

Cream IV Limited

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Inspection report

7 Culmhead Close
Taunton
TA1 4TG

Date of inspection visit:
17 April 2019

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24 May 2019

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: Cream IV Limited is a residential care home which is registered to provide care to one person. The home provides a service to a person who has a learning disability.

People's experience of using this service:

The service has been developed and designed for the person who lived at the home. This was in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The person who lived at the home received person centred care and support designed around their wishes and needs. This included being supported by a small staff team who knew them well.

The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked with other professionals and family members to make sure the person's choices were respected.

The provider had systems and processes which helped to keep the person safe. The person was very comfortable and relaxed with the staff who supported them. We saw kind interactions and friendly banter which helped to create a warm and caring environment for the person to live in.

The person lived in a home where staff felt well supported and received the training required to effectively meet the person's needs. The management team listened to suggestions for changes which may improve the person's safety or quality of life.

The person's independence was promoted by risk assessments which minimised risks but enabled them to take part in activities of their choosing. This included learning new skills such as shopping for food and helping to prepare meals.

The provider monitored the standard of support provided to the person to make sure they received safe and effective care. The provider made changes and improvements where necessary to enhance the person's well-being.

Rating at last inspection: This is the first inspection since the home was registered on 28 April 2018.

Why we inspected: This was a scheduled/planned inspection based on date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Cream IV Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

Cream IV Limited is a 'care home'. 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.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Notice of inspection:

We gave the service two days' notice of the inspection site visit. This was because the home only supports one person and we needed to be sure staff would be available. As the person has complex needs we needed the provider to help us to arrange a site visit which did not cause the person unnecessary anxiety.

What we did:

- We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

During the inspection we spoke with;

- The person who lived at the home.
- Three members of staff.
- The registered manager.
- We were able to observe interactions between staff and the person.

We looked at a selection of records which included;

- One care and support plan.
- Records of staff training.
- Records of meetings
- One person's medication administration record.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The providers' policies and procedures helped to keep the person safe. All staff received training in recognising abuse and knew how to report any concerns. Staff told us they were confident any concerns raised would be fully investigated to make sure the person was protected. One member of staff told us, "I wouldn't hesitate to report anything. Totally confident something would be done immediately."
- Risks of abuse were minimised because the provider operated a robust recruitment procedure. This ensured all new staff were thoroughly checked before they began work at the home.
- The person who lived at the home was supported by a consistent staff team who knew them well.
- The person was assessed regarding the staffing levels they required to meet their needs and keep them safe. Staff said they always had the correct number of staff on duty and this was sufficient to meet the person's needs at the home and when accessing the community.

Assessing risk, safety monitoring and management

- Staff supported the person in a way that minimised risks but enabled them to take part in activities at the home and in the local community. This included positive risk assessments which supported the person to take part in activities such as gardening, develop their independent living skills and to access community facilities.
- The care plan clearly showed risks involved in all activities and the measures in place to minimise risks. These included risks associated with the person's behaviour and day to day risks such as slips, trips and falls.

Using medicines safely

- The person received their medicines safely from staff who had undertaken specific training to carry out the task.
- The provider worked in partnership with other healthcare professionals to reduce the medication the person received. This was in accordance with the STOMP agenda (stop over medication of people with learning disabilities, autism or both with psychotropic medicines.)
- The effectiveness of medicines was monitored by staff and discussed with other professionals where appropriate. Clear records were kept which showed when medicines were administered.

- Where medicines were prescribed on an 'as required' basis there was information for staff about when these medicines should be given. Records showed these medicines were used correctly.

Preventing and controlling infection

- The person lived in a home which was clean and fresh.
- The person was protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to a domestic household.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

Learning lessons when things go wrong

- All accidents and incidents were recorded and analysed by the registered manager and provider. Where incidents or accidents showed changes to practice were needed lessons were learnt and shared with the staff team. For example, it had been identified the person became unsettled at times of the day when staff changed and some changes to the person's routine had been made to support them at these times.

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

Good: ☐ 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; Staff working with other agencies to provide consistent, effective, timely care

- The person's needs had been fully assessed and from the assessment a care plan was created to meet their needs. The care plan was extremely personal and gave details about the person's likes, dislikes and preferred routines.
- Staff knew the person extremely well which helped them to provide care which was flexible and totally centred on the person's needs and wishes.
- Staff spoken with were very positive about the improvements in the person's quality of life since they moved into the home. The support plan in place had been effective in enabling the person to learn new skills and enjoy different social activities. One member of staff told us, "The move has gone better than any of us expected. Since being here they have really shone. They are doing so much more now."
- Staff worked in partnership with other professionals to make sure the person's needs were met and their care and support was closely monitored.

Staff support: induction, training, skills and experience

- The person received care and support from a staff team who had the skills and experience to meet their needs. All staff completed a comprehensive induction programme focussed on the needs of the person they supported.
- Staff were well motivated which helped them to provide a happy and safe environment. Staff received training to meet the person's needs and to develop their careers.
- Staff felt well supported by the provider through one to one supervision, annual appraisals, team meetings and informal support.

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

- The person had their nutritional needs assessed and met. Staff worked with a speech and language therapist to make sure the person received an appropriate diet.
- Staff supported the person to plan a menu and shop for food. One member of staff had created a menu planner with pictures which the person could create a weekly plan and decide each day which meal they would like.

- The person had access to drinks and snacks throughout the day. Staff supported the person to be independent and we saw a member of staff supporting them to make a hot drink and choose a mid-morning snack.

Adapting service, design, decoration to meet people's needs

- The care home was a domestic bungalow which had been adapted and furnished to meet the needs of the person and the staff who supported them.
- The person had access to all areas of the bungalow and a garden area. The person was supported by staff at all times so that any risks associated with accessing the kitchen and laundry could be effectively managed and any restrictions around these areas would be temporary based on the person's levels of anxiety and potential risk behaviour. The person helped to maintain the garden and staff ensured the garden remained safe.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported the person to access a range of healthcare professionals to meet their individual needs. Records showed the person accessed professionals such as GP's, dentists, opticians and speech and language therapists.
- The person had a hospital passport which gave information about them as a person and the help they required. This passport would provide information if the person needed to be admitted to hospital to make sure they received the support they required from other professionals.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS.)

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the staff were working in accordance with the MCA and a DoLS authorisation was in place.

- Staff working at the home were able to recognise the person's requests for various things, such as drinks or time alone and respected these choices.
- The staff worked with other professionals and family members when the person was unable to make a decision. This helped to make sure any decisions made were in the person's best interests. We saw decisions had been made in the person's best interests regarding issues such as medicines, food and finances.

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

Good: ☐ 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

- The registered manager and home leader led by example to create a warm and caring environment for the person to live in. They promoted kind and caring relationships between staff and the person. They acknowledged that incidents which occurred could cause anxiety to staff and ensured they were fully supported by debriefs and supervision. One member of staff said, "The best thing about the job is you definitely feel valued. That means as a support worker you can help people to achieve things."
- The person who lived at the home had built trusting relationships with a small, consistent staff team. This had enabled them to have freedom to experience new things and take part in activities at the home and in the community.
- Staff supporting the person spoke fondly about them and were committed to providing them with a good quality of life which respected them as an individual. We observed staff were kind and friendly and the person enjoyed good humoured banter when appropriate.
- Staff supported the person to maintain relationships with family members. They made sure family were always made welcome at the home and supported the person to visit family and spend time with them.

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

- The staff were creative in how they supported the person and their representatives to be involved in their care plan and review. For example, the last review was carried out on a beach as the open space enabled the person to be more comfortable and engaged with the process.
- The person had a communication passport which set out how they communicated happiness and unhappiness. This meant staff could monitor what made the person comfortable and happy and could incorporate it into their care and support plan.
- The staff worked with family members and other professionals to make sure the person's views were fully incorporated into their daily support.

Respecting and promoting people's privacy, dignity and independence

- The person was supported to learn independence skills. Staff supported the person to take part in

activities of daily living which helped them to be independent. These included helping with shopping and preparing meals and drinks.

- Staff respected the person's privacy and dignity. Although staffing levels were high, staff respected when the person wished to have time alone and were available to them when they wished to re-engage with them. One member of staff said, "It must be very intense for them. Sometimes they just want to be on their own so although we are always here, we pull back and wait for them to come to us when they want company again."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- The service had been designed and developed around the person's specific needs and preferences. This had included selecting staff who the person was comfortable with.
- The provider had worked in partnership with other professionals and family members to make sure the service was responsive to the person's needs. This included identifying that the person found it difficult to live with other people.
- The person was able to follow their own routines and staff were flexible in the support they provided. Because staff were available to the person at all times, they could choose exactly what they wanted to do, and staff facilitated it. For example, if the person wanted to go for a walk or out in the car the staff were able to respond promptly to the request. This meant the person was in control of how they spent their time.
- Staff were quick to identify changes in the person's mood and responded appropriately to minimise any distress or anxiety the person was experiencing.
- The care plan gave detailed information about the person's preferred routines, such as how they liked to get up and washed in the morning. This ensured all staff were able to support the person in a way that totally respected their wishes.
- The person's care plan was regularly reviewed with them and their family to make sure it continued to meet their changing needs. The registered manager told us they had begun to talk about end of life wishes and these would be recorded when established.
- The person was supported to take part in activities that interested them. We saw photos of them enjoying days out, visiting family and taking part in household chores.

Improving care quality in response to complaints or concerns

- Staff told us they knew the person well and would recognise if they were unhappy with any aspect of their care. One member of staff said, "We pick up on little things." They told us if they picked up that the person was unhappy they would work as a team to make changes.
- The provider had a complaints policy and fully investigated and responded to complaints made. The registered manager told us if complaints highlighted shortfalls in the service they would make changes to make sure improvements were made.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others

- The care home had been designed around the needs and wishes of the individual who lived there. All care and support provided put them at the centre and was constantly evolving to ensure it met their needs.
- The provider worked with other organisations and family members to make sure care and support was monitored and continued to meet the person's needs.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager told us they had an open culture and staff confirmed this. One member of staff said, "There's a very open culture. You can discuss things without blame."

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

- The person lived in a home where there was a clear management structure. The registered manager was also registered at another home owned by the same provider. A home leader oversaw the day to day running of the home supported by senior staff. This ensured there were clear lines of responsibility and accountability. Staff spoken with were clear about their job roles and responsibilities.
- All staff and management had direct contact with the person and were able to monitor quality and risk on an on-going basis. This enabled them to address issues promptly to make sure the person received good quality care and remained safe.
- In addition to informal observation and quality monitoring the provider had formal quality assurance systems. These included regular audits of care plans, medication records and cleaning practices.
- The provider had plans in place to deal with any crisis for the person or emergency situation, such as a fire.
- The person lived in a home which was well maintained and where health and safety checks were carried out to ensure their safety.
- The person benefited from a provider and registered manager who used their quality assurance system and feedback to continually look at ways to change and improve the service offered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of other professionals, staff and family members to influence the running of home and monitor standards. Returned satisfaction surveys showed a high level of satisfaction with the service.
- The provider used creative ways to make sure the person was involved in planning their care, such as carrying out reviews in places where the person felt comfortable.
- Staff meetings were held and suggestions from staff were listened to and acted upon. For example, staff had requested a dishwasher to improve infection control and this was being purchased. They had also requested more things for the person to use in the garden and again this was being dealt with.
- The provider had systems to enable staff to share their views and make suggestions. This included regular meetings with one of the directors of the company to enable support staff to make suggestions about how the services could be improved.