

Credence Care Ltd

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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

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.

About the service

Credence Care Ltd provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were currently eight people receiving a service.

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

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;

People felt safe and supported by staff in their homes. A person commented, "I feel safe. I don't worry too much." A relative commented, "(Relative) is definitely safe. The staff are fab. I have no concerns." A health professional commented, "(Registered manager) follows process regards to safeguarding. I have no concerns."

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Medicines were managed as necessary. Infection control measures were in place. People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

There were effective staff recruitment and selection processes in place.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. Comments included, "I am happy here, we have nice staff" and "We have a chat, staff are good at supporting me when I am down." Relative comments included, "Caring and kind staff. I can't praise Credence enough."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Credence Care Limited. For example, people were constantly encouraged to lead rich and meaningful lives.

The registered manager had identified that staff induction, training and supervision were in need of improvement in line with their policies. They had already recognised this as an area for improvement and was prioritising them. Staff felt the training they had received equipped them to do their jobs. Staff confirmed that they were supported in their roles. A staff member commented, "I feel very much supported by (registered manager)."

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

This service was registered with us on 11 December 2019 and this is their first inspection.

Why we inspected

This was a planned inspection.

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Credence Care Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people using the service. We also spoke with five members of staff, which included the registered manager.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided; three staff files in relation to recruitment; staff training; various policies and procedures and specific audits/reports relating to the quality and safety of the service to ensure people received safe care and support specific to their individual needs.

After the inspection

After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We received feedback from five relatives and two health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We provided initial feedback to the service on 28 June 2022.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff in their homes. A person commented, "I feel safe. I don't worry too much." Relatives commented, "(Relative) is definitely safe. The staff are fab. I have no concerns" and "(Relative) is very happy. Found his place he wants to be."
- A health professional commented, "(Registered manager) follows process regards to safeguarding. I have no concerns."
- Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. Interactions between people and staff were relaxed and friendly and people seemed happy.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC).
- Staff had received safeguarding training, to ensure they had up to date information about the protection of vulnerable people. This training was in need of refreshing. By the second day of our inspection, staff had updated their safeguarding training online.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.
- Information was available for people, in an easy read format, on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe. For example, risk assessments for eating and drinking, falls management and accessing the local community.
- Risk management considered people's physical and mental health needs and showed measures to manage risk were as least restrictive as possible.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People were supported by a core team of staff. Relatives valued the consistency of staff to ensure structure and familiarity.
- Staff confirmed people's needs were met and said there were enough staff. The registered manager explained staffing arrangements always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that people received support from a consistent staff team. This ensured people were able to build up trusting relationships with staff who knew their needs.
- Where a person's needs increased or decreased, staffing was adjusted accordingly. This meant people's care and support needs could continue to be met.
- We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that regular staff would fill in to cover the shortfall, so people's needs could be met by staff members who knew and understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. Members of the management team checked medicine practice whilst working with staff in the community and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Credence Care Ltd circulated regular updates to staff on preventing infection and COVID-19 along with any new legislation/guidelines that would affect the way they worked to ensure they followed best practice in order to keep people safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager recognised that staff training had lapsed a little as they had been concentrating on staff recruitment. They had already recognised this as an area for improvement and was prioritising this. The assistant manager had been tasked with supporting staff to complete their mandatory training courses online.
- Staff had received some training including, safeguarding vulnerable adults, the Mental Capacity Act 2005, first aid, infection control and a range of topics specific to people's individual needs. For example, equality and diversity and epilepsy. However, refresher training was needed to ensure staff were up to date with current best practice.
- Staff felt the training they had received equipped them to do their jobs. Commented included, "The training I have had has enabled me to be competent and confident to do my job" and "I always ask for more courses, which are accommodated." Relatives commented, "Very good staff, very pleased. They go above and beyond when supporting (relative)" and "(Relative) is in very capable hands."
- The registered manager recognised that improvements were needed to staff induction in line with their policy.
- Staff induction currently included discussions about health and safety and reporting incidents and accidents; policies and procedures and making new staff aware of people individual care and support needs. New staff also completed shadow shifts. There was no specific induction training and no time scale for completion or supervisions. The registered manager explained that they worked closely with staff as Credence Care Ltd is a small service.
- The registered manager recognised that improvements were needed to staff supervision in line with their policy. The policy stated, 'Staff supervision policy. ... Formal supervision at least six times a year (or whatever decided as reasonable), which will complement the informal supervision that carries out continuously.' Despite this, staff felt well supported in their roles. A staff member commented, "I feel very much supported by (registered manager)." Staff had received an annual appraisal.

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

- People were supported to maintain a balanced diet. Staff recognised the importance of good nutrition and hydration.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care. For example, speech and language therapist (SALT).

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being. For example, how people preferred to be supported with personal care.
- People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis.
- People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act 2005 (MCA).
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. People had tenancy agreements in place. These were agreed in line with the MCA and included advocates where deemed necessary. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- Staff were kind and caring. Comments included, "I am happy here, we have nice staff" and "We have a chat, staff are good at supporting me when I am down." Relatives commented, "(Staff) are caring, kind and compassionate. They encourage (relative) to be independent. (Relative) has come on leaps and bounds. "Registered manager is very professional, and all residents are treated equally"; "Caring and kind staff. I can't praise Credence enough" and "I have no concerns, perfect. The staff are fantastic."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were very committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately.
- Health and social care professionals praised the service. Comments included, "(Registered manager) goes over and above. They have people's best interests at heart."
- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained it was important people were at the heart of planning their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care and in meal preparations. People also were involved in food shopping either in store or online.
- People were encouraged to be as independent as possible. One person did voluntary work at a local charity shop and also attended college. They told us, "I have been working at (name of charity shop) for 23 years." A relative commented, "(Relative) is always out and about and is part of the community."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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 received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs.
- Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was based on the person's wishes.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care, including cultural and religious preferences.
- Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. People's likes, and dislikes were taken into account in care plans.
- Care plans were detailed and included personal preferences, such as how they wanted their personal care delivered. Staff told us they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
- Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. One commented, "The care plans capture all aspects of a person's care and their needs. Risks are constantly being reviewed. The care plans provide a great overview to an individual's needs, wants and likes and dislikes. They are a good source of information regarding an individual."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained communication details explaining how people communicated their wishes.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that mattered to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis. Relatives were also made aware of the complaints system. The complaints procedure set out the process which would be

followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.

- The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

End of life care and support

- People were supported at the end of their life. The registered manager said, in the event of this type of support being needed, they worked closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.
- A relative told us, "(Registered manager) and Credence couldn't have done enough. Lovely for (relative) to come home (from hospital). (Registered manager) and the staff pulled out all the stops to get (relative's) room ready. (Registered manager) and the staff team were so supportive, I felt really lucky."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager had identified that staff induction, training and supervision were in need of improvement in line with their policies. They had already recognised this as an area for improvement and were prioritising them.
- A yearly care plan and risk assessment audit and a manager's self-assessment tool had recently been introduced with regards to the overall delivery of care. This assessment had identified actions required to staff training and support.
- Systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments updated and involvement of relevant health and social care professionals.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.
- The registered manager had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open person-centred culture. Staff commented, "(Registered manager) is an absolute diamond" and "The management support is excellent."
- Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- People's views and suggestions were taken into account to improve the service. surveys had been completed by people using the service and staff. The surveys asked specific questions about the standard of

the service and the support it gave people. All comments received were positive. The registered manager and their staff team were also in regular contact with families, via phone calls, technologies and visits. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

- In addition, Credence Care Ltd had a keyworker system in place, which enabled people to discuss their care and support needs and experience of the care and support received on an ongoing basis with a particular member of staff.

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Credence Care Ltd. For example, people were constantly encouraged to lead rich and meaningful lives.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.