Creative Care (East Midlands) Limited

Sheepwalk House

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 inspected the service on 17 July 2018. The inspection was unannounced.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sheepwalk House accommodates up to 5 people with a learning disability or with an autistic spectrum disorder in one house. On the day of our inspection, 4 people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection on 12 February 2016, the service was rated 'Good' overall and requires improvement within effective. This was because of improvements required to staff training and supervision. At this inspection, improvements had been made in training and an action plan was in place to ensure supervisions were held at consistent frequencies. We found the evidence continued to support an overall rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe at the service and staff had been trained and understood what steps to take to safeguard people from abuse or poor practice. Pre-employment checks were completed to help the provider recruit staff who were suitable to work in a care environment. Medicines were managed safely and steps were taken to help protect against the risks of infection. People were cared for by sufficient staff and incidents were analysed to help inform improvements.

Staff were trained and were knowledgeable on people's care needs. People had choice and control over their lives and staff cared for people in the least restrictive way possible. The provider understood their responsibility to ensure people could make decisions about their care or be supported by others to make decisions in their best interests. The premises had been adapted to meet people's needs and support their interests. Staff felt well supported and further steps were planned to ensure supervision meetings were held at consistent frequencies. People's nutritional and hydration needs were met and received care from other professionals to help maintain good health.

Staff had developed positive relationships with people and were kind and caring in their interactions with people. People's privacy and dignity was respected and their independence promoted. People were supported to share their views and be involved in their care. Relatives and health and social care professionals were involved with planning care to help ensure the best outcomes for people.

People received personalised and responsive care as staff knew how to meet people's needs. People had active lifestyles and were able to develop and maintain their hobbies and interests, both at home and in the local community. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

There were systems in place to monitor the quality and safety of the service and enable the provider to identify and drive improvement. Relatives and staff were positive about the management team and the open and inclusive management style. The provider completed robust audits of the performance of the service and an ongoing action plan that showed how the service was continually improving.

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 remains Good.	**Good**
Is the service effective? The service is Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Sheepwalk House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 17 July 2018 and was unannounced.

The inspection team consisted of one inspector.

The inspection was informed by information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This also included statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. We considered the last inspection report and information that had been sent to us by commissioners who had a contract with the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. We checked whether Healthwatch Nottinghamshire had received any feedback about the service. Healthwatch Nottinghamshire are an independent organisation that represents people using health and social care services.

During the inspection, we were unable to speak with people to gain their views about the service due to their communication needs. However, we spent time in the company of people and used observations of how staff engaged with people to help us understand people's experiences.

We spoke with the registered manager, operations manager and two support workers. We spoke with two relatives by telephone to gain their views on the service. In addition, we spoke with one health and one social care professional who had been involved in the care of two people living at Sheepwalk House. We also looked at the relevant parts of three people's care plans. We checked that the care they received matched the information in their records. We reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, medicines records, staff

training and policies and procedures.

Good

Is the service safe?

Our findings

Relatives told us they felt their relations were cared for safely; this was based on relatives' views that staff understood their relations needs and met these safely. One relative told us, "I'm able to put my head on my pillow at night and not worry." We saw people were relaxed and at ease with the staff who provided their care. People invited staff to join them in the activities they enjoyed. Staff had been trained, and understood how people could be at risk from harm and abuse and were confident and knowledgeable on how to raise any concerns. Information on how to make a safeguarding referral to the local authority was displayed to reiterate the process for staff to follow if required. Since our last inspection we had been notified of some safeguarding referrals made to the local authority by the registered manager. These had been investigated and resolved and none were outstanding.

Some people presented behaviours which challenged their own safety and that of others, for example, if they became anxious. Staff knew, and care plans provided guidance on the steps staff should take to reduce the chances of this occurring. Records showed staff had been trained to help them manage people's behaviours safely and in ways that minimised the need for staff to use physical intervention, for example, safe holds with people. Where staff had used any physical intervention, records showed this had followed a least restrictive approach. Incidents were also reviewed to see if any learning could inform care plans or staff practise. For example, we saw staff were given time to reflect on what could trigger a person's behaviour and whether anything different could have helped reduce that trigger. Lessons were learnt from when things went wrong and actions taken to reduce the risk.

Other risks associated with people's health needs had been assessed, for example risks from falls and with infection prevention and control. We saw the environment was clean and tidy and systems were in place, and followed by staff, to help reduce risks from infection and cross contamination. For example, we saw laundry systems were operated to keep clean and dirty laundry separate to reduce the risks from cross infection.

The environment was regularly checked to ensure that it was a safe place to live. We saw fire alarm systems were regularly tested and maintenance arranged to ensure they would operate effectively should there be a fire. Plans were in place to help people leave the premises safely in the event of an emergency; information was also available for people to take with them that explained their health and communication needs should they require an emergency hospital admission.

Some people preferred to take their medicines in yogurt or ice cream, to help them swallow it more easily. Whilst no medicines were crushed and mixed with food, advice from a pharmacist would be required to ensure there were no contraindications to taking specific medicines with these foods; this had not been obtained. Shortly after our inspection the registered manager provided advice obtained from a pharmacist that confirmed the medicines were safe to take in this way.

Records showed staff had administered people's medicines at the times prescribed and medicines were stored securely. There had been six occasions from the start of May 2018 when the room temperature where

medicines were stored had slightly exceeded the recommended temperature range; keeping medicines at certain temperatures helps to ensure the effectiveness of medicines. The registered manager told us they were reviewing where medicines were stored so as to enable better management of room temperatures.

On our inspection visit, we saw there were enough staff for each person to follow their own individual interests and staff were able to spend time with people individually. The registered manager told us staffing levels were planned to meet people's needs and to enable them to take part in various activities; staff rotas confirmed this and showed any absences were covered. One member of staff told us, "Yes, there is enough staff; people always get their hours." There was sufficient staff to meet people's individual needs.

The provider had completed all the required pre-employment checks on staff; these included checks on their character, employment history and what information was recorded on their disclosure and barring service record. These checks helped the provider employ staff who were suitable to work in a care environment.

Good

Is the service effective?

Our findings

Staff told us and records confirmed, they had regular training in areas relevant to people's needs. For example, in autism awareness, food safety and health and safety practices. The provider monitored staff training and identified when this needed to be renewed. Staff had supervision meetings; supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Supervision meetings had not always been held at the frequency identified by the provider as required; however, despite this staff told us they felt well supported. One staff member told us, "I can have a meeting with [registered manager] any time I like." Staff had opportunities to develop their skills, knowledge and experience to provide the support people needed.

People were supported with their nutritional needs. We saw one person ate their lunch with staff, and later they helped staff in the kitchen to prepare their favourite snack. Their care plan reflected this is what they enjoyed eating as well as how they liked to help. Relatives spoke positively about the care provided to help people have sufficient nutrition and hydration. One relative told us how staff made sure their relation drank small amounts regularly; another relative told us, "The food is very good, all homemade with fresh ingredients and it smells delicious; they involve people in the food preparation too."

Relatives told us there were good links to other healthcare services when needed. One relative told us, "The local GP gets on really well with [name of person], and they have yearly medical reviews; any problems or issues staff take [name of person] to the GP." Staff were knowledgeable on people's health needs and how to monitor for any changes. Care plans and risk assessments were in place for any health conditions and were kept under review. This helped to support people to live healthier lives.

Records showed people's diverse needs, including those in relation to protected characteristics under the Equality Act 2010 were considered and assessed in people's care plans with them. This helped to ensure people did not experience any discrimination. Other assessments, for example, for any risks associated with choking had been completed. Feedback from health and social care professionals confirmed they had been involved when appropriate to contribute to assessments of people's care needs. Assessment processes helped to achieve effective health outcomes for people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Relatives told us they had been involved in meetings to discuss the DoLS authorisations for their relations. Records showed relatives were also involved where people lacked mental capacity to consent to specific decisions. For example, for treatment by dentists or for health prevention and screening assessments. Staff were aware of the MCA and DoLS and understood how this applied to the people they cared for. People's care and treatment followed the principles of the MCA.

We saw people's bedrooms had been individually decorated to reflect people's tastes and interests; this included the use of sensory items, such as lights when people benefited from this. Communal areas in the home, included an art room, a sensory room and a games room, as well as two lounge areas and a kitchen and dining area. The garden area had sports equipment, tents and a trampoline. The property and garden areas had been adapted to reflect people's preferences and help meet their needs.

Good

Is the service caring?

Our findings

Relatives spoke highly of the caring staff team that worked at Sheepwalk House. One relative told us, "The staff are fantastic, there's a lovely team around [name of person]." Another relative told us, "Staff genuinely care for people; they're lovely people." We saw staff spoke kindly and had happy and warm interactions with people."

We saw staff gave people choices, for example when choosing films or activities and people were asked for their opinions. For example, one person helping with food preparation was asked for their views and involved in deciding when some food mix had been mixed enough . A relative told us, "Staff always talk things through with [name of person]; they can point and make choices with pictures and staff can understand the signs they use." In addition, an 'easy read' guide was available for one person to help explain parts of their care plan.

Relatives told us they felt involved and listened to over the care and support provided to their relations. Independent advocacy information was available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection, no person was supported by an advocate. People were supported to express their views and be involved in their care.

One person had enjoyed a trip out and when they came back they wanted to spend some time in their room; we saw staff respected this. Relatives told us staff respected the choices their relations made. For example, one relative told us, "[Name of person] has a DoLS in place, but they can still exercise choice; if [name] says 'no' that is their choice and staff respect that." Staff also told us how people's independence was promoted. One staff member told us, "[Name of person] loves to help peel the vegetables, and people will bring their laundry down, we prompt people which buttons to press [on the washer] and [name of person] likes to hang the washing out." We saw washing was out on the line and staff told us the person had enjoyed doing that earlier in the morning. This demonstrated that staff respected people's privacy and promoted their independence.

Good

Is the service responsive?

Our findings

We saw people received personalised and responsive care, for example, each person had been involved in a different activity that was of personal interest to them. One person had taken a day trip to the coast, another person had gone horse riding whilst other people had been out for lunch. Staff told us, and care plans confirmed what people liked, as well as what strategies to use with people to help them communicate and relax; we saw staff followed these guidelines.

Relatives told us how staff provided personalised and responsive care. One relative told us how staff increased the frequency of their checks and the provision of drinks to their relation in hot weather. Care plans reflected the personality, needs and preferences of each person; they included any needs relating to people's sexuality, gender, disability, culture and beliefs. Staff were knowledgeable on people's needs and preferences.

Relatives told us they had no reason to complain, however should they ever need to they told us they would be able to discuss any concerns with the registered manager. The provider had a complaints procedure and we saw any complaints received at the service were managed and responded to in line with this process.

Staff understood some people may not be able make a complaint and it was important to recognise if they were unhappy and to review how they were being supported to ensure their opinions about the service were recognised. The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw people had been given the opportunity to express their views on the service they received, by use of an 'easy read', pictorial survey completed with a staff member. This covered whether they were happy with the service, or whether it could improve. Where people had completed this, they had not indicated any complaints.

At the time of our inspection there was no one receiving end of life care and so we did not review this.

Good

Is the service well-led?

Our findings

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.

The staff told us that the registered manager provided the leadership and the support they needed to provide good care to people. Staff told us the registered manager and other senior staff were approachable. One staff member said, "Team leaders are brilliant and the registered manager is approachable and available." Staff told us they enjoyed their work and were positive and motivated. One staff member told us, "I love it here, it's lovely; it's very person-centred." Relatives shared the view the service was well-led. One relative told us, "In my experience Sheepwalk House is well-run; there's no problems at all."

People were given opportunities to contribute their views about the service and this was supported by methods of communication suitable for people. In addition to a satisfaction survey, we saw people had a meeting with a staff member who knew them well each month to gather and assess their views. Relatives told us they felt listened to. One relative told us, "I'm invited in, there is a constant back and forth; they always phone to discuss things." Staff told us they also felt listened and involved in the developments at the service. The registered manager showed us a sensory room that staff had decorated themselves to reflect the interests of the people at the service.

Records of a recent staff meeting discussed some improvements identified following a visit from local authority commissioner. This showed actions had already been taken towards making improvements in the frequency of staff supervision and a system used to help manage a person's behaviour. This helped demonstrate the service was open to feedback from other professionals and focussed on improving the service.

We also spoke with other health and social care professionals who described how their contributions to people's care had been supported. Records showed people had access to a range of health and social care professionals when needed. Relatives shared the view the service worked well with other agencies. One told us the service had used a specialist team to help with an assessment for a person's behaviours, they said, "The staff are skilled, but they are willing to learn." The service had worked well in partnership with other agencies.

Most records were up to date and well-maintained. One person's care plan was in the process of being updated and for another person, a recent change in their diet had not yet been reflected in their care plan. Shortly after our inspection the registered manager sent both updated care plans to us. Records of cleaning had not always been fully completed, however we saw actions to improve this had been included on an action plan following a recent audit by the provider. This audit was robust and identified where improvements were required. For example, where the registered manager or team leaders needed to have more oversight of incidents and where supervision frequencies required improvement. We saw there was an

action plan in place with target dates set that the registered manager was working towards. Audits were in place to make regular checks on other areas, for example medicines and health and safety. Systems and processes were in place to effectively monitor and improve the service and reduce risks.

The registered manager had submitted notifications to the Care Quality Commission as required. The provider had policies and procedures in place that were in line with legislation and best practice guidance. The ratings for the last inspection were on display in the service and available on the provider's website.