agencies to share their concerns with to protect people from the risk of further harm. Staff told us that people were unable to tell them verbally if they felt unsafe. However, this could be determined by people's body language and facial expressions. For example, one person would shout to show they were unhappy and staff would then explore the reason for this. Discussions with the registered manager confirmed their awareness of when to share information of abuse with the local authority to protect people from the risk of further abuse.

People's safety was protected because staff knew how to keep them safe. For example, where a person required the use of an equipment to support them to mobilise, staff were aware of safety measures they needed to take to reduce the risk of harm. Staff told us about the use of safety straps to reduce the risk of the person falling from their chair. The risk assessment contained this information to inform staff of these safety measures. A staff member told us that visual checks were always carried out on lifting equipment to make sure they were safe to use. The registered manager said that accidents were recorded and monitored

for trends. This enabled them to identify any sequence of accidents and to take action to avoid a reoccurrence. The registered manager said they had not identified any significant trends and that accidents were very minor.

Good

Is the service effective?

Our findings

People were supported to eat and drink enough to promote their health. The provider had addressed the concerns identified at our last inspection about the lack of support provided to people to eat and drink sufficient amounts. Staff told us that people were unable to tell them what they wanted to eat and drink. They said people were offered a choice of meals and their body language or facial expression indicated their choice. For example, we saw staff offer a person a choice of puddings. The staff member showed the person the puddings on offer and the person's body language and facial expression told staff what they wanted. All the staff we spoke with were aware of people's dietary needs. Staff told us that a person was identified as not eating enough to maintain a healthy weight. They told us that the registered manager had made a referral to a dietician and a speech and language therapist to support this person. These specialists provided staff with advice and support about suitable meals required for the person to maintain a healthy weight. Staff were aware of the person's dietary needs and they told us that meals and drinks were fortified to increase the calories. Staff told us that meals had to be of a certain consistency to reduce the risk of people choking. They told us they had access to information that supported their understanding about suitable meals for the individual.

People had access to specialist equipment to promote their health and comfort. The provider had taken action since our last inspection to ensure a person had access to relevant equipment as advised by healthcare professionals. The registered manager and staff told us that the person had also been assessed for a new chair and we saw this chair in place. This chair provided the person with additional support and comfort.

People were supported to maintain their healthcare needs. Since our last inspection the provider had taken action to ensure people were supported to access relevant healthcare services to maintain their health and wellbeing. The registered manager told us that all the staff had received personal care training and staff confirmed this. This training supported staff to recognise their responsibility of supporting people to access the appropriate healthcare services when needed. Staff told us that people were unable to tell them when they were feeling unwell. However, they were able to recognise when people were unwell through their change in behaviour. For example, one person may knock their head with their hand to indicate they were in pain. Staff said after receiving training they felt confident to obtain relevant support from healthcare services for the individual. Discussions with staff and the care records we looked at confirmed that people had access to various healthcare services to maintain their physical and mental health.

People were cared for by staff who had received regular one to one [supervision] sessions. Discussions with staff confirmed that the provider had taken action to ensure that staff were appropriately supported in their role. Staff told us they received regular one to one support from the management team. As a result they felt better equipped to provide a good service for people. For example, they felt more confident to obtain relevant support from other services for people when needed. They also knew when to question practices if they felt decisions were not in people's best interest. The registered manager said that all new staff were provided with an induction into their role. The staff we spoke with confirmed this and said their induction entailed becoming familiar with people's care needs and the provider's policies and procedures. They told

us that during their induction period they had also received training about how to care for people appropriately. The registered manager said that agency staff were also provided with an induction to ensure they were aware of the support people required. Access to an induction made sure that new staff were supported in their role and that they had the knowledge and skills to care for people. The registered manager said that all the staff had recently received intensive interaction training and staff confirmed this. Staff told us that this training helped them to communicate with people more effectively and to understand their body language. A staff member said, "The skills we learned helped us to recognise that one person was able to assist with their own personal care." They told us that they had not recognised this before and this gave the person some independence.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff told us that people were encouraged and supported to make their own decisions. For example, a staff member said we show one person a flannel to ask them if they require support with their personal care needs and the person was able to respond to this. Staff told us that people's reactions indicated their preference and this would be respected. The registered manager said that people were not always able to make a decision and where necessary a best interest decision would be made on their behalf. The registered manager told us that a best interest decision had been made to relocate a person to a ground floor bedroom. This was because the person's mobility had declined and there was an increased risk of them falling on the stairs. The registered manager said other agencies and the person's advocate were involved in making this decision. The registered manager said that although they were unaware of the person's level of understanding, they were present during these discussions.

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 were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of when to apply for a DoL authorisation to protect people's human rights. The registered manager and staff said that people could not contribute in discussions about their DoL referral to the local authority but they were present during discussions. The registered manager said a DoL authorisation was in place for each person who used the service because they required constant supervision to ensure they received the necessary care and treatment. The registered manager said that people would also be prevented from leaving the home without support because this would place them at risk of harm. The staff we spoke with were aware of these restrictions and why these were necessary to ensure people received the appropriate care and treatment. The registered manager assured us that the least restrictive measures were taken.

Good

Is the service caring?

Our findings

People were cared for by staff in a kind and compassionate manner. A staff member told us that people were unable to tell them verbally how they would like to be cared for. However, people were sometimes able to indicate their needs in other ways. For example, one person would reach out and hold a staff member's arm if they wanted to go to bed and staff would assist them to do this. Staff were aware of people's healthcare needs and knew how to support them. For example, a staff told us how a person's reaction identified if they were in discomfort or unwell. We saw that there was a positive person centred approach and discussions with staff and the care records we looked at confirmed this. Staff were aware of the individual's specific needs and their personal history. Staff were seen to be caring and patient when they supported people. They showed an interest in what people tried to tell them and we saw that where one staff experienced difficulty understanding a person, another staff intervened to offer support.

People were encouraged to be involved in planning their care. A staff member said, "We don't know how much people understand but they sit with us when we review their care plan." They said we can sometimes gage people's preference by their body language and facial expression and this information would be recorded in their care plan. Staff told us that where appropriate people's family were involved in planning their care and the families we spoke with confirmed this. We saw staff took the time to communicate with people in a way they understood and were patient to allow them to respond.

People's right to privacy and dignity was respected. Staff were aware of the importance of maintaining people's dignity when they assisted them with their personal care needs. Staff told us that females were only assisted by female staff with their personal care. Staff were aware of when a person required support with their personal needs and this done in a private place. A staff member said they made sure that doors and curtains were closed when they assisted people with the care needs to maintain their privacy. They told us they made sure people were dressed appropriately to maintain their dignity. We saw that staff spoke with people in a respectful manner and gave them the attention they required when needed. We spoke with two relatives who said people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

People were encouraged to be involved in their assessment and discussions about their support needs. Staff told us that people were unable to tell them about the support they required. Staff were also unaware of how much people understood but confirmed that people were encouraged to be present during their assessment. Staff told us they were sometimes able to find out people's preferences by their body language and this information would be recorded in their care plan so all the staff were aware of this. For example, staff were able to gain people's preferences relating to activities they would like to take part in. What foods and drinks they liked and things they would enjoy doing during the day. The registered manager said that people's needs were frequently reviewed and any changes were identified in their care plan.

People were supported to live fulfilled lives. Staff told us that various methods were used to find out people's preference. One staff member said, "If we shake the car keys one person's body language tells us if they want to go out or not." All the staff we spoke with were aware of this method. Staff told us that hydrotherapy had been introduced to promote muscle relaxation for one person. They told us they had received training from a physiotherapist to ensure they had the skills to support the person appropriately in the hydro pool. The registered manager had recognised that due to the person's restricted mobility they did not have regular access to visual stimulation within the home. Staff told us that a projector had been introduced to project colourful images on the ceiling and the walls. They told us that the person's body language indicated they enjoyed these images. A sensory mat had also been introduced to allow the person to explore the floor space and to touch different textures. A staff member said, "The new equipment provided has given [person] so much freedom of movement and pleasure." People were supported to access facilities within their local community. Staff told us that people attended social clubs specifically organised for people with a learning disability which one person enjoyed. However, staff said it was important to access services not just for people with a learning disability. They told us that people were also supported to go to restaurants, leisure parks and day trips. Staff told us that one person showed little interest in outside activities and they would walk away when this was offered to them and their choice was respected. A staff member said they continued to explore other pastimes to find out what the person would enjoy doing. We saw that staff included the person in conversation and they were responsive to their body language. For example, we saw the person approach a staff member and took their arm and guided them to what they wanted.

People could be confident that staff would know when they were unhappy. Staff told us that people were unable to tell them when they had any concerns. However, their facial expression enabled them to recognise if they were unhappy. For example, one staff member said a person would shake their hands. They said, "I put my hand out and they hold my hand and show me what they want or what is upsetting them." The registered manager said they had only received one complaint from a person's relative. They had shared concerns about the special adapted bath being in a state of disrepair and the impact this had on their relative. The registered manager said that action was taken to repair the bath and staff confirmed that the bath was now working. This meant that people's concerns were listened to and acted on.

Good

Is the service well-led?

Our findings

People could be confident they would receive a service that met their needs because the provider had reviewed their governance to ensure this. The registered manager said the review of their governance made sure people received a better service. They told us that care records were more frequently reviewed so staff had access to up to date information to support their understanding about people's care needs. Since our previous inspection the provider had reviewed their monitoring systems to ensure the safe management of medicines. The registered manager said that regular medication audits were carried out to identify any discrepancies and to improve practices straight away to reduce the risk to people. The registered manager said that more stringent audits were carried out to promote good and safe practices. The provider had taken measures to address the shortfalls identified at the previous inspection. For example, training had been provided for staff to increase their knowledge and understanding about how to care for people. Staff told us that training enabled them to communicate and care for people more effectively. Since the last inspection the provider had taken action to ensure people were provided with sufficient support to eat and drink enough to maintain their health. Staff informed us that the provider had taken action to ensure they were supported in their role. They said this had given them confidence to share any concerns they may have with relevant agencies so people were protected from the risk of poor care practices.

People could be assured that the home would be run by a management team that focused on meeting their needs. A staff member told us that since the last inspection the culture in the home had changed. They said, "We all work as a team to ensure people's needs are met." "People's rights and choices were now at the heart of what we do." A staff member said, "This is a very positive and happy place to work and this is so beneficial to people." Another staff member said, "The registered manager is very supportive." The home was managed by a registered manager and a support coordinator. The registered manager told us they received regular support from the area manager. They told us they had access to routine training to make sure they had the skills to carry out their role effectively. The registered manager said the culture within the home had changed and the service was more was more 'person centred.' They said that staff now worked as a team to improve the care and support provided to people. One staff member said, "The registered manager and area manager are always at the end of the phone." They told us they had regular meetings and said that the registered manager listened to their views. For example, they told us that due to a person's restricted mobility they were at risk of isolation and lack of stimulation. The registered manager listened to them and explored options to provide more stimulation for the individual. Another staff member said the registered manager was always very professional.

People were encouraged to be involved in the management of the home. Staff told us that weekly meetings were carried out with people. Discussions took place regarding the general running of the home, events, changes and to find out if people were happy. One staff said we find out people's preferences with regards to their reactions. They said, "Although people cannot tell us their views sometimes their expression helps us to find out what they like. Staff told us that people's family and advocates were informed of any changes to the service and were encouraged to have a say in how the home is run. We spoke with one relative who confirmed that when they visited the home staff would give them a briefing of any changes to the service and the impact this would have on their relative. The relatives we spoke with were aware of the

management team. They told us that both the registered manager and the staff team were friendly and approachable.