

Craegmoor Supporting You Limited

# Craegmoor Supporting You in Lincolnshire

## 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 carried out this announced inspection on 12 and 13 April 2016.

Craegmoor Supporting You In Lincolnshire provides support and personal care to people who live in their own homes. People who use the service have a range of needs which include learning disabilities and mental health difficulties. At the time of our inspection four people who had moved into supported living from a residential care setting and two people who were supported in their own homes received support under the regulated activity of personal care. There were 41 other people who received support from the service which was not provided under the activity for which the service is registered.

There was an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were involved in making decisions about how they wanted to be supported and how they spent their time. Staff were caring and positive working relationships had been developed between staff and people who used the service. These relationships were being consistently maintained.

New staff were recruited safely and staff were sufficiently trained and supported by the registered provider and manager to undertake their roles. There were sufficient staff available who were deployed in the right way to meet people's care needs.

Staff had a good understanding of how to manage risks and protect people from avoidable harm. They also knew how they would report any concerns they identified.

The registered manager had ensured there were clear arrangements in place for ordering, storing, administering and disposing of medicines. Staff's competency to safely administer medications was regularly assessed.

People had the opportunity share their views and opinions and were involved in planning and reviewing their care. People and their relatives also understood how to raise any complaints or issues they had and were confident the right actions would be taken to resolve them.

The provider had completed quality checks together with the registered manager to make sure that people received the care they needed in a consistent way. These checks included a range of effective audit systems to ensure the service was continually monitored. This was so that any changes or improvements needed would be acted upon in order to keep developing the quality of the services provided.

## 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.

Staff understood their role in relation to safeguarding procedures and knew how to act in order to keep people safe from harm.

There were sufficient staff employed by the service to enable them to care for people safely.

The registered provider's approach to identifying risk was consistent and their responses and management of risk helped ensure risk was minimised.

People who needed staff assistance to take their medicines were supported safely to do this.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received a supportive induction to their role.

People's healthcare needs were met and they were supported to eat and drink enough to stay well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interest decision making process.

### Is the service caring?

Good ●

The service was caring.

People were treated as individuals and with respect by staff who were aware of people's choices and care needs and how these should be met.

Staff recognised people's right to privacy and promoted people's dignity.

The registered provider, manager and staff maintained people's

personal information in a way which ensured it was kept confidential.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected peoples assessed needs and staff had a good understanding of people's wishes and preferences.

People were consulted about their needs and wishes and were fully involved in planning and reviewing their care.

People were also supported to pursue their community interests and hobbies.

People knew how to raise a concern or complaint if they needed to and the registered manager and provider had arrangements in place to respond to these in the right way.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post and staff were well supported.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Systems were in place to regularly assess and monitor the quality of the services provided.

# Craegmoor Supporting You in Lincolnshire

## **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.

Before our inspection we reviewed information we held about the registered provider and which the registered persons had sent to us. This included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We completed our inspection on 12 and 13 April 2016. We gave the registered persons a short period of notice before we called to the service. This was because people benefited from knowing that we would be carrying out our inspection and because we needed to be sure the registered manager would be available to speak with us. The inspection team consisted of two inspectors.

We arranged to visit the four people who were receiving personal care support in their own home. However, when we arrived to begin our inspection people confirmed with us by telephone that they did not want us to visit them in person. However, we spoke with two people briefly by telephone together with a locality manager and they told us that they were happy for us to speak with the registered manager and staff who supported them about how their care was provided and to review their care records.

During our inspection we also sought permission to speak with and made contact with a relative of one person who used the service by telephone.

The registered manager and one of the two locality managers who managed the day to day support provided for people were available during our inspection and we spoke with them about how the service was managed and being developed. We also spoke with six members of the care staff team.

We looked at four care plan records related to the care people received. A care plan is a document which details people's assessed social and health care needs and informs staff how to meet those needs. We also reviewed a range of records relating to how the service was run. This included; the registered provider's statement of purpose, policies and procedures related to how people were supported with their medicines, policies relating to staff and rotas which showed how staff were being deployed. We also viewed two staff recruitment records, records related to the supervision and support arrangements in place for staff and the providers training plan records.

# Is the service safe?

## Our findings

Staff we spoke with told us that that had received training about protecting people from harm. They were able to describe the processes for reporting any concerns should they need to do so. This included reporting direct to the registered manager, the local safeguarding authority and the Care Quality Commission. Staff we spoke with also told us that if anyone was unhappy about their care or was worried they would know. This was through people telling staff and by staff noticing any changes in people's routines or behaviours so they could act quickly to protect them from harm. One staff member said, "We have a clear process to follow and any concerns are escalated immediately. We report all incidents related to people's safety, however small they may seem."

Risk assessments were in place to ensure that care could be safely provided in people's homes. This was for risks including those for behaviours which could challenge others and going out into the community with staff. These were reviewed regularly and updated when a risk changed. Where issues of concern in regard to people's safety had been identified the registered manager and staff had acted quickly to respond and provide information to the local authority and the Care Quality Commission about action they had completed and had planned in order to maintain people's safety.

Staff told us and we saw that any accidents and incidents such as where people had exhibited behaviours which could challenge others were recorded. They told us that the registered manager regularly checked the records with them so they could discuss and take action to address any trends they identified. These actions were prioritised according to the impact on people. When we reviewed one person's care records we could see that the registered manager had ensured that all of the social and healthcare professionals involved in managing the risk associated with the person's care had been kept regularly updated. Regular reviews had helped staff to identify and act upon any further changes needed. Information resulting from a recent review meeting held regarding the person's care showed the actions planned and undertaken had helped support the person so they could be as independent as possible.

People were supported by staff who had been trained in medicines administration. Staff had their competency to administer medicines regularly assessed. Records of medicines administration had been accurately completed. The registered manager told us that people were supported to take any medicines they needed in a person-centred way which was within the provider's policy and procedure on the administration of medication. All support interventions needed to achieve this level of support were documented within each person's care plan. Staff were able to tell us how people were supported with their medicines including where required ensuring people had access to their medicines when they went out in the community to undertake activities or to visit their relatives. Regular record checks were completed by staff to ensure people were supported to take only the medicines which had been prescribed. We saw medication audits were completed monthly and any actions identified as needed was planned in order to maximise the person's independence within this area of support.

Staff told us and records we looked at demonstrated the registered provider had a safe staff recruitment process in place. The registered manager showed us information which confirmed relevant recruitment

checks were always completed before any new staff member stated to work for the service. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager told us that support in ensuring staffing levels were maintained at the levels people needed was provided by the two locality managers who managed the day to day rotas and the deployment of staff. Care records and rota information showed the registered persons had reviewed the support each person needed, calculated how many staff were required and had agreed the necessary funding on an individual basis with the relevant local authorities. Staff rotas had been put together so staff knew when they were expected to work. At the time of our inspection records showed that the number of staff on duty matched the level of staff cover which the registered managers said was necessary to support people safely.

# Is the service effective?

## Our findings

People were supported by staff who knew people and their support needs well. One staff member we spoke with told us about each person's likes, dislikes and day to day care preferences. This included the foods people liked, how and where they liked to eat them and any particular dietary needs people had.

The registered manager told us how they ensured people were involved in choosing who they wanted to provide care for them. For example, the registered manager showed us information which confirmed that wherever possible people had been involved in the recruitment process for new staff. Staff profiles had also recently been developed to enable people to make an informed choice about the person they wished to provide care for them. The registered manager showed us they had also created a personal profile for people to view.

Staff were introduced to people they cared for during their induction as well as during day to day contact. This was so that staff had the opportunity to develop a specific understanding of what each person's care needs were. Staff we spoke with told us they understood people's needs and that they used this knowledge to make sure that the care provided was what they wanted. They also said and records confirmed care was only given with the person's agreement.

Information we looked at showed that new staff members undertook a twelve week induction programme which was based on the provider's training and learning system called 'Foundations For Growth.' Staff told us about their induction and said that it enabled them to do their jobs effectively. They said they had regular support from more experienced staff. Staff also said senior staff or the registered manager had carried out supervisions with them to check their learning during the induction period.

Training records and information we looked at confirmed staff were supported to receive training specific to the roles they were employed in. This covered subjects such as, supporting people who may have behaviours which could challenge others, including positive behaviour support training, Decision making and mental capacity, keeping people safe from harm and first aid and basic life support techniques. Staff said some of the training was provided through e-learning but that other face to face training had been given in areas related to helping people to move around safely. Staff also told us and records also showed staff were supported to undertake nationally recognised qualifications including the Care Certificate. The Care Certificate sets out common induction standards for social care staff.

Staff told us they felt supported by the registered manager and the two locality managers. One staff member said, "The support is always there. The arrangements for cover and help are clear and the managers are just a call away whenever we need them." Staff told us and records showed arrangements were in place to provide staff with regular supervision. Appraisals had also been completed or scheduled by the registered manager for all staff so that they could review any learning and development needs and identify and plan their future training together.

We found that the registered manager, senior staff and care staff had a clear understanding of the Mental

Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests.

Where people did not have the capacity to consent, the provider understood their responsibilities in relation to the MCA. For example the registered manager confirmed they were working closely with the local authority who were applying to lawfully deprive some people of their liberty so they could be supported safely.

We saw that each specific decision a person could make had been determined and what information the person could retain. Where care was in the person's best interests this was documented. Where appropriate decisions that had been made in the person's best interests had been determined using information from families, health and social care professionals, staff and the registered manager.

People were able to choose their preferred meal options. Records showed that people were supported to make choices about the meals they wanted through regular meetings with staff. The information showed that any food allergies had been noted and people were supported to avoid any foods which might have a negative effect on their health. Staff then worked to help support people to be as independent as they wanted to and could be to make their own meals at the times they wanted them. Staff said the approach ensured people they supported ate and drank sufficient quantities to keep them healthy.

Care staff told us people were supported to access social and health care professionals when this was needed. Records we looked at confirmed this. The registered manager and staff confirmed when referrals to external professionals had been made and how these were followed up. This showed us that people's wider social and healthcare needs were responded to well.

# Is the service caring?

## Our findings

The provider had produced a statement of purpose which included a range of aims and objectives. The document emphasised the importance of staff respecting people's rights to making choices and have their dignity and privacy respected as individuals.

A relative we spoke with told us, "I think the staff team are caring and show this through the regular updates I get" and "I feel easier now I know [my relative] is very well looked after." The relative told us they spoke with their family member by telephone twice weekly and that the calls were facilitated through support from staff.

Staff we spoke with told us they always took their time to consider what people were communicating to them and also if the person's response meant they were happy with their care. One staff member told us, "The people we support are central to everything we do. Our roles and tasks are geared toward meeting each person's needs and just as importantly respecting the wishes."

People were able to review their care plans and records at any time. When requested or identified as needed people were offered easy to read care plans which contained straightforward information for people to refer to about the levels of care provided.

We noted that staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could co-ordinate and complement each other's contribution. Where relatives were involved in making decisions for people this was also recorded. If the person was not able, or chose not, to sign their care plan this was recorded.

Copies of the care records we looked at were personalised. Information included people's life histories which staff said were used to form the basis upon which their care plans were based. They also contained information on the level of support each person needed and in regard to areas related to sensory issues, health and well-being, keeping safe and people's activities preferences. The information included details about the hobbies people had and the places they preferred to spend the majority of their day.

We saw that people's care plans also included a record of people's achievements. This information was used to inform the ongoing planning and involvement of people in the development of their skills and independence. For example, people had made choices about the places they wanted to go to on holiday. One staff member we spoke with told us how the person they supported had chosen to go to Whitby. Other information showed people were helped to budget and manage their own finances.

One care plan record we looked at showed that private arrangements had been made with a person concerning how they wanted staff to enter their homes. The person's plan contained information showing their views had been considered and acted upon. They had preferred staff to have access to a key so that they could let themselves in. This was because they might not hear them when they knocked on their door. The information showed and staff told us they had ensured arrangements to leave people's properties

secure when they left were always in place.

People were consistently offered choice based on what was important to them. For example, with their safe access to and in the community. A relative told us that their family member was, "Always well dressed" and that they were helped to do all of the things they liked to do in the community. The relative also commented that, "[my relative] is comfortable where they are and doesn't want to go anywhere else." We found that staff were knowledgeable about people's preferences.

Staff we spoke with gave some examples of what respecting people's privacy and dignified care was. Examples including allowing people privacy to complete their personal hygiene, assisting people appropriately when out in the community with their continence care needs and ensuring people's curtains and doors were closed when they wished them to be and when providing personal care support.

Staff had received guidance about how to correctly manage confidential records. They understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. Staff told us how they worked in line with the provider's policy and procedure regarding confidentiality. Computers were password protected so that only the services managers and appropriate staff had access to the information stored. Hard copy records were kept in locked storage. In this way people's care records were maintained securely and confidentiality was maintained.

The registered manager told us that people could express their wishes and had family and friends to support them to do this when it was needed. However, for other people the staff had developed links with local lay advocacy services which could provide guidance and assistance if this was needed. The information about how to access lay advocates had been discussed at meetings held between people and staff and the information was available for people to refer to as part of their individual care records. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

## Is the service responsive?

### Our findings

One person told us the support they received from staff was, "Spot on. Everything is spot on." Another person commented about their care saying, "Okay, I like it." Information available in care records showed the registered manager and staff had taken time to work with people, their relatives and other significant people in order to obtain relevant information about people's life histories. Staff we spoke with said this information helped them gain an individual understanding of what was really important to each person.

Care plans contained key information about as a result of certain food intolerances or allergic reactions. Measures including access to people medicines in an emergency were in place. This was to help ensure responses to people's needs were acted upon swiftly.

Behaviour support plans were also in place which focused on maintaining the person's positive behaviours. Proactive rather than reactive strategies had been applied so staff noticed when people were getting upset. For example, staff told us that if anyone was unhappy about their care, or was worried, they would know through the direct communication they had together with the person and through individual verbal signs and body language. Staff said this was because they knew people well. Staff told their training was focussed on recognising any signs and intervening early to provide support in a way which kept people safe.

We also saw and staff told us that they supported people to maintain links with the local community such as going out for meals, on day trips and on planned holiday's together with staff. A relative told us how their family member was supported to maintain their interests and regularly went shopping and swimming.

Staff told us that people's care plans were formally reviewed and updated regularly. The registered manager told us and records confirmed unplanned reviews were arranged sooner if needed at any time. For example one person had been experiencing frequently changing needs. We saw that the registered manager and locality manager had used communication with the person, staff and checks of the daily care records made by staff as a way of identifying what care and support worked well for the person and where changes were required. This allowed staff to respond to the person's needs based upon the most up-to-date care information.

There were arrangements in place to deal with any unplanned disruptions to the service. We saw there was a business continuity plan in place which included information about the actions needed to provide care for people, for example in the event of adverse weather conditions or if there were staffing or transport issues. Staff said they were ready to act on the guidance it contained and the registered manager showed us the latest version which was up to date.

People had access to a service user guide, which we saw was also available in easy to read formats. The information included details about the arrangements in place for people to live as independently as possible. The information also provided details about how people could raise any concerns or questions about the support they received. This was by their preferred means of communication and also with support from staff. If people wanted to know more details about how to raise a formal complaint there was guidance

available so people would know who to raise this with.

Records showed there had been one complaint received by the service during the last year. Records showed the person who raised the concern was listened in regard to their choice and decisions and their wishes were acted upon. The registered manager confirmed how they were responsive in the way that the complaint was handled and that it was investigated in partnership with the local authority. At the time of our inspection the registered provider confirmed that there were no outstanding complaints.

## Is the service well-led?

### Our findings

A relative we spoke with told us said they knew who to speak with when they needed to check any of the care arrangements in place or had a general query. They said the service was managed well and commented that, "They have a good structure in place which includes keyworkers. I know who [my relative's] keyworker is and I have the manager's number if ever I need to check anything out." Staff we spoke with also told us there were good and regular communications from the registered manager and the providers office.

The service had an established registered manager in post who confirmed they were well supported by the registered provider to carry out their role and responsibilities. The registered manager was supported by two locality managers. The registered manager told us and staff we spoke with confirmed they had good access to a range of up to date information and guidance which covered the principles and values of the service. Staff we spoke with clearly demonstrated their understanding of the values of the service through their description of the behaviour that was expected of them and the support they provided to people.

There were clear communications systems in place to make sure the management team worked well together. Staff told us the registered manager was always available and accessible to them. One staff member told us, "The contact we have is good. I feel we can speak with our manager and seniors at any time and they are good at getting back to us if they are not immediately available." We saw an on call rota was in place so that the management team could provide any manager support needed for staff at short notice. Staff also told us that the registered manager regularly visited all of the people who received personal care support to check how things were working and spoke with people and staff on a weekly basis. A relative and staff we spoke with also told us the registered manager and registered provider were always available to contact by phone if advice and support was required.

Staff told us they felt able to raise concerns and were confident that these would be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing line they could report any concerns to without fear of any recrimination. Staff also said they would not hesitate to raise any concerns they had about the service with external organisations such as The Care Quality Commission (CQC).

Regular audits had been completed by the registered manager and provider. These included monthly staff training, medication and care plan audits and a range of other periodic audits related to; infection control, safeguarding records and actions and supervision and appraisal audits, which were carried out every two months. These systems helped ensure processes and support systems remained consistent for people and staff.

The registered manager and staff told us people's views were sought in a variety of ways including general behavioural observations and direct communication as well as through regular meetings which were called 'Your Voice' meetings. The registered manager then produced a 'Your Voice' newsletter each month for people. We looked at copies of the last three meetings held. Information examples included details about

advocacy and how this could be accessed, results of satisfaction surveys and what the service response was and the March 2016 newsletter contained one person's feedback about a meeting they had attended in regard to world autism awareness week. The person wrote that they had been well supported to talk about the positive experiences of the care they received from the service.

Staff told us that people's views included those expressed by people's behaviours; body language and vocal expression were considered. The registered manager also told us they regularly spoke with relatives in order to obtain feedback on the care provided. One relative told us, "Staff provide regular updates and I get the chance to feedback on any thoughts I have which is very open and good."

Results of the last satisfaction survey completed in June 2015 were also shared with us by the registered manager. The overall feedback was positive and contained feedback people had given directly through the meetings they had with staff. Examples of comments received included, "My support worker doesn't judge me and is understanding with regard to my personal circumstances" and "[I like] The company, the support I get to access the community." Another person had commented that they liked, "Being supported to live independently and make use of my time wisely." When people had been asked about anything they would like to see improved one person had asked for more information on staying healthy. We saw this information had been given.