

Creative Support Limited

Creative Support - Rowan Village

Inspection report

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12 December 2016

14 December 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected Creative Support – Rowan Village on 5, 12 and 14 December 2016 and it was announced. Rowan Village is a complex of residential apartments and the service provides care and support to some of the people who live there. At the time of our inspection 29 people were receiving care.

This was the service's first inspection. There was a registered manager at the service. 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.

Some decisions were made on behalf of people without assessing their capacity when they were unable to make them for themselves. This meant that they had not consented and that they may not be the least restrictive option.

People were kept safe by staff who understood their responsibilities to protect them from abuse. Risk to their health and wellbeing were assessed and plans were put in place to minimise the risk, which staff followed. Staff were given the training and support that they needed to assist them to meet people's needs. People told us and we saw that there were sufficient staff to meet their needs.

The provider gave staff opportunities to develop their expertise and take champion roles to support and guide others. They developed caring relationships with the people they supported which were respectful and patient. They knew people well and provided care that met their preferences. People's privacy and dignity were maintained at all times.

People received the medicines they were prescribed safely when required and there were systems in place to reduce the risks associated with them. They were supported to maintain good health. Their care was regularly reviewed to correspond with changing support needs.

People were encouraged to pursue their interests and hobbies and regular activities were planned weekly. The communal areas of the complex meant that people were able to easily access facilities and social events in a supported environment.

Visitors were welcomed at any time and they were encouraged to provide feedback. People told us that they knew the manager well and felt confident that any concerns they raised would be resolved. The provider completed quality audits to continually drive improvements.

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.

Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks to people's health and wellbeing were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed. When people required assistance with their medicine there were systems in place to reduce the risks associated with them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's capacity to make their own decisions was not always assessed to ensure that decisions made on their behalf were in their best interest. Staff received training and support to be able to assist people effectively. People had their healthcare needs met and were assisted to eat and drink when this was required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and had regular reviews to decide if any additional support was needed. They were provided with social activities and events with the local community. They knew how to complain and were supported to report any concerns.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess and monitor the quality of care to drive improvements. The staff team were well supported and were given opportunities to develop their skills to input into the development of the service.

Creative Support - Rowan Village

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. We gave the provider 3 days' notice of the inspection so that they could arrange for us to telephone people and to visit other people in their homes. The inspection took place on 5, 12 and 14 December 2016.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information returns (PIR) one year ago and updated it four months previously. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used the information in both of these to help us to plan our inspection and come to our judgement and we also gave the provider the opportunity to update us on any recent developments.

We used a range of different methods to help us understand people's experiences. We visited four people in their homes and spoke with two further people who received support on the telephone. We also observed the interaction between staff and people in communal areas. We spoke with seven relatives on the telephone and with one person's advocate to gain their feedback on the care that people received. We spoke with four care staff, two senior carers, the activity co-ordinator and the registered manager. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were kept safe by staff who understood how to protect them from harm. One person we spoke with said, "I feel safer here than I did at home and I trust the staff." Another person told us, "I am going to my relatives as usual for Christmas but this year I am not staying there; I want to come back here because I feel safer." One relative we spoke with said, "I feel safe in my mind knowing my relative is getting the care that they need. They are helping me to be safe and I have equipment in the house to help me to move".

Staff we spoke with were knowledgeable about the signs of abuse and were confident about how to report any concerns that they had. One member of staff told us, "I would report any worries to the senior or the manager straight away. I am confident that they would follow it up but if they didn't or I was still worried then I would report it externally." We saw that there were posters alerting people, visitors and staff to have an awareness of safeguarding and to know where to report it in communal areas throughout the village and in the staff room. When concerns had been reported the registered manager had notified the local authority and worked closely with them to put systems in place to ensure that people were fully protected in the future.

People were supported to manage risks to their health and wellbeing to keep them safe. One person described the equipment that had been provided to ensure that they could move safely. They said, "It is a simple idea but it has made my life easier because I couldn't carry drinks or food with the other frame." One member of staff we spoke with explained how they supported one person whose mobility had recently decreased. They used two mobility aids to help them to move in different environments to ensure they were safe. We saw that when a member of staff supported someone in their home over lunchtime they checked that the person was wearing their safety alarm. The person told us, "The staff check that I am wearing it. I don't wear it at night though and we have agreed that I will have it beside my bed. Then I can call for help if I need it." One member of staff explained how the calls came through to a mobile unit and showed which room number it was so that they could provide assistance without delay. When we looked at records we saw that there were risk assessments which were updated and reviewed when people's needs changed. This showed us that risk was assessed and staff were knowledgeable about the actions put in place to reduce it.

Environmental risks were also assessed to ensure that people were protected. One area had been identified as a safe place for people to park their motorised mobility aids because it was not a busy area and there was space to keep them without causing a hazard. We saw that fire procedures were clearly displayed in communal areas. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated in an emergency situation. The information recorded was specific to people's individual's needs. Staff we spoke with were aware of the plans and the level of support people would need.

There were enough staff to meet people's needs. One person said, "They come in four or five times a day which is great because I can plan my time around it. They are occasionally a bit late but they always apologise and it is usually because someone needed help urgently. I understand that." One relative we

spoke with said, "They are well supported by staff who are always available." One member of staff told us, "We are allocated calls for our shift but there is flexibility. For example, one person went shopping yesterday and they need an extra member of staff to go out with them and this was planned in." The manager said, "We stick to a rolling rota and try to ensure that the permanent residents receive their calls from the same people at the same time. It can be difficult to accommodate the intermediate people at the exact time they want because of this. We explain this to them when they first come so that they are aware when we put their care package together."

Safe recruitment procedures were followed to ensure that staff were safe to work with people. One member of staff told us, "They did my police checks and took references before I started work." In the PIR the provider told us that they updated all staff's DBS on a three yearly cycle to ensure that the information they had was current. The DBS is the national agency that keeps records of criminal convictions. Records that we reviewed confirmed that these checks had been made.

People were supported or prompted to take their medicines when required. One person said, "The staff do my tablets for me now. I know what they are and what I should be taking and they are always correct". Another person described how they managed their own medicines with family support. They told us, "I do it myself but when they come in to support me they always have a quick check that I have taken the right ones." One relative we spoke with said, "They give my relative their medicine and then always write it in the book." A medicines administration record was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given with the reason why. Arrangements were in place to support people to keep their medicines safely within their homes and people had a locked cupboard that they could use. We saw that when some medicines were delivered there was a system in place to ensure that the correct amount had been delivered for the right people. The manager told us, "It can be really complicated and so we have weekly and fortnightly audits in place to ensure that it all runs smoothly." This demonstrated that medicines were managed so that people received them safely and to reduce the risks associated with them.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One person we spoke with said, "They always ask me. They say 'Would you like me to do ...'" Staff told us about some people who did not have capacity to make certain decisions for themselves; for example, around medical interventions. Capacity assessments had not been completed for them around these decisions to decide what involvement they could have. Decisions were made with other people such as health professionals for the people's care. However, because there was not a full assessment process we could not be confident that these decisions were made in the person's best interest and they were as least restrictive as possible.

We recommend when people lack capacity to make particular decisions that the provider should complete full assessments about those decisions to ensure they are made in their best interest.

People were supported by staff who had the knowledge and skills to do so effectively. One person we spoke with said, "The staff look after me well and know what they are doing." A relative told us, "It is excellent and the staff are skilled at looking after my relative." One newer member of staff described their induction. They said, "I spent some days on training in the main offices. I did miss some of the induction including training in medicines and so I couldn't administer them until I completed that a few weeks later. I was partnered with an experienced member of staff for shadow shifts. I rang the senior lots when I started and felt bad but they said that they would always prefer me to ask. I felt really supported." The manager told us, "Some new staff are completing the care certificate; it depends on their previous experience". The Care Certificate is a national approach to meeting induction standards in social care.

Other staff who had worked for the provider for longer told us that they received regular training opportunities. One said, "We always go to the head office. I recently did first aid which was really interesting and I feel more confident." Staff also told us that senior staff had lead roles and they could go to them for advice; for example, around moving and handling. When we spoke with the manager they explained how they ensured that staff were competent to do their jobs well. They said, "The senior staff and I complete three observations per week of different staff supporting different people. We check that staff are doing it right and if not we can offer more support or training." This demonstrated that the provider ensured that staff in different roles had the support required to be able to do their job well.

People were supported with their health care when needed. Some people retained responsibility for their

own health care and other people received support to attend appointments. When they required support people had a health action plan which kept all of their information in one place to ensure that they received joined up care. We saw that one person was unwell and the staff liaised with a visiting health professional to ensure that they attended emergency services. The manager told us, "We work very closely with health professionals to ensure that people's needs are met."

Some people needed support to prepare and eat their meals. One person told us, "The staff do my meals for me and if I run out of milk or bread they always say that they will pop downstairs to the shop and pick some up for me." We saw that when one person was visited at lunch time staff asked them if they would like to go downstairs to the restaurant for a cooked meal. They said, "They know that I enjoy the days when there is a hot cooked meal and I also enjoy the company." This showed that the provider ensured that people had enough to eat and drink and considered how to support them with their meal choices.

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and supportive. One person told us, "The staff are very polite and courteous." Another person said, "The staff bend over backwards to do whatever I ask." A third person said, "The staff are friendly and helpful and I have no regrets moving here." A relative we spoke with said, "The staff are very friendly and caring in conversations they have had with my relative". Another relative said, "My relative loves all of the staff. They have been absolutely great with them." We saw that staff had friendly relationships with people and they were greeted warmly and asked after their wellbeing.

People made choices about the care and support they received. We saw that when staff visited people in their homes they asked them about everything. For example, they asked what meal they would like, where they wanted to sit, if they had anything that they needed doing. People we spoke with told us that they were always offered a choice. One person said, "They will ask me if I want a bath or a shower". We saw that one person had communication difficulties and that staff used sign language and a book of photos to help them to communicate their wishes. One member of staff said, "They usually make themselves understood but if we are struggling we will use the communication aid of photos and pictures to help".

People were supported to maintain their independence. One person told us, "I am only here for a short while and in that time I have been supported and encouraged so that I am doing so much more for myself now. The staff always listen when I say I can do it myself and they will stand back to see if I do request any help." We saw that most people who received support continued to live an independent life within the care village. Staff liaised with them to alter when they received their care to support them to go out and see friends and family. There was no limitation on people receiving visitors in their homes and we saw that some people socialised with their friends and relatives in the communal facilities. Relatives came to the office often to share information and to make arrangements and we observed that they knew staff well and were supported by them.

People had their privacy respected at all times. When staff arrived to provide support to people they knocked and called out and waited for a response before entering the person's home. One member of staff said, "We are very conscious that these are people's homes. For example, if I receive a call from another person while I was here I would ask to be excused and then I would take the call in another room to protect each person's privacy". Information about people was kept securely so that it was confidential.

We saw that people had their dignity upheld. Staff were respectful towards them and they were encouraged to treat their flats as home even if they were only staying for a short time. One person told us, "I am happy here but I do miss some of my things. My relative will be bringing in my plants and some of my mirrors and things and then it will feel like home". We saw that one other person who was living there temporarily had their flat decorated for Christmas and full of family photos and personal belongings. The manager said, "We encourage everyone to feel at home and they are very welcome to bring whatever they need to make it feel like it is".

Is the service responsive?

Our findings

People were involved in planning and reviewing their care. One person said, "I know the plan that is in place and what the staff come to help me with. I would speak to them if I thought I needed more". A relative told us, "The care package was set up before my relative moved in and it meets their needs and they provide what was agreed". In the PIR the provider told us, 'If we feel care hours are required to be increased we will contact the allocated social worker and request a review. Also, we have had people who have moved in and become so independent that we have had to decrease hours'. We saw that this happened. One person's relatives recognised that they may require some additional support and asked to speak with the manager to discuss it. The manager said, "We are as flexible as possible to meet peoples changing needs and the care we plan changes all of the time".

Staff understood people's support needs and they were reviewed regularly. One member of staff said, "People have care plans but they are a working document because their needs change on a day to day basis". Another member of staff said, "If I noticed anything different I would report it straight away. We often put some additional calls in to keep an eye on people". They told us and we saw that they kept daily records so that information was passed on to other staff providing support later in the day. People had a record of their care in their homes. One person we spoke with said, "The staff write in the book every day". We observed that staff met for a handover at the start of a shift and that important information was shared. They were also made aware of any appointments or visits that people may have. This showed us that people received care and support that they were involved in planning and that it was reviewed to ensure that it continued to meet their needs.

Staff knew people well and could describe their likes and dislikes. One staff member told us about supporting someone on an outing. They said, "We supported the person to do their Christmas shopping and to go for a drink in the pub that used to be their local. They are really excited still today because we have been wrapping and getting ready". Care plans that we looked at were descriptive and had enough information for staff to know how to support people. We observed that people were supported in line with their plans.

We saw that the environment had been planned to meet people's needs. For example, there was a gym, a café area, a restaurant and an activities room. We saw that people were socialising in these communal areas and that some people from the community were also using the facilities. The manager told us, "Several outside groups use the facilities and any sessions that they put on are usually open to our residents; for example, a social club for older people". There was a shop which was staffed by a volunteer who lived in the care village. They said, "I enjoy it and it can get quite busy. People use it to buy all sorts and some just pop in for a chat". This showed us that there were opportunities to avoid social isolation and encourage links with the community that people lived in.

People were supported to pursue interests and hobbies. One person said, "There is always plenty to do. We had a pantomime yesterday which was really good and I am looking forward to the carol service tomorrow". Another person told us, "They send you a programme at the beginning of the week with all the activities

going on. The staff always come and remind me though because I sometimes fall asleep in the afternoon. I will go down later and have a dabble on the bingo". We saw that a member of staff came to each person's door to remind them before an activity started. They told us, "We introduced a 'prompt and promote' call because residents gave us feedback that they were disappointed when they missed an activity they were looking forward to". We saw that there was a full programme of activity and the member of staff explained that they held meetings with people who use the service to plan future activities and outings. They said, "I also talk to people throughout the day as I go round and we decide whether they enjoyed something straight after it happened. I find that more effective than formal meetings".

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I know who to speak to but nothing has upset me in any way yet for me to speak to the management". We saw that people were given a copy of the complaints procedure. In the PIR the provider told us that they had not received any complaints. We saw that there was a procedure in place and the manager explained how they would investigate them. This showed us that the provider welcomed feedback and had systems in place to review it.

Is the service well-led?

Our findings

People spoke positively about the care and support they received. One person said, "I would say the service is good". A relative told us, "It is excellent really and they meet my relative's needs". People told us that they knew the manager and found them approachable. We saw that the manager had friendly conversations with people when they met them and knew what was happening in people's lives.

People and their relatives were encouraged to give feedback about the service and their opinions were used to improve it. The manager told us that meetings were hosted by the housing provider for people who used the service which they attended. They said, "If anything is raised about care I am there to answer or I will follow up on an individual level in a more confidential setting later". They sent surveys to people annually and used any feedback to develop the service. In the most recent review people had raised concerns about staff changes. The manager told us, "We have recruited more staff and reduced how many agency staff we use. We have also put systems in place to ensure that we are satisfied with the staff we use and that they receive an induction here".

Staff were supported by the provider to do their jobs well. One member of staff said, "I have regular supervisions and appraisals and feel very supported". The manager said, "Everyone has a regular supervision and then some of them are themed to make sure that staff remember their responsibilities and are up to date; for example, we have supervisions in safeguarding and finance. We will put one of these in if there have been any errors as well." Staff we spoke with told us that they had regular team meetings and that they felt listened to. One said, "If we raise anything they will follow it up and that means that we can go back to the person and tell them what has been done about it which is really important. For example, one person wanted to change their care call tomorrow so that they could join an activity. The manager has arranged this for them and they are really happy about it".

Staff understood the whistleblowing procedure and were confident that if they needed to raise concerns they would be listened to. Whistle blowing is the procedure for raising concerns about poor practice. One member of staff said, "Absolutely. I know the managers would do something about it straight away because we are all here to protect people who need our support".

There were systems in place which helped to drive quality improvement. Regular audits were completed which had action plans associated. The manager told us, "I keep all of the previous action plans as well so that I can check that there aren't any recurring themes". The manager was accountable to report and explain actions to senior managers within the organisation. The information was reported regularly and the manager also attended meetings to discuss the outcomes. The manager had close working relationships with the provider of the housing association which included regular meetings and joint responsibility to complete some quality improvements; for example, to complete action points from a fire service inspection. There were champion roles within the team for responsibilities such as medicines and training and those staff were involved in auditing and developing expertise in that area. The manager said, "Staff have different skills and we think it is important to continue to develop them".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.