

Creative Support Limited

Creative Support - The Laurels (Cumbria)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 unannounced inspection took place on the 22 January 2016. This is the first inspection of this service since Creative Support became the registered provider in April of last year.

The Laurels is a care home providing care and accommodation for up to 29 people some of whom may be living with varying forms of dementia. The home is situated in a residential area not far from the centre of Carlisle. Residents' accommodation is found on the second floor which is accessed by a passenger lift and stair lift. There is a dining room and three lounges that give ample communal space for residents to enjoy. There is also a small, well-tended garden area.

There was a manager in post on the day of our visit who had recently applied to become registered with the Care Quality Commission (CQC). On the day of our inspection visit she confirmed she had cancelled her application but was to remain with the provider by returning to her previous role. A new manager had been appointed who was already registered with CQC and had applied to have a new location added to her registration. However the current manager was to remain in her post for a period of time to mentor the new manager and complete a formal handover of the role and responsibilities.

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.

We found at this inspection that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always sufficient numbers of support staff to meet the assessed needs of people living in the home.

We spoke to people who lived The Laurels and they spoke positively about what it was like to live in the home. People living there told us that care staff respected their privacy and treated them with respect. People said, "I feel very safe here and the staff are wonderful". Relatives told us they were happy with the care and support provided to their family members.

We spent time in all the areas of the home and saw there was not always sufficient care staff on duty to meet the all needs of people who lived in the home. Catering and domestic staff were employed to support the care staff in providing appropriate levels of care and support.

The registered provider had systems in place to make sure people living in The Laurels were protected from abuse and avoidable harm. Staff were trained and knew the action to take if they were concerned about the safety or welfare of anyone.

We saw that people had nutritional assessments and plans in place. This ensured people received a

balanced diet and were not at risk of becoming malnourished or dehydrated.

Medicines were being safely administered and stored and we saw that accurate records were kept of medicines received and disposed of so they could be accounted for.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves. The service worked well with local GPs and health care professionals and external agencies such as social services and mental health services to provide appropriate care to meet people's different physical, psychological and emotional needs.

Effective systems were in place for the recruitment of staff and for their induction and ongoing training and development. Staff training and development was organised corporately and staff said they were well supported to access the training they needed and to develop their skills.

There were quality monitoring systems in operation to assess and review the quality of the services provided. We saw from the audits that had been done that the manager had identified areas of service provision that needed to be improved to meet their internal quality standards and to find ways they could continue to improve the service.

People knew how they could complain about the service they received and information on this was displayed in the home. People and their relatives told us they were confident any complaint or concern they had would be listened to and dealt with as soon as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There was insufficient numbers of care staff at times to meet the assessed needs of people living in the home and in emergency situations.

We found that medicines were handled safely and people received their medicines as prescribed. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

People told us they felt safe living in The Laurels. Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Staff had been recruited safely with appropriate pre-employment safety checks.

Is the service effective?

Good 

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed.

Staff training appropriate to people's roles and responsibilities was in place.

Is the service caring?

Good 

The service was caring.

The people we spoke to said they felt well supported and cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw staff treated people with empathy and asked people how they wanted their care to be provided.

People's dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were reviewed regularly and any changes were responded to quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised.

Is the service well-led?

Good ●

The service was well-led.

The manager communicated a clear vision and purpose about the development of the service. Management systems were used to monitor and assess the service's performance.

Staff told us they felt supported, valued and listened to by the manager.

People living in The Laurels and their relatives were able to give their views and take part in meetings and discussions about the service.

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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 unannounced inspection was carried out on the 22 January 2016 by one lead adult care inspector.

A provider Information form (PIR) was sent to the provider and this was completed and returned within the set timescale. A 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. This information provided us with the key information about the service and its plans for the future.

Before our inspection we reviewed the information we held about the service. We also sought the views of the commissioners of services and health social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

As part of the inspection we looked at records relating to the use of medicines and assessed medicine management, storage, administration and disposal. We looked at a total of six care plans.

During our inspection we spoke to five people who lived in The Laurels and one relative who was visiting the home during our visit. We spoke to three members of the care staff team and the agency chef who was on duty on the day of our visit. We spent time with the manager and the organisation's operations director who was in the home on the day of our visit. We toured the building looking at the environmental standard of the home.

We observed the interactions between the care staff and the people they supported in all parts of the building. We looked at records held containing details of the systems used to monitor the provision of care and operation of the service.

Is the service safe?

Our findings

People told us they felt safe living in The Laurels and that they appreciated not living by themselves. One person said, "Oh yes I feel very safe thank you for asking. It is very nice having someone around at night". Visitors also told us they knew their relative was safe living in the home. They said, "I have no worries about my relative's safety at all. If I did I would speak to the manager and get it sorted out".

We found that, during the morning, there was five members of care staff on duty which was sufficient to meet all the assessed needs of the people who used this service. We saw the staff had time to spend with people playing games and enjoying music. The staff we spoke to told us there was enough to provide the appropriate care but it would be useful to have another member of staff for the busy time during the early evening. We saw, that during the afternoon period, there were only three members of the care staff team on duty. This meant there were times when people sitting in one of the lounges were left unattended for short periods of time. The manager had already indicated she was looking at staffing numbers with a view to increasing the number of staff deployed during the busy times. We discussed this with the operations director and she confirmed there had already been discussions with the manager about the staffing numbers for the late shift and the number of waking night staff. The home had seven people who required the assistance of two staff and currently there are only two members of waking staff on duty through the night. There was a senior member of staff on call for any emergencies that might arise during the night shift but they did not remain on the premises.

We had also spoken to healthcare professionals who had also expressed their concerns about people's needs not being met due to insufficient staffing at certain times of the day.

We asked visitors if they thought there was sufficient staff to care for them and keep them safe. They said, "Yes there are always plenty around in the morning but I think another one in the afternoon would be helpful. Although the girls always seem to have time to do some activities".

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of support staff at all times to meet the assessed needs of people living in the home and in emergency situations.

The provider had procedures in place to make sure only suitable people were employed to work in their services and provide a safe environment. There was a fairly low turnover of staff in The Laurels and some of the care staff team had worked in the home for a number of years. We saw that all the checks and information required by law had been obtained before they had been offered employment in the home. This ensured only suitable people were employed to care and support the people who used this service. The service had a disciplinary policy and procedure in place.

There were systems in place to make sure people living in The Laurels were protected from the risk of abuse and avoidable harm. Staff told us they had received training in safeguarding adults and training records confirmed this. The staff we spoke to were able to discuss the various signs to look for that would indicate

people were afraid or unhappy. The staff we spoke to had a good working knowledge of the various types of abuse and told us they would not hesitate to report anything that gave them cause for concern. When asked if they would report anything they saw that gave them concern one member of staff said, "I most certainly would. It is my job to keep these ladies and gentlemen safe".

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately.

We looked at the records for the receipt, administration and storage of medicines and found everything to be in order. We observed medicines being administered and saw this was done in a caring manner. Staff gave people time to take their medicines in a relaxed way explaining why it was important.

Is the service effective?

Our findings

During our inspection we spent time in all parts of the building and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining room for their meals. Others stayed in the communal areas of the home chatting with their friends and the staff. We spoke to the people who chose to spend their time in their rooms and were told, "I decided to spend my day in my room because I like to do this. I used to go to the downstairs for my meals but I now have them here".

We asked staff how they supported people who had behaviours that may challenge the service. One told us, "This very rarely happens now although it has in the past. If, by any chance it does all the team know how to deal with these situations". Staff received training in this subject as part of their induction programme but the manager told us she was looking at accessing extra training from an external source to complement that already completed.

We discussed staff training and the manager provided us with a copy of the current training plan which detailed training already completed and what was planned. Staff confirmed they had completed training in, moving and handling, infection control, the Mental Capacity Act (2005), safe handling of medicines, first aid and safeguarding of vulnerable adults. All new staff completed an induction programme and shadowed more experienced staff until they were deemed competent to provide the appropriate level of care. Other training that was provided included care planning, fire safety, first aid, care of people living with dementia and safe handling of medicines.

At lunch time we saw that people who required support with eating received this in a respectful way with staff prompting people with their meals and asking them what they wanted to eat and drink. We saw that people were able to choose where they took their meals or join people on other parts of the home for meals if they wanted to.

People told us they enjoyed their meals and were always given choices at each meal. We saw there were details of the day's menu on the wall for people to read and make their choice.

We saw that people living there had nutritional assessments completed to assess their needs and any risks. We saw that people had their weights monitored according to the assessed risk, some more frequently as a result of a higher risk. We saw that when needed advice had been sought from the dietician and speech and language therapist (SALT) for individuals to help manage their care.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Over half (60%) of the staff had completed training in the MCA and DoLS and training for the remaining staff was scheduled for May of this year. One member of staff told us, "We always assume people have capacity but may need help with making big decisions. I know even the people with complex needs

such as dementia can make some decisions themselves. We like to keep people as independent as possible while they live here", The manager confirmed that, currently there was nobody in receipt of a DoLS order.

We looked at the documentation in relation to Do Not Attempt Cardio Pulmonary Resuscitation (DNAR CPR) and found this to be in order. The manager had worked with the GPs to ensure all the documentation and paperwork was in place and up to date. Best interest meetings had been held to discuss what was best for people with no or limited capacity to make important decisions about their care and how they want their care to be delivered.

Health care needs were met by visiting GPs and the district nursing team. People with mental health needs were supported by mental health professionals. Optical, dental and chiropody services were available for people when required. Details of all external health care professional visits were recorded on the care plans.

Staff were supervised on a regular basis. Individual one to one supervision was completed every three months. The manager also conducted theme led group supervisions to discuss various topics with regards to health and social care and other topics relevant to the provision of care and support.

Is the service caring?

Our findings

We spoke to people living in the home about how they were cared for and how staff supported them to live as they wanted. They told us, "These girls are great, very kind and respectful".

Relatives we spoke to were positive in their comments about the care and support provided. One person said, "The care staff are very good and extremely kind". Other comments included, "I find the care staff very good and helpful".

We watched the staff interacting with the people they supported. We saw the warm and caring attitude of all the staff which ensured people were relaxed in their company. We saw that people were treated with dignity and respect and observed staff knocking on peoples' doors and waiting to be invited in. People said to us, "Its lovely here. The staff are so polite and treat everyone as special people". Staff told us, "I really love my job and I always treat people as I would want to be treated. Older people are very special and deserve the best we can give them".

We spent time in different communal areas of the home throughout the inspection saw that the staff took up opportunities to engage positively with people and we saw people enjoyed talking with the staff. We observed lunch being served and saw that staff treated people with care and consideration. We saw that people who could not easily tell us their views were comfortable and relaxed with the staff that were supporting them. We saw that staff interacted with people in different ways such as touch, facial expression and body language. As staff were moving around the rooms and between the tables they kept up a constant flow of chatter with people and no individual was ignored.

We saw that people were treated with dignity and respect. Staff were careful to knock and waiting before entering peoples rooms and always provided personal care in the privacy of peoples bedrooms. All rooms were used for single occupancy so people had their own private space if they wished to be alone or see their visitors in private. Bedrooms we saw had been personalised with people's own belongings, such as family photographs, ornaments and special items to help people create their own personal space.

We saw throughout the day that staff were very attentive and dealt with requests without delay. We saw anyone needing extra help with their mobility was assisted in an empathetic and discreet manner. Staff made sure people they assisted were relaxed and comfortable when being moved using specialist equipment. Staff told us they liked to ensure people retained as much of their independence as possible. We saw that people were being supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

We spoke to staff about caring for people at the end of their life and, although there had been limited formal training the staff were well informed about how to care for people at this time.

Is the service responsive?

Our findings

Prior to people moving in to The Laurels the manager completed a full assessment of their needs. This ensured the service was able to provide the most appropriate level of care and support. The manager explained, "It is important to make sure we get as much information as possible in order to decide if we can look after the person who wants to move in".

The information gathered at the initial assessment meeting was used as a basis for each individual plan of care and support. Each support plan contained some personal history in 'What is important to me' showing people's personal preferences and choices about how they wished their care to be provided.

There were activities during part of each day and we saw staff singing and dancing with people for a short time before the lunch was served. Everyone, including the staff were having a good time with much hilarity. After lunch we saw staff playing dominoes with a group of four ladies. Other people were reading their newspaper.

The manager gave us details about external entertainers and musical movement afternoons which people enjoyed. Staff told us "There is usually a little time to do things with people even if it is only a chat over a cup of tea".

We looked at the care plans of five people and found that these were relevant to the individual and described the care, treatment and their people's preferences. We found care plans included people's personal care needs, any treatments being used and their physical and emotional support needs.

People were able to follow their beliefs and faiths through visits from local clergy for services and communion.

In the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks. Also included was information for the staff to help minimise any adverse effect on people's welfare. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. We saw people's weights were monitored and recorded.

We saw that everyone living in The Laurels had a 'hospital passport'. This contained information about the person, their health and care needs, medication and what they wanted in order to support them. This was to help make sure that should a person need to transfer to another care setting quickly all the relevant information about their needs and preferences would be available to go with them.

The service had a policy and procedure for dealing with complaints and a record of those received. The CQC had not received any complaints since the last inspection. People told us that if they were worried or needed to speak to the manager that was never a problem. One of the visitors we spoke to said there had been problems in the past but these had all been sorted out and. The added, "I would never be worried about raising any concerns I have and I know I would be listened to and the matter dealt with as soon as

possible.

A copy of the complaints procedure had been given to everyone who lived in The Laurels. Each family was also given a copy so they became familiar with the procedure to follow should they need to.

Is the service well-led?

Our findings

Everyone we spoke to told us they thought the service was well managed. Staff told us they thought the manager was "doing a very good job". There had recently been a change of provider and staff said everyone had coped well with the changes even though they had been many. They also said the changes had all been for the best.

The current manager had only been in post for a matter of months and she was returning to her previous post within the organisation (Creative Support). A new manager had been appointed who was already registered by CQC to manage another service in Creative Support. At the time of our inspection she had already applied to add this location to her registration.

The manager explained that a new management structure was being introduced. This included a recently appointed deputy manager to work alongside the manager and two supervisors. Each would have delegated responsibilities to ensure the smooth running of the service and the provision of an appropriate level of care and support.

Staff told us the management team was very approachable and would make themselves available to listen if they had anything to say. Staff meetings were held every month and all staff were given the opportunity to contribute to the meetings. There was an open atmosphere in the home with staff and the people who lived there relaxed in each other's company.

Health and social care professionals told us they thought the service was well run with an openness that meant there was a good communication system.

The manager used the systems in place to assess the quality of the services in the home. We saw that monthly audits had been completed on care plans and weekly audits on medication records. There was also a regular stock check of medicines to ensure there was no overstocking. Internal audits or checks were completed on infection control, the environment and health and safety. There were also checks to ensure all the equipment, including fire safety appliances, was maintained regularly through annual service level agreements.

There were processes in place for reporting incidents and we saw that these were being followed. Incidents were reviewed by the manager to identify any patterns that needed to be addressed.

Corporate policies and procedures were in place and the manager confirmed these were updated regularly in line with current legislation. Staff were advised of the changes through notices in the staff room and staff meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers of care staff available at all times to meet the assessed needs of people living in the home and in emergency situations.