

Creative Support Limited

Delos - Fairlea (Creative Support)

Inspection report

34 Park Road
Wellingborough
Northamptonshire
NN8 4PW

Tel: 01933677889
Website: www.creativesupport.co.uk

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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 unannounced inspection took place on 26 July 2017.

The service is registered to provide accommodation with personal care for up to four adults with a range of needs arising from their learning disabilities. There were three people using the service when we inspected.

A registered manager was not in post when we inspected although the service was being managed by a person who had applied to the Care Quality Commission (CQC) to register. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's needs were safely met and they said they felt safe living at Fairlea. There were sufficient numbers of staff available to meet people's needs in a timely way. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care. Staff recruitment processes protected people from being cared for by unsuitable people and all new staff completed a thorough induction training programme. Staff understood the importance of protecting people from abuse and avoidable harm. They knew what action they needed to take to report any concerns about people's safety or well-being.

People's needs were assessed prior to taking up the service and their agreed care plans reflected people's individual needs and preferences in relation to the care provided. Assessments were in place and appropriately acted upon to reduce and manage the risks to people's health and welfare.

People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being. The staff followed the advice of healthcare professionals in meeting people's needs. Staff ensured that people that required support to manage their medicines received their medicines as prescribed.

People were involved in decisions about the way in which their care and support was provided. They had developed good relationships with staff who knew them well. Support was provided by a staff team that were caring, friendly, and responsive to people's changing needs. Staff were able to demonstrate that they understood what was required of them to provide each individual with the person centred support they needed to live fulfilling lives as independently as possible. People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected.

People benefitted from a service that was appropriately managed by the person in charge so that they received their service in a timely and reliable way. People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage such eventualities. There were

also systems in place to assess and monitor the on-going quality of the service. People's views about the quality of their service were sought and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care that kept them safe. Staff recruitment systems ensured that only suitable staff were employed to support people.

Staff knew and acted upon risks associated with providing the level of care that was needed for people. People were supported to take their medicines as prescribed.

People were supported by staff that understood and acted upon the importance of protecting people from abuse and avoidable harm and were aware of how to, and who to, report any concerns about people's safety or well-being.

Is the service effective?

Good ●

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People were fully involved in decisions about the way their support was delivered. Staff demonstrated their understanding of how people's capacity to make decisions had to be taken into account and acted upon.

Staff respected people's decisions and understood their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were encouraged to express their views and to make choices about the way they wanted to receive their support.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of

care.

People's dignity and right to privacy was assured when they received support.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to follow their interests and take part in activities in the home and in the local community.

People's support plans were person centred to reflect their individuality and their preferred way of receiving the agreed support they needed. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was not in place, although the manager had applied to register with the Care Quality Commission (CQC).

People and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were effective systems in place to monitor the quality and safety of the service and actions to make improvements were completed in a timely manner.

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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 unannounced inspection was carried out by one inspector and took place on 26 July 2017.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with two of the people using the service. One person chose not to speak with the inspector because they preferred to be left alone to relax. We undertook general observations throughout the home, including observing interactions between the staff and people in the communal areas. We were invited to look at one person's bedroom and we looked at the communal facilities shared by the three people living in the home.

We looked at the care records of the three people in residence. We also looked at records in relation to staff training, as well as records related to quality monitoring of the service by the provider and manager. We spoke with the team leader in-charge, and two other staff involved in supporting people. Although absent from the home when we inspected we were able to speak with the manager by telephone about the day-to-

day running of the home.

Is the service safe?

Our findings

People's needs were safely met. A range of risks were assessed such as ensuring that when a person needed support to access community facilities that, where appropriate, they were accompanied by a competent staff member that knew the person's vulnerabilities and what to do to keep that person safe.

People felt safe. One person said, "Yes, I feel safe. They [staff] are always here to help me." There were sufficient numbers of experienced and trained care staff on duty. People's needs were regularly reviewed by care staff so that risks were identified and acted upon in a timely way.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities, such as the Local Authority adult safeguarding teams, that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People received care and support from staff that had the guidance and information they needed know about people's needs. Staff knew how the service was to be provided to each person they supported. Care plans were individualised and reviewed on a regular basis to ensure that risk assessments were updated regularly or as changes to people's dependencies occurred.

People were enabled to take risks and staff ensured that they understood what measures needed to be taken to help them remain safe. There were a range of risk assessments in place which identified areas where people may need additional support and help to keep safe. These included identifying risks both in the home and out in the community. One staff member said, "Their [people using the service] needs change so we need to know how best to work with the person when that happens and how to involve them. I think we do that really well here." The staff we spoke with were able to demonstrate through conversation that they had a good understanding of each person's needs and what precautions they needed to take to keep them safe without encroaching on their freedom of choice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

Staff knew what to do in the event of a fire and people were involved in fire drills. One person said, "I know what do if it [fire alarm] goes." Each person had a personal emergency evacuation plan (PEEP) in place so that staff knew what support each person needed should such an emergency occur.

People's medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy. Staff had received training in the safe management of

medicines.

Is the service effective?

Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. People were supported by staff that had a good understanding of their needs and the individual care and support they needed to enhance their quality of life. Staff that had acquired the experiential skills as well the training and managerial supervision and support they needed to care for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service was working within the principles of the MCA. The staff knew and acted upon their responsibilities under the MCA and the DoLS Code of Practice. Staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice. They had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff acted in accordance with people's best interests. Timely action was taken by staff whenever, for example, there were concerns about a person's health or behaviours that affected their quality of life or put them or others at risk.

People were supported to maintain a healthy balanced diet. People's healthcare needs were appropriately monitored and advice sought from other healthcare professionals as necessary. Records confirmed that people had regular access to a range of health professionals for 'check ups'.

People enjoyed their meals, and had enough to eat and drink. One person said, "I get nice things I like." Their diet was varied and the choice of meals was appetising and catered for people's likes and dislikes. Each week the people living in the home discussed and planned their menus. People were enabled to choose what they wanted to eat and staff supported them to maintain a balanced diet. People were encouraged to shop for their meals and help in preparing food if they wanted to. Staff ate with the people using the service and one staff member said, "Mealtimes are important. It's when we really get a chance to talk and listen. It's important socially and it helps us to do our job well because we can pick up on things we might otherwise not notice."

Is the service caring?

Our findings

People's individuality was respected by staff. They used people's preferred name when conversing with them. Staff consistently explained what they were doing without taking for granted that the person understood what was happening around them. Staff were able to discuss how they facilitated people's choices in all aspects of their support, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves. One person said, "I like them [staff]. They're all nice."

People were supported to do things at their own pace. Staff responded promptly, however, when people needed assistance or reassurance. They were familiar with people's individual behaviours and what to look out for with regard to whether the person needed their attention.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. Staff were mindful and considerate of people's wishes when asking if they could come into their room. People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated with compassion and in a dignified way. People's privacy was respected.

People's individuality was respected by staff and we observed staff gently encouraging people to do things for themselves. It was evident from listening to conversations that there was good natured humour involved that people enjoyed and participated in. When talking with people staff presented as friendly and used words of encouragement that people responded to positively.

People continued to be supported to maintain links with family and friends. Visitors to the home were made welcome. People without family or other significant persons to speak up for them had access to advocacy services.

Is the service responsive?

Our findings

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People received individually personalised care and support. People's individual support needs had been assessed prior to their admission to the home. They received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

People had a range of activities that were organised to suit each individual and varied on a daily basis. These activities suited people's individual likes, dislikes and were tailored to their capabilities and motivation. Care staff also coordinated and organised outings to community facilities such as shops, pubs and other recreational venues such as the local swimming pool.

People were encouraged to live as independent and fulfilled life as possible. One person regularly attended a work placement and they went to work and returned home independently.

People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There had been no complaints from people using the service.

Staff were responsive to people and looked at ways to resolve any issues people had had. One staff member said, "It's important that they [people] tell us if they are unhappy or worried about anything so we can do something about it. We encourage them to always speak up." There were regular house meetings which also enabled people to share any concerns they had.

Is the service well-led?

Our findings

A registered manager was not in post when we inspected. The new manager had, however, applied to register with the Care Quality Commission (CQC).

People were assured of receiving support that was competently managed by the staff team on a daily basis. The manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the manager or other senior staff employed by the organisation. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and by the provider.

Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. People's care records were appropriately kept and accurately reflected the daily care people received. Records relating to care staff recruitment and training were up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date.

People's experience of the service, including that of people's relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. People were asked about their experience of using the service and surveys were also used to supplement this information. Internal audits of care records and the ways in which staff were kept informed of people's changing needs were also carried out.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.