

Creative Support Limited

# Creative Support - Donnybrook Court

## Inspection report

319 Old Ford Road  
Bow  
London  
E3 5NT

Tel: 02089819240  
Website: [www.creativesupport.co.uk](http://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

### About the service

Donnybrook Court is an extra care service for older people. People using the service lived in adapted flats in a purpose built building in Tower Hamlets. At the time of our inspection there were 17 people using the service.

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.

### People's experience of using this service

People told us they were well treated by staff and we observed positive interactions throughout the day. The service assessed people's needs around their culture and language and supported people to speak about and plan their care. A person told us, "I love it here. My family cannot believe how happy I am here. I would recommend this place to anyone."

People were safeguarded against abuse and poor care and told us they felt safe living in the service. The provider assessed risks to people's wellbeing and took the right action to improve people's safety. People were able to call for help at any time using their pull cords and there was a prompt response to this. Staffing levels were planned to meet people's needs and staff were safely recruited. Medicines were managed safely and the service protected people from cross infection and poor food hygiene.

Staff received enough training to do their jobs and the provider regularly reviewed the training they required. There were regular supervisions and observations of staff to make sure they had the right skills. People received the right support to have varied diets and to access healthcare services when they needed to.

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

People were involved in making sure that care was planned around their needs and regularly reviewed. The service was able to respond to people's changing needs. Staff carried out life story work to understand more about people's lives and their wishes for the future. There was a detailed activity programme in place; in response to feedback from people the service was expanding this.

Managers were visible in the service and approachable. The management of the service carried out regular checks to make sure people's care and support was appropriate and safe. There was good team work and communication between the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 7 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Creative Support - Donnybrook Court

## **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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we held about the service including notifications of events the provider was required to tell us about. We spoke with a monitoring officer from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and made observations of activities and interactions with staff. We spoke with the registered manager, care co-ordinator, four support workers, a training manager and two activities co-ordinators. We looked at records of recruitment and supervision for five care workers and records of training for all staff. We looked at records of care and support for four people and other records relating to the management of the service.

# 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 told us they felt safe living at the service. Comments included "I'm very safe and looked after" and "No-one has ever troubled me here."
- The provider ensured staff and people using the service understood how to recognise and act on abuse. Staff had received safeguarding training and regularly discussed abuse in their supervisions. Staff we spoke with were confident about recognising and reporting possible abuse. The provider regularly discussed personal safety in tenants' meetings. When the service held money on behalf of people there were enough checks to safeguard people from financial abuse.
- Processes were operated to safeguard people from abuse. Where abuse was suspected this was promptly reported to the local authority and action taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Risk assessments were detailed and comprehensive in their scope. Actions were taken to protect people from risks, including those relating to smoking and fire. The service operated missing procedures, including compiling important information to help police locate people. The provider routinely checked water temperatures when supporting people to wash to protect from the risk of scalding.
- People were protected from risks associated with their living environments. There were personal evacuation plans in place to help people leave the building safely in an emergency. People's flats were checked regularly for areas of concern. The provider carried out regular health and safety checks of communal areas and fire drills.
- People were able to call for help using pull cords and pendants. Staff carried handsets to respond quickly to alarm calls. People told us there was a prompt response to this. Comments included "As soon as you press the button someone calls or comes up, they are very quick" and "You never have to wait." We tested a person's pull cord and found staff responded immediately. The system was checked several times a day to ensure it was working.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Staffing was planned around people's planned care visits and staff followed planners to make sure everyone received their calls on time. People told us "Staff are always around" and "They're always busy but they do work really hard to support us." Staff told us "Mostly there's enough time."
- Staff were recruited safely. The provider operated safer recruitment processes, including obtaining references, proof of identify and a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help providers make safer recruitment decisions.

### Using medicines safely

- The provider assessed people's medicines needs. This included assessing people's understanding and ability to manage their own medicines and the level of support they required. The provider recorded people's medicines and the health conditions they treated, but there was not always detailed information on what each individual medicine was for, which the provider said they would review. There were protocols in place for administering medicines which were given as needed.
- Staff had the right skills to give medicines safely. Staff received regular medicines training and had regular observations of competency. Medicines practice was discussed in regular themed supervisions.
- Systems were in place to make sure people received their medicines safely. Staff recorded medicines on medicines administration recording (MAR) charts and these were checked regularly and audited at the end of each month. Two staff checked medicines as they were delivered to make sure people received the right medicines.

### Preventing and controlling infection

- Staff were able to protect people from cross infection. Staff received regular infection control training and told us they had access to the equipment they needed. There were hand sanitisation points installed throughout the service.
- People were protected from food-borne illnesses. Staff received training in food hygiene and there were regular checks of people's fridges to make sure there was no out of date or unsafe food.

### Learning lessons when things go wrong

- The provider kept records of incidents and accidents. Reports were reviewed by managers to ensure that the right action had been taken to prevent a recurrence.
- Where incidents affected the whole service the provider reviewed safety and made changes. Following incidents where people using the service had been targeted by criminals there had been a review of safety in the building and there was now a night security guard.



# 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.

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

- The service assessed people's needs and choices. This included assessing people's abilities in carrying out daily tasks and identifying areas where people required support.
- Where people had identified needs this information was used to plan people's care around meeting people's needs.
- The service reviewed policies to ensure they worked in line with the law. This included reviewing policies around safeguarding adults and mental capacity.

Staff support: induction, training, skills and experience

- Staff received a detailed induction. This was a broad curriculum based around key skills that staff needed to learn and included the provider's policies and practices. Managers also followed an induction checklist to make sure people understood the service's procedures. New staff had a probationary period during which managers carried out observations of people's practice to ensure their performance was satisfactory.
- Staff received enough training to carry out their roles. Comments from people included "They are well trained and know what they are doing" and "They do everything well." The provider assessed what training care workers required and reviewed this regularly in line with the needs of people who used each specific service. A training co-ordinator ensured that people's refresher training remained up to date and worked with local organisations to deliver more detailed training as required. Staff told us they received enough training and that they found this useful.
- There were regular supervisions, appraisals and assessments of staff competency. The provider carried out themed supervisions throughout the year on key areas such as dignity, safeguarding and medicines. These were used to ensure staff understood good practice in these areas.

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

- The service assessed the level of support people required and what their preferences were for food and drink. Where support was needed this was written into people's plans and into the shift planners staff followed.
- People had enough to eat and drink. Comments from people included "The staff will help me with food if I need help" and "I can do it myself in the kitchen or I can get [staff] to help me." Staff recorded the support they had given in line with support plans and recorded what people had eaten.
- Where people were independent with food and drink staff respected this. However, staff checked that people had eaten and where they were concerned people were missing meals offered support as required.

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

- People received support to access healthcare services. People told us that the doctor and optician regularly visited the service. Staff arranged for urgent healthcare when this was required. People had health action plans which detailed the support they required to stay healthy and well.
- The service had recorded the support people needed with oral care. Following a national review the provider was reviewing oral care planning to provide a more comprehensive system and was rewriting training programmes to familiarise staff with this.
- The service worked with other agencies to adapt to changes in local services. For example, the local authority was withdrawing the Meals on Wheels service. In response to people's concerns about this, staff were consulting with local voluntary groups to see how they could provide a replacement service for people such as access lunch clubs.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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.

- The service obtained people's consent for their care. This was usually demonstrated by ensuring people had read and signed their support plans and risk assessments. The provider also obtained specific consent for other areas of support such as holding money, keys and supporting people with their medicines. People told us "They ask me [for permission]" and "They always check [I agree], they are great."
- The service followed systems to assess people's capacity to make particular decisions for themselves. This included highlighting when people's capacity may fluctuate and how this could affect their decision-making abilities.
- People's capacity to make decisions was considered during care planning and risk assessments. This included highlighting when people had the capacity to make what may be an unwise decision and working within this principle to try and manage risks without restricting people's freedom.

# 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

- People told us that they were, without exception, well treated by staff. Comments from people included "They're lovely people", "They're always wanted to help us" and "They are so gentle, so kind." People approached us to tell us how good staff were. A staff member told us "The people here are like our family, they love us and we love them."
- We saw good examples of positive interactions with staff. The downstairs office was always staffed during the day time and people constantly came downstairs to ask for help and to talk. Staff knew what people were interested in and asked their opinion on current events such as news and sports, and this often resulted in good natured, respectful disagreement and laughter.
- The service assessed people's needs around their culture and language. We saw examples of culturally appropriate foods being provided for people. The service had a diverse staff team and staff were available who shared a common language with people. Staff carried out life story work to help people reflect on their lives and to help staff better understand who they are and what was important to them.

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

- People were involved in every aspect of their care planning. This included reviews of care plans and, where appropriate, meetings with people and their families. People had regular meetings with their allocated keyworkers. These were used to check that people were happy with their care, whether any changes were required or if people wanted to try new things.
- People had the opportunity to speak up in regular tenants' meetings. These were well attended and were used to discuss changes to the service, current issues of concern and personal safety. Tenants' meetings were used to obtain people's views about the service, what they wanted to see changed and to plan upcoming events.
- The service also assessed people's communication needs. This included whether people were hard of hearing, required glasses or hearing aids to communicate. There was information on people's plans on how people's communication needs could impact on their wellbeing and how staff could help with this.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected. Plans and assessments highlighted areas where people were independent and support was carried out in line with these. People told us they were able to do things for themselves when they could.
- People told us they were treated with respect and dignity. Comments included "Everyone is respectful" and "I feel respected and well looked after." Staff received yearly supervisions on how they respected people's privacy and this was noted as part of observed practice.

## 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

- People's care was planned to meet their needs and preferences. People had detailed care plans based around individual identified needs. This included information about how people liked to receive care and how staff could best support people. Key information about people's needs through the day was written into the planners that staff followed and found useful. People met with staff regularly to review their care plans and to discuss if anything needed to change.
- Staff recorded how they had met people's needs. Daily logs were of a good standard and were clear about the support people had received, including that around personal care, cleaning and food and drink. Daily records showed that people's care plans were followed.
- The service responded to people's needs. There were regular welfare checks to make sure people and their environments were safe. People received additional visits when they requested these and when they had pulled the cords to ask for help. People were able to approach the front office for help at any time. The service was able to request additional hours from the local authority to help people attend appointments.

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.

- There were accessible versions of key policies available for people and their families. The provider made important documents available in pictorial, large print and Bengali versions where required. This included information on how to complain and awareness of how to report abuse.
- The provider assessed people's communication needs which would highlight when people would require alternative formats. There were accessible versions available of people's support plans which staff could use, but no-one had been assessed as requiring one.

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

- The service had an activity programme which was sent to people each month. This included regularly activities such as bingo and quizzes and parties for special occasions. People had gone on day trips to local attractions such as museums and concerts. The provider had worked with volunteers from business to do activities such as gardening.
- People were protected from social isolation as they were able to leave their flats and come and spend time with people in communal areas. Comments included "I love going into the lounge and chatting to people" and "I can get a bit fed on my own, it's so nice to have the choice of seeing all over the garden."

- People told us they enjoyed the existing activities and parties but told us they wanted more variety and more activities in general. The provider told us that this had also been discussed in tenants' meetings and acknowledged the need to develop the activities programme. In response the provider was appointing an additional activities co-ordinator and had a more varied activity programme for December. This included special events for Christmas.

#### Improving care quality in response to complaints or concerns

- People told us they knew who to talk to if they wanted to make a complaint. Comments included "I would talk to the staff or manager" and "The manager would deal with that, no problems." There was information displayed on how to make a complaint in communal areas.
- The service followed their policies for responding to complaints. Where people had complained they had investigated, including by speaking with the parties involved. Where appropriate the service had apologised for what happened and explained the actions they had taken to learn from the complaint.
- Most complaints concerned issues outside of the provider's control, such as those relating to other residents and the housing association. Where this had occurred the provider had spoken to the relevant people on behalf of the person or arranged for additional support from the person's social worker.

#### End of life care and support

- The service carried out life history work with people. This included having discussions with people about their wishes for future care and the ends of their lives. We saw examples of where people had talked about what they wanted for their funerals.
- The provider had developed a new, more detailed plan for planning end of life care which they could implement as required. At this point no one using the service had a life limiting condition.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People praised the registered manager and care co-ordinator. Comments included "They are really good and cannot do enough for us, they are very easy to talk to", "They are really good and helpful" and "The managers come in every day and ask me in the morning how I am, they are kind and good people."
- Managers operated an open-door policy and were continuously visible in the main office. People using the service, staff and visiting professionals were always able to speak to a manager when they needed to. A staff member told us "The [registered] manager takes action very quickly."
- Staff we spoke with told us they felt there was a good culture among the staff team. Comments from staff included "Here as a team everyone is very helpful, we all help each other" and "They always look after their staff."

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; Working in partnership with others

- The service was meeting their requirements to notify us of serious events that affected the service. The service also displayed information about their registration and the ratings they had received from inspections under their previous registration.
- Managers used regular team meetings to review the performance of the service. This included their own observations of the service and comments they had received from others. Managers clarified their expectations of the team and highlighted where improvement was required.
- The service had systems to share information between staff. Important information was noted in the communication book and during staff handover. Handovers were detailed in their scope and considered the individual needs and well being of everyone who used the service. Managers spoke with visiting healthcare professionals to obtain feedback about people's health needs and to advocate for people.

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

- There were processes in place to ensure that staff knew their roles. There were clear shift plans in place for each staff member which explained when they had to visit each person and what needed to be done. There were also plans for other tasks such as health and safety checks which were followed by staff.
- The provider carried out regular audits in key areas to make sure the service was performing well. This included regular checks carried out by other staff members, and monthly checks of daily logs, medicines records and finances.
- There were standardised systems in place for delivering good quality care. This included good systems of

care planning and recording by staff and a distinctive system for supervising staff and assessing their competency.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to engage with people who used the service. This included regular tenants' meetings and a yearly engagement survey. This was used to assess people's views about the service and areas where they needed to develop.
- The provider worked with the local authority to review the performance of the service and highlight areas for development. Where people were experiencing regular problems the provider communicated their concerns to the local authority and worked jointly to put a plan in place to meet the person's needs.