Care Quality Commission

Creative Support Limited

Creative Support - Sonali Gardens Extra Care Services

Inspection report

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20 October 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We last inspected this service in December 2015, where we rated the service "Good". This inspection took place between 17 and 20 October 2017. At this inspection we found that the service remained "Good".

Sonali Gardens is an extra care service which was providing personal care to 12 people at the time of our inspection, the majority of people using the service are from the Bengali Community. Also included in the location registration is Coopers Court, an extra care service which was providing personal care to 15 people at the time of our inspection.

Both services provide care and support to people who live in their own flats and provide 24 hour emergency cover. There are communal areas including a launderette, a lounge, dining room and shared garden. On each floor there is an accessible bathroom and sitting room.

The manager of Sonali Gardens is the registered manager for the service. 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.

At our last inspection we said the safety of the service required improvement, as there were not suitable checks carried out to ensure that medicines and money were managed safely. At this inspection we found that the provider had acted on our findings and had introduced thorough checks in this area. We haven't changed the rating in this area, as at this inspection we found that although the provider had measures in place to assess and manage risk, in some cases risk management plans did not fully address the current risks to some people who used the service.

The provider managed medicines safely in most cases and ensured that staff had suitable training and checks of their competency to do this. We saw that managers carried out regular checks on medicines and addressed issues of concern promptly; but we found one case where a medicated patch was not managed safely, which the provider took action to address.

Staff were recruited in line with safer recruitment practice and staffing levels reflected the needs of people who used the service. Staff received suitable training and supervision to ensure they had the right skills, but some areas of supervision and appraisal records were quite generic and repetitive.

People had consented to their care plans appropriately and care was delivered in line with these. People received additional support when required, for example for health appointments, and people received the right support to eat and drink. People and staff were confident raising concerns with management and complaints were addressed appropriately. There had been two substantiated safeguarding incidents regarding the conduct of staff; there was evidence that the provider had taken appropriate action in response to these and had learnt from these incidents. People we spoke with told us they were treated with

respect. Both services operated a varied activity programme which continued to develop and was a high organisational priority.

Managers had systems in place to check the delivery of care and the quality of records. These included carrying out spot checks and raising issues with staff through recorded conversations. Managers were visible in the service and people spoke highly of them. In practice the service operated as two separate services over the two sites, which was not in line with the provider's registration, however the provider told us they intended to register Coopers Court as a separate service.

We have made a recommendation about how the provider ensures that all risk management plans contain clear guidance for staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not safe in all respects. Risk management plans were in place to mitigate risks to people using the service, but we found some plans needed revision to ensure they did this. We saw that measures were in place to safeguard people from abuse and that the provider learnt from previous concerns. There were suitable staffing levels and recruitment measures in place. There were measures in place to ensure that medicines were given safely and checked by managers.	**Requires Improvement**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

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Creative Support - Sonali Gardens Extra Care Services

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.

The inspection was carried out on 17 October 2017 and was unannounced on the first day, on subsequent days the provider knew we would be returning. We visited Sonali Gardens on 17 and 18 October 2017 and Coopers Court on 19 and 20 October 2017. The inspection was carried out by a single inspector, who was accompanied by a Bengali interpreter on the first day, and by a second inspector on 20 October 2017.

Prior to carrying out this inspection we reviewed information we held about the service, including notifications of events the provider is required to tell us about such as serious incidents and allegations of abuse. The provider also completed a Provider Information Return (PIR). This is a form which the provider is asked to complete to give information about what the service does well and how they plan to develop the service in future. We also contacted a member of staff from the local authority commissioning team.

In carrying out this inspection we spoke with 13 people who used the service and two family members of people who used the service. We reviewed records relating to the care, support and management of medicines of six people. We looked at records of recruitment and supervision of eight staff and records relating to the management of the service, such as team meetings, rotas, records of staff training, incidents and accidents and audits. We spoke with the area manager, registered manager, project manager, training and activities co-ordinators and six support workers.

Requires Improvement

Is the service safe?

Our findings

The provider had measures in place to safeguard people from abuse and improper treatment, however these did not fully address risks to people who used the service.

The provider had a system of risk assessments in order to manage the risks to people using the service, these included areas such as the risk of falling, risks from the person's environment, bathing and moving and handling, and some risks specific to individuals such as wandering, social isolation or smoking. However, for two people we found that these did not fully address risks. One person's falls checklist said that they were "supported by carers for some transfer", whereas their summary stated they were "supervised with all mobility". These did not address a medical recommendation which stated they were to be assisted "with all forms of mobility and transfer", and so there were not clear instructions for staff on how to do this safely. Another person's risk assessment said that they were to be repositioned regularly to prevent pressure sores, however this person's health had improved and the provider said this was no longer required, but as the person was bedbound they were still at risk of developing pressure sores. There was not an up to date risk management plan or care plan.

This person also had a speech and language (SALT) recommendation that they have regular fluids but a soft diet due to the risk of choking, however their risk assessment referred to using thickener which was not the agreed plan. This risk assessment did not refer to the need for this person to have a soft diet. The provider told us they had clear instructions from the SALT on what foods the person should have and what were to be avoided, however records of care showed that the person regularly had these foods. We found that the person had the capacity to make this decision, however risk management plans and care plans were not in place to mitigate the risks from the person eating non-recommended foods. The provider updated these plans in response to our feedback. We recommend that the provider take steps to ensure that all risk management plans contain clear guidance for staff.

Since our last inspection, there had been three allegations of abuse against people using the service. The provider had notified us of these and taken appropriate steps to inform the local authority, investigate these and to take disciplinary action against staff if required. One allegation had been investigated by the police who had found there was no case to answer, but we found the staff member was suspended from duty whilst this process was underway. There had been two substantiated incidents regarding inappropriate behaviour towards people by support workers, which had resulted in the dismissal of some staff members. A director of the organisation told us "It was very upsetting for us, [the incident] was very disrespectful, we couldn't tolerate that." We saw that the provider had taken measures which showed they had learnt from these incidents, such as changing staff policies to prevent the carrying of personal mobile phones whilst on duty and discussing the incidents candidly with the staff team, including that staff had been dismissed. Managers had also conducted additional sessions with support workers around upholding dignity. The provider told us, "We met with the staff teams and reiterated our expectations."

A further incident had occurred at Coopers Court, whereby an unauthorised person had gained access to the building and attempted to steal from people. In response to this the provider had worked with the landlord

to improve the security of the front door and to install key safes, and had met with people and staff to discuss safety in the building. This showed that the provider was able to learn from safeguarding incidents.

People we spoke with told us they felt safe using the service. Comments included "It's a safe place" and "It's a lot safer here." Staff we spoke with were able to describe the signs that a vulnerable person may be being abused and their responsibilities to report these. All support workers were confident that they could raise concerns and that managers would take these seriously. Comments included "My managers are very easy to go to" and "They're pretty quick on something like that, if anything was wrong." One support worker said "The first thing I wanted to know was the whistleblowing procedure, and they really tell you. They do test on you and they encourage you to go higher, you want to know that these people are treated right." We saw that staff underwent training on safeguarding adults as part of their induction and received yearly refresher training on this.

People had access to pull chords in their flat to summon staff in an emergency. We saw that staff carried out checks regularly to ensure that the system was working; this included two hourly checks of the system, although these were carried out less frequently at Coopers Court, and daily checks to be carried out in each person's flat. When problems with the system were noted, staff put measures in place to ensure calls were not missed. People told us that staff responded to these quickly, although sometimes if care workers were not able to come immediately, one person said "They may be with someone who is in a poor condition, so you need to be a bit patient". Other people said "They do come on the dot, I've pressed it a couple of times by accident, they come and say are you alright?" and "They come quickly." We looked at logs of the system at Sonali Gardens, which showed calls were responded to promptly, and that calls would go to an external system as a backup.

At our previous inspection, we found some aspects of the service were not safe, as the provider was not carrying out sufficient audits at Sonali Gardens of medicines and money held on behalf of people who use the service. At this inspection we found that the provider had taken steps to develop procedures in these areas and now had robust systems in place. For example, we saw that there were now daily checks of people's money when this was held by the service; all transactions were signed off by two staff, and monthly audits carried out by managers, which had identified discrepancies and addressed times when staff did not record transactions appropriately. There were clear plans in place which demonstrated the level of support people required with finances and other involved parties such as deputies and appointees.

Similarly, audits played an important role with ensuring that medicines were managed safely; we saw some occasions when medicines administration recording (MAR) charts were not fully completed by staff, but managers at Sonali Gardens had carried out monthly audits of each person's chart and had promptly noticed these and followed these up. At Coopers Court, we saw that medicines audits were carried out monthly, but in May and June these did not appear to have taken place. However, there were no issues of concern regarding the medicines records we saw for this period.

We saw that care plans contained suitable information on the medicines people took and the support they required from staff with these. Staff received training in management of medicines, assessments of their knowledge and observations of their competency, to make sure they had the skills to give medicines safely. People told us they received their medicines safely, and a staff member said "When I joined here for four or five days I didn't give medicines as I hadn't had the training." However, the service did not regularly support people with medicated patches, which meant there was a lack of understanding on how to manage these safely. Where one person had a medicated patch applied daily, staff had procedures in place to ensure that these were alternated between two places on the person's body, however the manufacturer's instructions stated that the patch should not be applied to the same place within 14 days. When we brought this to the

attention of managers they implemented a system to ensure that this was done safely in future.

The provider continued to follow safer recruitment measures, which included obtaining identification and proof of address for staff, obtaining references, a work history and proof that people had the right to work in the UK. Prior to starting work the provider carried out checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, in order to help provider's make safer recruitment decisions. We reviewed two weeks of rotas at each service and saw that staffing levels appeared appropriate to meet people's needs within their allocated support hours.

The provider operated a 24 hour management on call system, and there were clear profiles in place for each person giving key information on their care and medical needs, allergies, medicines, routine and risks, including when people had medicines taken on an "as needed" (PRN) basis and how these were managed safely. There were also missing person's profiles, with a picture and description of the person and clear instructions on how much time could elapse before they were reported missing. Where necessary there was also a suitable risk management plan, which included steps such as carrying a mobile phone and identification. The provider operated a "Stay put" evacuation procedure in the event of fire, and fire safety was discussed regularly in tenants meetings. We saw that the provider had personal emergency evacuation plans (PEEPs) for everyone using the service; this included information on a person's understanding of emergency procedures and the support they may need to evacuate, including a rating of the risk and control measures. These plans were labelled as requiring review every six months, although in practice these had been reviewed in the last year, and there was no evidence of a change in people's needs since then. Checks were carried out of equipment such as lifting baths to ensure that these were safe to use.

Where incidents and accidents had occurred, the provider had clear processes for recording these, including rating the severity, immediate follow up, outcome and any learning for the organisation as a result. We also saw a presentation given to staff on why they should report an incident and the support the provider offered to staff affected by an incident.

Good

Is the service effective?

Our findings

There were measures in place to ensure that staff had the right skills and support to carry out their roles, although there were some areas for development. The provider had a full time training officer who covered all their extra services in Tower Hamlets to ensure they were up to date with the provider's requirements. This included a five day induction for all new staff members, which covered areas such as moving and handling, food safety and infection control. Managers and care workers completed a checklist to ensure that key areas were covered. There were also requirements for refresher training in areas such as safeguarding adults, first aid and medicines. The training co-ordinator showed us records of training which showed that staff were up to date with their required training. We saw some records of course content which showed that training was detailed and delivered in line with the provider's values and processes. Staff we spoke with were positive about the training they received. Comments included "There's a lot of training, I'm impressed with that really", "They give us training and if we need any support we can tell them".

The provider also had training sessions to address awareness of certain health conditions, including diabetes, dementia, stroke, alcohol and substance misuse, and had worked with Mile End Hospital to provide specialist training in dementia awareness. The provider told us they had held an internal briefing on Parkinson's disease, and were in the process of arranging specialised training in this area.

We saw that staff received regular supervision, including themed supervisions around dignity, safeguarding and medicines. Other supervisions were used in order to ask staff to sign a clear statement to clarify expectations from managers. There were also performance reviews carried out yearly, these included carrying out observations of practice and recording staff achievement, feedback from people using the service, and performance in areas such as communication, health and safety, safeguarding and person centred support At Coopers Court we found a great deal of duplication in these documents and generic phrases used without supporting evidence to explain the judgement. For example, several staff appraisals stated "Good understanding of the health and safety procedures, health and safety checking done daily, health and safety is incorporated in care provided to service users." The provider told us that these were prompts for discussion, and that in response to specific concerns they would carry out a separate supervision. We found that the actual discussions were not recorded on some supervisions, but there was evidence of supervisions taking place in response to concerns. However, we also found that some medicines supervisions were identical between care workers, including going through scenarios and giving identical answers. This meant that some records did not accurately reflect the support given to staff.

Staff received training in the Mental Capacity Act (2005) (MCA) as part of their inductions. The Act 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. We saw that the provider recorded people's consent to their care plan, information sharing and medicines support and had measures in place to assess people's capacity to make individual decisions. Additionally, the provider carried out assessments to ensure that people were not subject to restrictions on their liberty; this included listing possible

restrictions and identifying whether people had the capacity to agree to these and whether a best interests process may need to be followed.

We found that people's care plans contained detailed information on the support people needed to eat and drink well and had information on people's preferred foods. Staff recorded the foods people had had and whether there were any additional nutritional concerns. Staff recorded when people had health appointments and kept detailed records of the support people had received to attend these. We found that people had health action plans in place which contained information about people's health needs and the support they received from care workers to stay healthy, although these tended to lack clear outcomes for people to achieve. People told us they were confident that staff would help them in the event that they became unwell.

Good

Is the service caring?

Our findings

The provider had measures in place to engage people who used the service. This included a monthly newsletter for all the provider's extra care services in the London Borough of Tower Hamlets with information on events and issues of importance, as well as details of upcoming activities and outings.

At Sonali Gardens, where the majority of people using the service were from the Bengali community, the staff team had a high number of Bengali speakers and information was displayed in the Bengali language. This included information on health promotion, events and activities taking place in the service, information on how to complain about the service and, where people had requested this, a list of times that staff would be visiting them. There was information in Bengali on health information which was relevant to the community, for example a display on the health risks of using paan. Paan is a preparation of betel leaf and sometimes tobacco which is chewed and spat out, and is widely used in South Asian communities. Care plans contained detailed information about the support people needed to communicate, which included people's language needs and the needs for communication aids such as hearing aids and glasses.

Both Sonali Gardens and Coopers Court held monthly meetings for people who lived at the services. These were well attended, and were used to discuss upcoming events, changes to the staff team, fire safety and other matters of health and safety and the way in which maintenance issues could be reported.

People we spoke with were generally positive about their relations with the support workers. Comments included "The girls that come in, they're so good, you can't fault anyone" and "I am happy, they are caring." People who used the service told us that they were treated with dignity and respect. We spoke with care workers about the measures they took to ensure people's dignity was promoted. These included giving people time to complete personal care tasks for themselves, speaking politely to people and knocking on doors before entering. One care worker told us "They talk to us about dignity and treating people with respect, we have regular training on how you treat service users." The provider also had yearly supervision with staff titled "The Dignity Challenge", which required staff to reflect on their responsibilities to promote people's dignity.

At the time of the inspection, there were no people using the service who were actively on end of life care, but Coopers Court had recently worked with a number of people with terminal diagnoses. The provider was working with people who wished to plan their own funerals. We saw examples of documents that care workers had completed with people. These were highly personalised, and people had been supported to write their own biographies and provide photographs to illustrate these. In one case a person who was a musician had supplied links to recordings of their music, including tracks that they wished to play at their funeral. These documents allowed people to express their wishes for after they died.

Good

Is the service responsive?

Our findings

The provider had assessed people's needs and agreed care plans which met these and were reviewed regularly. People received additional support when they needed it.

Care plans contained detailed information on people's identified needs and conditions and contained clear objectives that people wished to receive from their care. There were sections to cover people's needs in areas such as health, personal care, communication, mobility, moving and handling, eating and drinking, people's preferred daily routines, domestic tasks, finances and medical needs. Plans were clear about how people preferred to be supported and promoted independence by stating areas in which people did not support and could do things for themselves. Care plans were reviewed on a yearly basis to make sure they still met people's needs.

Staff maintained clear records about the care they had provided for people, which included information about how long they had stayed for and the support people had received with personal care, eating and drinking and domestic tasks, and highlighted when there were issues of concern. Records showed that people received care which was in line with their care plans, and staff kept records in the office where people had declined support, meaning they could demonstrate that support had been offered as per the care plan. Comments from people who used the service included "I don't have any issues, they are coming according to my needs" and "They come on time for my regular appointments and if I ask them to do anything else like hoover they will do it."

The provider also maintained records of when additional support had been given to people, for example in order to attend health appointments, even when this was not part of the planned hours they received. Care workers told us they were able to be flexible when required. One care worker said "Some people get limited time, but if they need extra time we give them the service. We can spend the time with permission from our manager, most of the time they advise me to do it."

At Coopers Court, there was a system of key working in place, and we saw that everyone had an allocated key worker or had exercised their right to refuse one. Records were kept of key working sessions, and these demonstrated clear agreed outcomes for what people wanted to achieve, for example to attend certain activity sessions. The frequency of sessions varied in accordance with people's wishes, but in some cases these only took place yearly.

Activities programmes continued to develop at the services. These remained a high organisational priority, with specific co-ordinators overseeing these and monthly activities timetables displayed throughout the building. At Sonali Gardens, there were sessions on gardening, and Arabic classes and social groups for women, with these advertised in Bengali. The team had discussions on how best to engage people with activities, and were in the process of arranging a chai and paan club as these were popular with people who used the service. There was a newly refurbished prayer room and raised flower beds in the back garden. Regular activities also included computer classes, tai chi, gentle yoga and seated exercise sessions. There were also one-off activities such as a farm visit, summer dance and Eid party.

At Coopers Court, we saw that pictures were displayed of people participating in activities. Activities included a curry club, fish and chip evening, Sunday buffet and fortnightly visits from a charity which brought animals to the service. There was also a daily lunch club which was facilitated by care workers.

The provider displayed a complaints policy in the building, and people we spoke with told us they knew how to complain. Comments included "I know who to speak to if there is any issue" and "If something goes wrong they are rectified quickly so I have no concern about this." Complaints were recorded by managers, who also recorded what actions were taken to investigate the complaint and outcomes, including whether the complaint was upheld. Complaints also included where managers had mediated when there were complaints about the behaviour of other people who used the service. We saw that where appropriate, the provider had recorded where they had followed up complaints, including speaking with staff or taking disciplinary action in response.

Good

Is the service well-led?

Our findings

There was evidence of strong leadership and robust systems in place to check the quality of care. Managers actively challenged poor practice, for example through team meetings and supervisions in response to complaints or their own audits. A director told us "This place remains a work in progress, but we're in a good place."

People who used the service were positive about the management and knew who they could speak to. Comments included "If I had any problems I can talk to the manager and they will sort it out", "They are Bengali people so I can speak to them", "[The manager] is spot on, very good" and "She's a lovely lady, she's done a lot for me." We found that at both services managers were well known and approachable. Comments from staff included "I can contact the manager, they're 24 hours. If I have any difficulties I'd talk to them" and "I'm happy with Creative Support, both staff and management."

The manager of Sonali Gardens was the registered manager for both services, however Coopers Court had its own manager and day to day management, supervision and deployment of staff happened separately at each service, although the registered manager had access to care files and was sent reports of incidents as they occurred. In practice this meant that Coopers Court operated as a separate service and was not managed from the registered location. The provider recognised this, and told us that they intended to apply to the Care Quality Commission to register Coopers Court in its own right.

There were systems in place to check that the quality of care was maintained. When we identified gaps in medicines records, for example, the registered manager showed us thorough monthly audits for everyone who used the service, which showed that these issues had already been identified and addressed appropriately. At Sonali Gardens we found that spot checks by managers took place usually every two to three days for each person. These included carrying out checks of medicines, pull chords, the person's food and living environment and health and wellbeing. At Coopers Court these had not been taking place regularly, although in the past few weeks these had been carried out either daily or every other day, before this times varied considerably, with sometimes up to 5 week gaps between checks. However, staff also carried out checks on their daily visits to check that the previous visit was delivered as planned. Managers in both services carried out checks of care logs to check that people received their hours, that staff had provided suitable detail about the support they had provided and whether managers were satisfied that the right care was provided. There were not always systems present for checking that care plans met people's needs; which meant when risks to people had changed these were not always entered into care plans. We found minor instances of discrepancies, for example a person's day of going to a day centre had changed but this was not reflected in the care plan, so there was a possibility of more serious discrepancies arising in future.

Staff told us they felt that managers checked their practice. A care worker told us, "Managers do the spot check and other staff do regular spot checks. I know that with other staff they have found things not signed, that sort of thing."

There were shift planners in place which allocated staff into fixed roles on a daily basis, which meant that staff knew exactly who to support and what needed to be done. There were daily systems of handover with recorded checks of handsets, petty cash, the diary and health and safety checks, as well as written handover of appointments, changes in people's needs, and any issues of concern that had arisen during the shift.

Staff meetings were taking place monthly, which were a key part of the managers' leadership approach. For example, these were used to address issues raised by incidents or findings from audits and to use these to clarify staff responsibilities. Managers also used these to solicit ideas on how better to engage people who used the service. Following a recent high-profile fire, managers had discussed the incident with the staff and used this to think about their own fire safety practice.