

Creative Support Limited

Delos - Willowtree House (Creative Support)

Inspection report

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Date of inspection visit:
11 July 2017

Date of publication:
08 August 2017

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

This inspection took place on 11 July and was unannounced.

Delos – Willowtree House (Creative Support) provides accommodation and personal care to people with learning disabilities and autism.

At the time of our inspection the provider confirmed they were providing personal care to 5 people.

There was not a registered manager in post. The service had a manager that was going through the process of registering with the CQC to become the registered manager. 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.

People told us they felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place which recognised their rights and enabled them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service, to ensure that only suitable staff were employed to work with people.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and on-going training. They were very well supported by the manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people. People told us that staff always checked with them before doing anything and respected their privacy.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional as and when required.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were comfortable around staff and confident in communicating with them.

People and relatives where appropriate, were involved in the planning of their care and support. People told us they felt in control of their own lives.

People's privacy and dignity was maintained at all times. People were supported to follow their interests and maintain friendships and relationships.

A complaints procedure was in place and accessible to all. People knew how to complain and were confident that they would be listened to.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the manager and were able to see him when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Delos - Willowtree House (Creative Support)

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 inspection took place on 11 July 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with three people who used the service, two support workers, a team leader and the manager, who was going through the process of registration. We reviewed three people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

People felt safe in the support they received from the service. One person said, "Yes it is very safe here. Everyone is safe." All the staff we spoke with said that they thought everyone's needs were met and people were in a safe environment.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "Any incidents or areas of concern get reported to the manager, or to the on call manager. I feel confident that anything I report would be followed up properly and promptly." All the staff we spoke with understood the correct procedures to follow and were happy that the management team would follow up concerns. Staff told us they were aware of the provider's whistleblowing policy and would feel confident in using it .

Risk assessments were in place to manage risks within people's lives. One person said, "I am happy with my risk assessments. I think they are fair and represent how I should be supported." The service supported people who may at times present behaviours that challenge. We saw that the risk assessments detailed all areas of risk for each person, and were specific to each person's needs. The persons own views were documented, as well as the potential triggers for behaviour, and how staff should respond. The responses that staff were guided towards were proportionate to each situation, and demonstrated how to reduce risk and de-escalate certain situations. All the staff we spoke with were confident that risk assessing was done in a way that allowed them to work safely with people, without restricting people's activity, and promoting their independence.

People told us there were enough staff on duty. One person said, "Yes there is always someone around if I need them." The manager told us that the service currently used some agency staff within the service, and recruitment was taking place to try and find permanent staff. The manager and the permanent staff on shift told us that the agency staff used were regular, and had the opportunity to get to know people living at the service and how they liked to be supported. We saw a rota that showed that staffing was consistently meeting the needs of the people. During our inspection, we saw that the service was well staffed, people had the support they needed, and were responded to promptly.

Staff were recruited to their roles using safe recruitment methods. One staff member said, "I had to provide two references and a disclosure and barring service (DBS) check before starting work. We looked at staff files and saw that these checks had taken place, as well as identity checks, and checks to make sure that people had the right to work in the U.K.

People were happy with the support they got to take medicines. One person said, "Yes staff support me with medicine. I'm happy with the way it's done." We saw that medicines were kept in locked trolleys within a locked room. Medicine administration records, were all accurate and staff were trained to administer medicines. Temperature checks were in place, and medicines were disposed of appropriately when required. People had detailed lists in their files of the type of medication they were taking, and why they needed to take it.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills in working with them. One person told us, "The staff are very good here, I really need their support, I am very happy here and would not manage living anywhere else." All the staff we spoke with had an in depth knowledge of each person and their needs. We saw that information about how staff should work with each person was recorded within their files.

All staff received an induction before starting work within the service. The manager told us that new staff went through several weeks of induction which would include mandatory training courses, such as safeguarding and health and safety. They would then shadow more experienced staff, and spend time getting to know the people who were using the service. We saw that staff were given an induction pack which contained a set of tasks and standards that the person would have to complete with help from an assigned 'buddy' staff member. One staff member said, "The induction was very thorough and definitely gave me enough confidence to do the job here and support people properly." We saw that on-going training was completed by staff and refresher sessions had been booked in for them. Staff also told us that they were able to gain a National Vocational Qualification to further their knowledge and understanding within care.

Staff received regular supervision. Records showed that supervisions were taking place. One staff member said, "Yes I receive regular supervisions from the manager. Both the manager and the team leader are around to talk to and offer support if ever I need anything, so it's on-going really."

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had a good knowledge of the DoLS procedure and was able to explain how the process was applied for the people living in the home. Authorisation was sought and gained from the appropriate authorities to lawfully deprive some people of their liberty. The records we saw confirmed this. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People told us that staff would always gain their consent before carrying out any care. One person said, "The staff definitely gain consent. It's the same for everyone here. We have different needs but the staff always check with people first." We saw that consent forms were signed within people's files and outlined different areas of consent for people such as consent to use photographs, access to property, medicines and finance.

People said they regularly had choice within the food and drink on offer. A menu was worked out with the

input of people using the service, and their choices were all included. One person said, "The food is good, I can have whatever I want." We saw that the service employed a chef who prepared meals for people daily. If a person did not want what was on offer that day, then other food would be offered instead. The fridges were stocked with a variety of fresh food, and during our inspection we saw that people were made lunch and were able to sit together and eat with the staff. People who needed support with eating were given the help they needed, and everyone clearly enjoyed the atmosphere during the lunch period.

People received support to access the health appointments they required. We saw that detailed information was recorded within people's files about their health needs, and the health professionals that were involved in their wider support. We saw that support plans gave guidance to staff in how best to support people with their health needs. This included a communication plan for one person which explained how they might communicate if they are in pain, so that staff would be able to recognise this and support them appropriately. A record was kept of all past and upcoming appointments that people had to ensure that their health needs were met.

Is the service caring?

Our findings

People told us they felt the staff were caring and kind. One person said, "The staff are fantastic here, it's the best place I've ever lived. I wouldn't have been here this long if I didn't like the staff." Staff told us it was important to them to make sure people felt happy and cared for, and that they strived to build good relationships with people and gain trust. During our inspection we saw that staff were interacting with people in a very friendly and warm manner. We observed one staff member working with someone who had become anxious. The staff member clearly cared about the person and did everything they could to support them to feel better. All the staff we saw during our inspection communicated with people in a positive manner, giving them, the time they needed.

Care plans were detailed and contained information that was important to each person about their family relationships, likes and dislikes. One person said, "I think my care plan is good. It reflects who I am and what I like." We saw that staff members regularly updated people's files to evidence their changing support needs, likes and dislikes.

People were involved with their own care planning. One person said, "I have a keyworker. I like them a lot. I feel involved in my care and my keyworker involves me." Staff told us that they would regularly meet with people and make sure that they were happy with the care being received. Any changes that people wanted were discussed and reflected within their care plans. We saw that people were confident in approaching staff and the manager and asking for certain things to be changed within their environment and within their care.

People told us their privacy and dignity was respected at all times. One person told us, "Staff are very respectful of me and my privacy." We saw that staff always knocked on people's doors before entering and made sure to let other staff know not to enter someone's room during a certain time when personal care was being supported. Care plans we saw explained to staff the specific way in which a person should be communicated with in certain situations, to make sure that their privacy and dignity was maintained, and they felt respected by staff.

Staff encouraged people to be as independent as they could be. Care plans we saw clearly outlined the areas of a person's life where they were able to both maintain and increase independence. For example, one person's care plan encouraged staff to support a person with numeracy, literacy and I.T skills, as it had been recognised they had both an interest in these areas, as well as potential to learn and gain new skills. The manager told us, "We encourage people to cook for themselves, with support, when they want something specific that is not on the menu that day."

People were able to express their thoughts and views to staff at any time. All the people we spoke with felt that the staff team all listened to their views, respected what they had to say, and gave them the time they needed to express themselves.

People told us they were able to have visitors as and when they wanted. One person said, "My family really

like this place, they come to see me and they think it is a great place for me to be." During our inspection we saw one person arranging with the manager for their friends to visit them at the house for an upcoming event.

Is the service responsive?

Our findings

The care that people received was personalised to their needs and requirements. All the people we spoke with told us that they felt the staff knew and understood their needs and who they were as a person. Care plans showed what people's preferences were, and how they wanted to be supported to achieve things on a day to day level. The detail around how people communicated, and how staff should communicate with them was recorded. For example, one person used a variety of ways to communicate, some verbal, some signing, and some picture referencing. The person also used some signing that was specific to them, and so a DVD was made of them to record what these signs were and what they meant. This enabled staff to appropriately understand and respond to the person. All the staff we spoke with were confident in communicating with people in a variety of ways, and understood the specific words or signs that people used and what that meant for them.

We saw that reviews of people's care plans were held with people and their family members where appropriate. They involved a variety of professionals involved in their care and looked at people's progress and on-going needs. People told us they felt able to talk about anything to do with their care, by approaching staff or management at any time.

People were supported to have their voices heard. A group had been setup where people using the service, and other services run by the provider, could meet and discuss a variety of topics and issues. The manager explained one recent example where people had discussed the arrangements and cost of shared hours for night staff. People felt that the cost for this part of their service could be lowered, so this message was recorded and shared with management. The manager of the service explained that this then went to the managers within the provider company, who reviewed it and agreed to take action. This showed us that as well as having the opportunity to have their voices heard, action was genuinely taken and people were being listened to by the provider.

People had the time they needed to receive care in a person centred way. People had one to one time with staff and received support from a flexible staff team. We saw that people were supported to undertake various activities, including going out, by staff throughout the day. We saw that one person had recently received support to purchase new bedroom furniture. The staff had supported the person to go out to a shop, and spend time selecting and designing the configuration of their new furniture, to match their specific taste and needs. All the people at the service had personalised their own rooms to reflect their own preferences.

People knew how to share their concerns and complaints. All the people we spoke with told us that they would feel comfortable raising complaints, and were aware of the complaints procedure. We saw that the complaints procedure was available in an easy read format. The manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made .

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed and got on well with the manager. One person told us, "This is the best management team we have ever had here. They are brilliant." All the staff we spoke with told us they felt the management in place was good, and they received the support they needed. One staff member said, "[Manager's name] is the right person for the job. Working here is great, it's not an easy job, and requires the right type of people for the service to work well, and currently it is working very well." We saw that the manager had created a scheme for staff called 'Going the Extra Mile' or GEMs award. This was a system that allowed staff to nominate other staff on a monthly basis to receive an award for their efforts and contribution to the team that month.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about working there. The staff talked positively about the service being taken over by a new provider, and that systems within the service had changed for the better. We observed staff working well as a team, providing care in an organised, and calm manner. We saw that the service had a staff structure that included a team leaders, carers, a chef, cleaners and a manager who was going through the process of becoming the registered manager. People were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

Staff recorded any accidents and incidents accurately and appropriate responses took place. We saw that the details of any accidents were recorded along with the people involved and the actions taken. We saw that the management had been made aware of all incidents, and risk assessments were updated when needed.

The provider had a variety of quality monitoring processes in place. The provider encouraged people who were using the service to take part in regular quality audits, visiting other services run by the provider nearby. We saw that people were able to visit the service, ask questions to the staff, and inspect the service. Their results were recorded and actions were taken by the management to address concerns. People were given feedback on what action would take place as a result of the things they had raised. The service also had a peer review system where managers from other services under the same provider, would come across and audit the service. Action plans were created and responded to.

Questionnaires had been formulated which asked for opinions on the quality of the service. These were sent to people using the service to gather information and drive improvement. We saw that the results had been collated and reviewed by management and used to make improvements when required.