Creative Support and Consultancy Limited

Holland Road

Inspection report

48 Holland Road
Clacton On Sea
Essex
CO15 6EL

Tel: 01255474934

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07 June 2016

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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

The inspection took place on 07 June 2016 and was unannounced. 48 Holland Road is a care home that provides accommodation for up to four people who require personal care and may have a learning disability or mental health needs. On the day of our inspection four people were using the service.

The home is a detached house over two floors with access to the first floor via stairs. All people had their own single room. Communal space consisted of two lounge areas and a kitchen/dining room. There was a private garden at the rear and front of the property.

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

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People who were able to communicate with us gave us positive feedback about the home and the caring nature of staff. Other people were able to demonstrate in other ways that they felt safe and cared for at the home, for example through their interaction with staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Three people at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and (DoLS).

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives. People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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.

People were protected against identified risks as the service had comprehensive risk assessments in place.

People were protected against the risk of abuse. Staff were aware of their roles in safeguarding people and could demonstrate clear knowledge of how to appropriately raise concerns of alleged abuse.

People received care and support from sufficient numbers of staff at all times.

People received their medicines safely and in line with the home's policies and procedures.

Is the service effective?

Good

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly and interacted with people in a respectful manner. Staff had a positive, supportive and enabling

approach to the care they provided for people.

People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans where able, and their reviews.

People had good access to the local community, and could take part in activities that interested them, and promoted their independence.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well-led.

People's views about the quality of care and support they experienced, were sought. The manager acted on people's suggestions for improvements.

The manager demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt well supported.

The provider and manager carried out regular checks to monitor the safety and quality of the service. Learning was identified from incidents and inspections to identify ways the service could be improved. They also worked proactively with others to share and learn from best practice.

Holland Road

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.

The inspection took place on 07 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with one person and had brief conversations with two other people who lived in the service. We also spoke with four care staff members, one visiting healthcare professional and the manager as part of this inspection.

We looked at two people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People indicated they felt safe living at the service. One person told us, "I feel very safe here and that is all credit to the good care from the staff that I get here." One staff member said, "We aim to keep everyone feel safe here, the staff really look after people there."

People were protected against the risk of harm and abuse. Staff were aware of the different types of abuse and could describe the procedure they would follow to report suspected abuse. One member of staff told us," I would make sure people were safe and report it to my manager. I would also report it to the police if I needed to." The manager told us, "There is a clear reporting system in place here and we encourage all staff to follow that."

Staff were aware of their responsibilities in reporting any safeguarding matters and on whistleblowing. People were protected against identified risks. The service had in place robust risk assessments which were regularly reviewed to reflect people's changing needs. Risk assessments detailed what people were able to do to minimise the risk themselves and details of the support they required to keep them safe. Risk assessments were person centred and took into account people's preferences and likes and dislikes. For example one risk assessment involving a person requiring individual support, detailed how they preferred to conduct their day, eat their meals and attend to their personal care needs independently, and they were to be given sufficient time to do that. This person had their own self-contained flat facilities so everything was nearby for them. The risk assessment detailed what actions the staff should take to encourage their independence whilst ensuring they did not disturb them unduly which could provoke distressed behaviours. Risk assessments covered all aspects of people's lives such as, mobility, eating and drinking, accessing the community, making choices and self-care.

Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers which might affect people's behaviour and different techniques they used to defuse and calm situations. The staff told us they do not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe.

We saw that people's needs were assessed before they moved into the service. This pre-admission assessment involved input from people, relatives and professionals where appropriate and identified if the service could meet the person's needs. Risk assessments clearly identified risks and provided staff with clear guidance on how to address these risks. Examples included health-related issues, behavioural challenges, participation in household tasks, mobility and safety awareness. Assessments meant that staff were able to support people in a safe way whilst supporting them in activities or interests of their choice. Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.
People had personal emergency evacuation plans [Peeps] which were reviewed regularly to reflect people's changing needs. Peeps are person specific documents that give guidance to staff on how to safely evacuate people from the building in the event of an emergency, such as a fire. Maintenance records showed staff identified areas of work that required improvement in the service as part of their routine checks of the

premises. We saw work was completed to rectify issues that were identified.

People received care and support from staff that had undertaken the necessary pre-employment checks to ensure they were suitable to work at the service. The service used robust recruitment procedures to ensure people received support from suitable staff. Interview records showed staff had demonstrated they had sufficient knowledge and skills to undertake their role to support people with mental health needs. Recruitment records showed the provider had carried out checks on the new staff's background, employment history and experience. The provider had obtained references and a disclosure and barring (DBS), criminal records check and ensured the new staff's suitability before they started to provide support to people. We looked at staff personnel files and found these contained all the appropriate recruitment checks required.

People were supported by sufficient numbers of staff to ensure their needs were met. One staff member told us, "We are always able to ask for extra help if we need it." We all help each other and there are always enough staff around". We saw the number of staff on duty on the day of the inspection matched the staffing level set by the provider. We saw staff responded to people's requests for support immediately. There were sufficient staff to support people to attend hospital appointments and to go out individually. The manager ensured there was adequate cover for both planned and unexpected staff absences. Rotas were arranged so that people's needs were met. On occasions where people required additional support more staff would be on duty.

People were protected against unsafe medicines management. Staff demonstrated good practice in the administration, recording and safe storage of medicines. Staff told us, they were aware of the correct procedure in safely administering, storing and recording medicines. Staff told us they would speak with the manager should they identify a discrepancy with the medicines to ensure this was addressed immediately. We looked at the medicines the service held and found these were stored in line with good practice. Medicines were recorded correctly on the medicines administration records (MARs). We undertook a random stock check to see if the remaining amount of medicines recorded by the service was correct, and found all medicines were accounted for. The manager told us medicines were always administered by two staff and all the staff received competency assessments to ensure they were up to date with good practice. Only staff who were trained and assessed in this way were allowed to administer medicines to people.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff told us they regularly attended training relevant to their roles and this was confirmed in records we saw. We reviewed a training matrix which identified courses the service considered necessary to support their staff to deliver safe and appropriate care and treatment. These included subject areas such as safeguarding, mental capacity, moving and handling, first aid, fire safety and infection control.

The service had a record of training including induction training for all staff, as well as details of planned refresher training. This covered all basic mandatory training as well as training specifically relevant to supporting people in the home, such as managing behaviour whereby people may present with distressed actions, autism, epilepsy, dignity and respect and person centred care.

Staff skills were also monitored and supported by the service through regular one-to-one supervisions. Staff confirmed that they received supervision. We looked at staff records and discussed supervision with the manager. We saw that formal personal supervision sessions took place approximately every two to three months. In addition to personal supervision there were daily handovers and regular monthly staff meetings as well as a general open door culture at the home where the manager was accessible at all times. There were annual appraisals in place for staff. One member of staff said, "You get good support here, I feel we work well as a team and the manager is here every day."

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

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.

We saw that where people lacked capacity any assessments and decisions were based on specific situations rather than a blanket assessment of a person's understanding. People could then be assured that decisions would be made for them in their best interests only in the areas they could not understand. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff had completed

training in these areas and understood the principles. We saw entries in care records about mental capacity and assessments. Where appropriate relatives were involved and if required the service could access independent mental capacity advocates to support people and ensure their best interests. When required, the manager had submitted application for DoLS authorisations. At the time of inspection three applications had been made under DoLS for people living in the service.
The manager told us they had contacted the local authority when they had concerns about a person's ability to make a decision and ensured appropriate mental capacity assessments were carried out. Records showed where people lacked mental capacity and were unable to make decisions, 'best interests' meetings were held.

We observed staff interaction with people and looked at the way people were supported throughout the day. We saw that staff understood the support needs of people well, and that they also understood people's preferred method of communicating their needs. Staff supported people in a respectful manner, and always ensured that where possible, people were given the time to voice their opinion and give consent to whatever activity or tasks they were offered the opportunity to participate in.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication. Some of the people at the service had complex communication needs and staff knew and recognised people's individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. For example one person used picture prompts such as a frowning face, and another person used their own sort of sign language to communicate their needs to staff. Each person had their own key worker who supported them with all aspects of their day to day living and who ensured that support plans with associated risks were implemented and reviewed with support from the manager.

People were supported to have good nutrition throughout the day. Staff told us, "We ask people what food they like or dislike. We try to provide their choices together with ensuring they have a healthy diet." People had enough to eat and drink to keep them healthy. A good quality, quantity and choice of food and drinks were available to them. One person said, "The food is lovely, it is all cooked fresh and you can choose what you want to have." Menus were planned with the involvement of people, with people's preferences being incorporated into the overall menu for each week. People's special dietary needs were met and their preferences for food were identified in their support plans. Where a specific need had been identified, such as food needing to be prepared in a particular way, for example to aid swallowing, this was done. During the inspection we observed people having lunch. People we spoke with said they were happy with their lunch and the choice of food offered. Staff told us they supported people where they were able to prepare their own meals in the kitchen if they wished. Staff told us they encouraged people to make healthy lifestyle choices when planning their menu. People told us fresh fruit and snacks were available at the service was available at the service any time they wished.

There were records of health appointments, health action plans and contacts of relevant professionals in place for everyone. The service had developed strong working relationships with a range of professionals from the local community team, including psychologists, community nurses, dentists, opticians, specialist healthcare teams and the local GP surgery.

Good

Is the service caring?

Our findings

People we asked for feedback about the service were positive about the care, kindness and respect shown by staff. One person said, "I love the mix of people we have here, we all get on. The staff are all very kind." They told us how staff had supported them in a kind and caring way when they had first moved into the service as they thought they would find it difficult. Another person indicated by nodding that they were happy at the service and with the staff. A healthcare visitor to the home on the day of our inspection told us, "This is a really nice home to come to".

During the inspection we observed interactions between people and staff. People were comfortable and relaxed in the presence of staff. Staff supported people in a caring way. For example one person had a birthday due and the service had purchased a swing chair for them. We observed two members of staff putting this together in the front garden in readiness for the person's birthday. When staff took people out they ensured they always told people what they would be doing, this was so that they knew about any safety issues such as crossing roads and all outings were noted to be on a one to one basis. Staff were clearly motivated and during the day approached activities in an energetic and inclusive way by making sure everybody had a chance to do something throughout the day. They encouraged and supported people to be as engaged as they wanted to be. This was done with warmth and consideration and we saw people were clearly enjoyed their activities and outings. Staff told us that during activities and interactions they always checked how people were to ensure they were not anxious in any way. This was particularly pertinent in the case of one person who had gone on a shopping trip that day. Another person enjoyed walking along the seafront to a favourite café for a coffee or lunch.

Staff spoke about people in a warm and caring way. All the staff told us their priority was putting people first at all times to ensure they received the support they needed. It was clear from our discussions with staff they knew the people they supported very well including their life histories, their likes and dislikes and whether they were happy, upset or unwell.

The service ensured people could be actively involved in making decisions about their care and support. Each person had their own keyworker and through one to one sessions, staff ensured that people were given information in a format that was accessible to them based on their specific individual needs.

Staff ensured people's right to privacy and dignity was upheld. We observed when people needed privacy they were given the space and time they needed in their room. This was particularly pertinent in one person's case. Staff always asked for people's permission before entering their rooms. When people did not give this, it was respected by staff. Staff demonstrated good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when staff were supporting people with their personal care. We saw staff treated people with respect at all times. In all our discussions with staff they spoke about people warmly and with care respectfully. One staff member said, "I always respect people's choices even when they cannot communicate that fully. I always explain who I am and smile to check to see if they are ok with that."

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We observed staff did not discuss personal information about people openly.

The manager told us they ensured the home was welcoming to visitors. There were no restrictions on them visiting the home. People were encouraged to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available and were used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes

Good

Is the service responsive?

Our findings

Staff involved people and their relatives where they were able to in planning their care and support to meet their individual needs. One person told us, " I am quite able and can go out when I want to, but when I need the staff they support me well."". The service worked with the community teams who contributed to the assessment and planning of people's care and support.

People's care records showed the involvement of appropriate healthcare professionals in developing their support plans. People's individual support plans contained information about their needs and how staff supported them. For example, there was information about people's individual conditions and the treatment plan put in place. Staff met with people and regularly reviewed and updated their support plans. Records showed people attended regular reviews of their care. Staff told us they supported people in these meetings and their care records had documented evidence to confirm this.

Staff were knowledgeable about and attentive to the needs of people they supported. Each person's care plan contained a summary of their life before they came to the service providing prompts for topics of conversation, including "things I am good at doing" and "important people in my life". Staff were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. People's care records were person centred in the way they were written and identified people's needs, goals and preferences and how they were expected to be delivered. This information about people provided guidance that enabled staff to deliver appropriate care and support in a responsive manner.

The staff supported people who had a range of disabilities, including non-verbal communication, Autism, and behaviours whereby people could present with distressed actions. Staff were skilled with different levels of experience who knew people well and were able to respond quickly when people were not well. The manager told us they had very good working relationships with GPs, external healthcare professionals and learning disability teams. Care records documented visits and appointments. People had a "health file" and "health action plan" which enabled staff to act responsively when needing to communicate with health services.

People's care and treatment was regularly reviewed to ensure the most appropriate response to their needs. For example, there were daily records, shift handover information, monthly keyworker reviews and formal annual reviews. We saw that care plans and care reviews were up to date.

People had access to a range of activities that interested them, ranging from home-based activities such as crafts, to attendance at community day centres and further education. In addition some people visited relatives and the service had an open visiting policy for friends and family.

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People told us they were listened to and their views or concerns were addressed. The service maintained records of any complaints, accidents and incidents as well as reporting these to senior managers. People were supported by staff that listened to and

would respond to complaints or comments. There had been no formal complaints received at the home since our last visit. People told us they were aware of the provider's complaints policy. They were confident the manager would take their concerns seriously. Records showed a record of all complaints received was kept. The service would investigate the complaint and resolved the issue in line with the provider's procedure.

Good

Is the service well-led?

Our findings

All of the people we asked for feedback about the home told us the service was well managed. People told us they were happy with the way the service was managed. One person said, "The manager is great and is always here." People and staff told us the manager was approachable and involved a lot in the day to day running of the service.

Records showed people using the service were supported to share their views as they were able and as much as they could, through regular meetings (informal) with the staff. Staff used information to plan activities and trips that met with people's preferences. For example staff were making preparations to take one person on a holiday to a local caravan park. People's annual reviews showed their views were taken into account when reviewing and planning their on-going and future care and support needs.

The service formally sought the views of relatives, visitors and healthcare professionals involved in people's care and support through questionnaires. People were encouraged to give ideas and suggestions for improvements. We looked at a sample of completed questionnaires and everyone we saw was positive about the care and support people received. Staff's views about the service and suggestions for improvements were routinely sought through staff surveys. We noted the manager had responded to staff suggestions for improvements by developing an action plan which set out how these would be met. Managers including the provider regularly reviewed and monitored the action plan to ensure these actions were being met. Staff told us the manager and provider made sure all staff had opportunities to share their views about the service.

Good leadership was demonstrated in the service. Staff were supported and encouraged by managers to ensure their priorities were about putting people first. Relatives said staff were always focused on ensuring that their family member's needs were being met. The service worked together cohesively with external healthcare professionals and in a way which was focussed on meeting people's care and support needs. Records showed there were staff meetings held in which managers and staff discussed the care and support people experienced and how this could be continuously improved.

Staff told us they felt well supported by managers and able to express their views. From our discussions with all staff, it was clear that staff were people focused and had a good understanding and awareness of their priorities and objectives for ensuring that not only did people receive the care and support they needed but that this was provided to a high quality standard. The manager told us of the service's vision and values which ensured people received appropriate support to ensure they lived as independently as they could. Staff told us they understood the service's vision and values and used these as their focus in their delivery of people's care and support. The registered manager monitored how staff practised the values of the service and gave them appropriate support.

The provider and managers carried out checks of the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment,

health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified prompt action was taken by managers and staff to deal with these in an appropriate way. For example following a provider check of the external environment, managers had employed a gardener to lay a new lawn and keep the external areas clean and tidy. They had also recently employed someone to conduct on going audits between this home and others in the same group. This would ensure all audits were up to date and the results of the same could be used to create positive improvements to the service to benefit people there. Managers used learning from incidents and inspections to identify opportunities to continuously improve the quality of service people experienced. Managers also worked proactively with other healthcare professionals to improve their knowledge, learning and understanding of how to care for and support people.