

Creative Support Limited

# Creative Support - Regency Court

## Inspection report

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Date of inspection visit:  
27 April 2021

Date of publication:  
02 November 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Creative Support - Regency Court is an extra care housing service providing support, including personal care, to people living in a purpose-built housing scheme made up of 60 flats.

Not everyone who used the service received support with 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. Staff were supporting 47 people with personal care at the time of our inspection.

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

People told us they felt safe with the support they received from staff. They were protected from the risk of abuse because staff knew to follow the provider's safeguarding procedures if they suspected abuse had occurred. Risks to people had been assessed and risk management plans had been put in place to help ensure people's safety.

The provider followed safe recruitment practices and ensured there were enough staff on each shift to safely meet people's needs. People's medicines were safely managed. Staff were aware to report any incidents or accidents and acted to reduce the risk of repeat occurrence.

People had been involved in the planning of their care. They received support which reflected their individual needs and preferences. The provider had a complaints procedure in place and acted to address any issues raised with them.

People and staff spoke positively about the working culture of the service and the support they received from the registered manager. The provider sought people's views and acted on their feedback using surveys and by carrying out spot-checks. Feedback from the most recent survey showed people were experiencing positive outcomes from the support they received. Senior staff carried out a range of checks and audits to help drive service improvements. The provider worked with other agencies to ensure people received good quality support.

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 and update

The last rating for this service was requires improvement (published 10 July 2019) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 6 and 7 June 2019. A breach of legal requirements was found relating to shortfalls in the safe management of people's medicines. We also identified minor issues requiring improvement regarding the handling of complaints. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions 'Is the service safe?', 'Is the service responsive?' and 'Is the service well-led?' which contain those requirements.

The ratings from our last comprehensive inspection for the other two key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support – Regency Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 - Regency 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 one inspector.

#### 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 bought or 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

We gave the service 48 hours' notice of the inspection. This was because needed to be sure the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information about the service we had received since the last inspection. We gathered feedback from the commissioning local authority and professionals who work with the service. 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 five people about their experience of the care they received. We spoke with five members of staff, including the registered manager, a care co-ordinator and three care workers.

We reviewed records, including four people's care plans, five staff recruitment files and a range of records relating to the management of the service including the provider's policies and procedures, audits, meeting minutes and people's medicine administration records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found people's medicines had not always been safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. People's care plans identified the level of support they needed to take their medicines safely. Staff received training in the safe administration of medicines. They also received routine competency assessments to help ensure they were following safe practices.
- People confirmed they were supported to take their medicines as prescribed. One person said, "The staff help me with my medicines four times every day; I always get my tablets on time."
- Staff completed medicine administration records (MARs) to confirm the support they had provided people to take their medicines. The sample we reviewed were accurate and up to date. MARs also contained details of any known allergies people had to help reduce the risks associated with medicines administration.
- People had guidance in place where appropriate on how they should be supported with any medicines which had been prescribed to be taken 'as required'. Senior staff carried out regular medicine audits, to ensure staff were following safe practices.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding procedures in place which staff had reviewed and understood. Safeguarding information was also made available to people using the service which contained guidance on how to report anything which gave them concern.
- Staff received safeguarding training. They were aware of the different types of abuse which could occur and the action to take if they suspected someone had been abused. One staff member told us, "I would report any concerns I had to the manager. I also know that I could contact social services or CQC directly if needed."

### Assessing risk, safety monitoring and management

- Risks to people were safely managed. People had risk assessments in place which had been carried out as part of the provider's assessment of their needs. They contained guidance for staff on how to support people safely in key areas including moving and handling, and the risk of choking or malnutrition. People also had risk management guidelines in place covering any known medical conditions, for example diabetes or epilepsy.

- Staff demonstrated a good awareness of the details of people's risk assessments and the actions they needed to take to maintain their safety. For example, one staff member told us how they monitored a person's skin integrity when supporting them as they had been identified as being at risk of developing pressure sores.
- Staff were aware of the action to take in the event of an emergency. People had call pendants which they could use to contact staff in an emergency. One person told us, "I've need to use my call pendant in the past and the staff came and attended to me quickly." People also had personal emergency evacuation plans (PEEPs) in place which contained guidance for staff and the emergency services on the support they needed to evacuate safely from the building.
- Staff received training in first aid and fire safety, and they took part in periodic fire drills. This helped ensure they were competent and prepared to respond to potential emergency situations.

#### Staffing and recruitment

- There were enough staff on duty to safely support people when needed. The provider determined staffing levels based on an assessment of people's needs. Records confirmed the planned number of staff were in attendance on each shift.
- People received support visits at planned times each day. One person told us, "They [staff] arrive on time." Another person said, "The staff visit when I expect them to and they have time to support me with everything I need."
- The provider followed safe recruitment practices. Records showed pre-employment checks had been carried out on staff before they started work. These included reviewing their employment histories, proof of identification, carrying out criminal records checks and gaining references from previous employers. These checks helped ensure staff were of good character and suitable for the roles they were working in.

#### Preventing and controlling infection

- We were assured the provider was minimising the risk of visitors catching and spreading infections.
- We were assured that the provider was encouraging people to follow shielding and social distancing guidelines.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff knew to report any accidents or incidents that occurred whilst they were working. They completed accident and incident forms where required which contained information about what had occurred and any action they had taken in response.
- The registered manager reviewed the completed accident and incident records on a regular basis. They looked for any potential trends or learning that could help reduce the risk of similar future incidents. The registered manager shared this learning with staff during team meetings. For example, following a moving and handling incident, records showed the staff involved had been retrained and the incident had been discussed with staff to ensure they all understood how to follow safe practice.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 were involved in the planning of their care to ensure the support they received met their individual needs. One person told us, "I've discussed my care needs with the staff, so they know the areas I need help with. If I need help with anything specific on a given day, the staff will always support me."
- People had care plans in place which identified their needs and preferences. Care plans covered areas including eating and drinking, mobility, continence, personal care and support to take any medicines.
- Staff were familiar with the details of people's care plans and knew their preferences in the way they liked to be supported. People confirmed they saw regular staff who were familiar with their preferred routines.

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.

- The provider assessed people's communication needs to help ensure they were able to provide them with information in appropriate formats. These included information in alternate languages, as well as large font or pictorial information, where required.

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 supported people to avoid social isolation. Prior to the pandemic the provider had supported people to take part in a range of activities and the registered manager confirmed their intention to restart these as soon as it was safe to do so.
- The provider also offered one to one activity support to people in their flats where they wished, to promote social stimulation.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints which was shared with people when they started using the service. It included guidelines for people on how they could make a complaint and what they should expect in response. The procedure also contained information about how they could escalate their concerns if they were unhappy with the provider's response.
- People told us they knew how to make a complaint. One person said, "I'd speak to the manager if I had any complaints." Another person told us, "I know how to make a complaint, but have never needed to."

- The registered manager maintained a complaints log which contained information summarising any complaints the service had received, the action taken in response and details of the outcome. The log confirmed complaints had been investigated and responded to appropriately, in line with the provider's procedures.

#### End of life care and support

- The registered manager confirmed no one was receiving end of life support at the time of our inspection. They confirmed they worked in partnership with people, their relatives, and relevant health and social care professionals to provide responsive end of life support when required. Where people had expressed their end of life support preferences, this had been recorded in their care plans.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The service had a registered manager in post who had been registered since April 2019. They were aware of the responsibilities under the Health and Social Care Act 2008 including the duty of candour. Records showed they had acted promptly to inform people's relatives and social services of any accidents or incidents that had occurred at the service.
- The service's CQC rating was on display, in line with regulatory requirements and the registered manager had submitted notifications appropriately about the events they were required to notify the Commission about.
- Staff understood the responsibilities of their roles. They kept up to date with any service changes through regular team meetings and sharing information at handovers between each shift.

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

- The provider sought people's views on the provision of service through regular spot checks and periodic surveys. The most recent survey had a 95% rate and all responses confirmed people were satisfied with the service they received.
- The registered manager had taken action to address any minor issues people had raised in their survey responses. For example, where people had completed the survey to indicate they were unsure of who to contact if they were unhappy with anything, the registered manager had reissued a copies of the provider's complaints policy to everyone, in formats appropriate to their needs.
- People spoke positively about the culture of service. One person told us, "The staff work well together. The manager's very helpful and always willing to listen." Another person said, "The staff are all lovely; we get on well."
- Staff also spoke positively about the working culture at the service. One staff member said, "We work well together and receive good support from the management team." Another staff member told us, "We all communicate well with each other. If we have any issues we can go to the manager and know that he'll listen."

Continuous learning and improving care

- The provider had systems in place to help identify service improvements. The registered manager and

senior staff carried out regular checks and audits covering a range of areas including people's medicines, staff timeliness at visits and the quality of the support people received.

- Appropriate action had been taken to address any shortfalls identified during audits. For example, one staff member had undergone further medicines administration training where issues had been identified during a medicines audit. We noted that no similar incidents had been identified in audits carried out more recently, which indicated the issue had been effectively addressed.

#### Working in partnership with others

- The provider worked in partnership with other agencies, including the catering and housing providers and the commissioning local authority, to ensure people received good quality support. Local authority staff spoke positively about the way the service had engaged with them and the housing provider during the pandemic to ensure people's needs were met whilst communal areas of the building had been closed.
- Records confirmed the registered manager was in regular communication with catering staff when people's needs changed, to ensure risks to people around eating or drinking were minimised.