

Creative Care (East Midlands) Limited

The Spinnies

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 21 June 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. The Spinnies accommodates up to four people with a learning disability and or autism. On the day of our inspection, two 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." Registering the Right Support CQC policy.

At the last inspection in June 2016, the service was rated 'Good' in all the key questions. At this inspection, we found the evidence continued to support the 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 were supported to remain safe and staff were aware of their responsibilities to protect people from abuse avoidable harm. People were supported with positive risk taking and risks were managed effectively. There were sufficient staff available to support people safely and safe staff recruitment processes were in place and followed. People's medicines were managed by staff who had received appropriate training and competency assessments. People were protected from risks associated with cross contamination. Infection control measures were being used and understood by staff.

The provider used national guidance and tools to assess people's needs. Staff received an induction, ongoing training and support to ensure they were competent in meeting people's needs. People received a choice of meals and drinks and had access to snacks. Nutritional needs were assessed and monitored. The environment met people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005.

People were supported by staff who were caring and compassionate who knew their needs, preferences and what was important to them. Staff respected people's privacy and dignity, encouraged people with choice making, and promoted independence. Independent advocacy information was available. Relatives and external professionals were involved in meetings to discuss and agree how care and support was provided.

People's needs and routines had been assessed and support plans provided staff with clear detailed information of how to support people. Staff had a person centred approach in how they supported people and enabled them to lead active and fulfilling lives.

Relatives and staff were positive about the management team, who were appropriately experienced, competent and good leaders. Systems and processes were in place to monitor quality and safety and these were up to date. The provider had 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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Spinnies

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 21 June 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 also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service for their feedback.

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 experience.

We spoke with the registered manager, two regional operational managers, three support workers and a visiting music therapist. We looked at the care records of two people who used the service. We checked that the care they received matched the information in their records. We also looked at a range of information to consider how the home ensured the quality of the service; these included the management of medicines, staff training records, staff recruitment and support, audits and checks on the safety of the environment, policies and procedures, complaints and meeting records. We also reviewed the services current improvement plan.

After the inspection, we received feedback from a person's relative and an external professional.

Is the service safe?

Our findings

People were cared for safely. A relative told us, "We are happy that [relation] receives safe care and support." Reasons given were attributed to the external and internal environment being safe and secure and the support of staff. People who used the service looked relaxed within the company of staff, this was apparent from their positive interactions and responses. People also looked relaxed within the company of each other and staff reported they had a good relationship and got on well together.

People could be assured staff were aware of their responsibilities to protect them from abuse, avoidable harm and discrimination. One staff member told us, "We are always talking about safeguarding. I would report any concerns and would go higher if needed or to the local authority or CQC." Staff had received adult safeguarding training and had access to the provider's safeguarding policy and procedure to support them. We saw information relating to safeguarding was available in an easy read format. Where there had been safeguarding concerns or incidents, these had been responded to appropriately and action taken to reduce reoccurrence to ensure people's safety.

Risks associated with people's needs had been assessed and were regularly reviewed for any changes. A relative told us, "[Relation]'s behaviour is unpredictable and when they're out in the community they are always closely supervised, and in any outdoor activity the risks are assessed."

The registered manager and staff team had a positive approach to risk taking. People did not have any undue restrictions placed upon them and led active and fulfilling lives. People were supported with new experiences and risks were managed effectively. For example, a person had recently been showing some behaviours when out in the car with staff. The staff team had looked at ways of managing the risk without depriving the person of the use of a vehicle, impacting on them accessing the community.

Risks associated with the environment such as fire safety and legionella were checked. Improvements had been made to fire safety following an audit completed by the fire service and plans were in place to complete this work.

Some people expressed themselves with behaviours, which could cause themselves, or others harm. The provider had introduced positive behaviour support (PBS) plans and staff had received accredited training in physical intervention and PBS approaches. Physical intervention was only used as the last resort in supporting a person safely and staff were aware of this. A staff member said, "The PBS training has been really good, it also covers promoting independence. The approach makes you look at how you work differently." PBS plans provided staff with clear guidance of how to support a person with their behaviours safely and effectively.

People were supported by the right staffing levels for their needs. Staff had completed safe recruitment checks before they commenced. This included past work history and a check on any criminal convictions. This supported the provider in making safe recruitment decisions.

Medicines were ordered, stored, administered and managed safely. Where a person had their medicines with food this had not been checked with the pharmacist. This is important to ensure the effectiveness of the medicines is not compromised by being administered in this way. The management team told us they would take immediate action to contact the pharmacist. Staff had received medicines training and had access to the provider's medicine policy and procedure to support them.

The prevention and control measures to reduce the risk of cross contamination was known and understood by staff. Staff wore personal protective equipment such as aprons and gloves when required and had received training in infection control, including food hygiene. The provider had an infection control policy and procedure and cleaning schedules were in place to ensure the environment was clean and hygienic.

Accidents and incidents were recorded, monitored and analysed for any themes or patterns by the management team. When required, action was taken to review and amend risk assessments to reduce and manage risks more effectively. An example was given of the action taken to ensure a person's safety when they were in the garden. People's relatives or external professionals were also involved in decisions.

Is the service effective?

Our findings

The provider used nationally recognised assessment tools, training and adhered to health and social care legislation to ensure staff were competent and knowledgeable in best practice approaches. For example, an oral assessment tool was used for oral healthcare. Health actions plans were used. These are used to record people's health care needs and appointments and can be used by other clinicians as a method to provide ongoing health care. Support plans and other documentation used, were in line with best practice in developing person centred approaches to support.

People were supported by staff that had received an induction, training and ongoing support. A relative said, "There have been numerous staff changes over the past year, but we are happy that Creative Care (provider) now have a good staff training and selection programme in hand."

Staff were positive about the support they received and described the registered manager as "knowledgeable," "supportive" and "approachable." Staff training and supervision records showed staff received refresher training to keep their skills up to date and their competency was assessed. This meant the registered manager was aware of any development needs.

People were involved in the development of the menu by being supported to make choices of meals from visual pictures. A pictorial menu was available for people and we saw the evening meal matched what was on the menu. People had access to the kitchen and were encouraged and supported with choosing meals, snacks and drinks. Food information fact sheets were used by staff to promote healthy eating. People's food and fluid intake and weight was monitored to ensure they were well nourished, hydrated and their weight stable.

People were supported with their health needs and accessed primary and secondary health services. Staff were knowledgeable about people's health needs. Support plans confirmed health needs had been assessed and were monitored for changes. Staff worked with external health care professionals when required to support them to meet people's health outcomes. Staff had access to information about different health conditions to support their awareness and understanding.

The internal and external environment met people's needs. A relative confirmed the outdoor space and their relation's bedroom met their preferences and needs. People had access to a large spacious garden where they could enjoy activities. For one person this was riding their go-cart and another person had their own hot tub. People also had a choice of communal rooms and we saw how they freely chose to spend their time.

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 MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA. Where people lacked mental capacity to consent to specific decisions, assessments had been completed and best interest decisions had been made with the involvement of

relatives and external professionals. People had authorisations to restrict them of their freedom and liberty and staff provided appropriate and person centred support to ensure restrictions were minimal. For example, people required support to access the community and staff supported people on a daily basis with community activities important to them.

Is the service caring?

Our findings

People were supported by a staff team that were kind, caring and supportive. A relative told us, "The Spinnies are caring and supportive to [relation]."

Feedback from external professionals was positive about the approach of staff. One professional said, "The staff team has become more settled, they are good, caring and have a positive, can do attitude and approach." Another professional said, "I feel that staff support clients to the best of their abilities and have a good understanding of their needs."

Staff showed a good understanding of people's needs, preferences and what was important to them. This included wanting the best for people, ensuring their rights and choices were respected and acted upon. This included the right for people to live at the service without experiencing discrimination and to receive opportunities to be active citizens of their local community. A staff member said, "I really care for the people I support and want the best for them."

Throughout the inspection, staff were seen to involve people in choice making such as how they spent their time. They respected people's choices and acted upon decisions. For example, one person refused to participate in their music therapy session. Whilst staff tried gentle encouragement, they accepted the person's decision and the person went for a walk as an alternative activity. A staff member showed us how they had developed memory boxes for a person; they had clearly given this some thought and sensitivity.

Staff supported people with known interests and hobbies but strived to empower people to try new activities. One person enjoyed the sun and a hotter climate and plans were in place to support them on a holiday abroad. Staff had worked with external professionals and developed a criteria of what was important when planning the holiday such as distance and location. The person was supported to attend the travel agents where they viewed holiday brochures, to support them with their choice making. A person enjoyed riding their go-cart and to broaden their interest and experience, was supported to have a formula one indoor racing experience.

The registered manager had developed opportunities for people to be involved in their care and support such as the implementation of a menu based on people's choices. They advised this was an area that they wanted to further develop and told us they had plans for staff to receive additional communication training. This would further develop staff's skills and awareness in supporting and empowering people to become more involved in the service and support they received.

Relatives and external professionals told us how they were involved and consulted in people's care and support. A relative said, "We always attend [relation]'s review meetings with their social worker, and have had several meetings with the manager to discuss among other things [relation]'s food preferences and nutritional needs. Records confirmed what we were told."

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's privacy and dignity was respected and independence promoted. We saw staff throughout our inspection were sensitive and discreet when supporting people. They encouraged and supported people in daily living tasks and staff told us how they promoted choice making with meals and drinks, clothes people wore and activities they did.

People were supported to maintain contact with their friends and family and there were no restrictions on visitors.

Is the service responsive?

Our findings

People received support from staff who used person centred approaches in the delivery of care and support. This meant people received an individualised service based on their needs, routines and preferences. Feedback received from a relative and professionals, were positive how people were supported to lead active and fulfilling lives. A relative said, "[Relation] loves outdoor activities and goes horse-riding every week. The manager and the staff make sure [relation] goes out on an activity every day." A professional said, "Staff have done everything possible to improve and develop [person]'s life and opportunities."

Support plans had been developed that were based on people's needs and preferences and these were regularly reviewed to ensure they were up to date and reflective of people's needs. This included people's gender, sexual orientation, disability, religion and belief. This meant people's personal expression, identity and individuality had been considered. Support plans provided staff with clear and detailed information and ensured people received consistency and continuity in the delivery of care and support.

People received daily opportunities to participate in activities of their choosing. They were provided with one to one or two to one staffing levels and transport, this gave people the autonomy to do as they pleased. Photo diary's had been introduced to show what activities people had participated in. Examples showed included horse riding, day trips, cooking and birthday celebrations. A staff member told us how a person enjoyed spa days due to the relaxation and sensory environment. We saw photographs of the person enjoying their spa experience as described to us.

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. The provider was meeting this standard. People's communication and sensory needs had been assessed and planned for. People who used the service did not use verbal communication to express themselves. We noted the way people expressed signs of pain had been recorded, this was important information for staff to know and understand. The management team told us they were working on developing the positive behavioural support plans that had recently been introduced, in a format that met people's individual communication needs. This meant the provider had an inclusive and supportive approach.

People, relatives and visitors had access to the provider's complaint procedure and this was also provided in an easy read format. A relative said, "We know how to make a complaint should the need arise and have telephone/email details of the Creative Care head office personnel. We have recently attended a meeting with the senior management to discuss their plans and any problems we had."

The complaints log showed one complaint had been received since our last inspection. This had been responded to as per the provider's complaint policy and procedure.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this. The registered manager told us they were aware that end of life discussions and plans needed to be explored with people and their relatives and had plans to do this.

Is the service well-led?

Our findings

The registered manager had been registered since December 2017. They were appropriately experienced, competent and knowledgeable. 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.'

Feedback from a relative and professionals, were positive about the leadership and approach of the registered manager. A relative said, "We consider the manager to be a competent and an approachable manager." A professional said, "The manager is very good, they are organised and lead the staff team well and they have developed positive relationships with external professionals."

The provider had a clear vision, set of values and a person centred approach that supported people to achieve positive outcomes. Staff were seen to work in meeting these values and principles, people who used the service were at the forefront of the service at all times including plans to further develop the service. A staff member said, "We support people with the same opportunities as everyone else and involve people and their relatives in everything."

The provider told us about their new positive behaviour support strategy they were in the process of implementing. This confirmed the provider's commitment to fully embed and sustain their new approach, in providing a person centred approach to support people who display or at risk of displaying behaviours, which challenge.

Staff had good communication systems in place to share information about people's needs. This included staff handover meetings, a communication book and diary system, in addition to people's daily records. Staff attended regular staff meetings where they were encouraged to share their views and suggestions. Staff told us they felt valued and involved in the development of the service.

Relatives were invited to share their experience about the service their family member received and staff had been given an opportunity to feedback their experience of the working for the provider.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure the service complied with legislative requirements and promoted best practice. The registered manager was required to submit regular audits to senior managers within the organisation to enable them to have continued overview of the service.

Since our last inspection two new regional operational managers had been appointed, they completed monthly audits and checks and had been the main driver in developing and improving the service. The service had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was

continually driving forward improvements to the service people received.

We saw that partnerships had been developed with external health and social care professionals to achieve good outcomes for people. The registered manager told us they welcomed external professionals support and guidance. A professional said, "Communication is always good, we work together to find solutions." We saw these relationships were reflected in people's support plans.

The registered manager had submitted notifications to the Care Quality Commission that they were required to do. 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.