

Craegmoor Supporting You Limited

Craegmoor Supporting You in Bristol and Wiltshire

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Craegmoor Supporting You in Bristol & Wiltshire is a 'supported living' service. This type of service helps people to live independently in their own homes and in the local community. Some people who received support had their own flats and others were tenants in a house which had shared communal areas.

Summary of findings

This was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

People received support and guidance which promoted their safety. However improvement was needed in the procedure for recruiting staff. This was not as thorough as it should have been to protect people from the risks of unsuitable staff.

The service was effective in meeting people's needs. One person commented; "It lets me be independent". Staff received training so they were competent when providing support. A staff member told us; "I know exactly what I should be doing and when." This was because there were support plans in place which clearly set out the support that had been agreed with people.

Staff sought to obtain people's views and to provide support in the way they wanted. Staff had good

information about people so support could be tailored to their individual needs and preferences. People who were tenants in a shared house were supported with making decisions which helped them to maintain good relationships.

People had support plans which were kept under review to reflect their current needs. Activities such as "going out late at night" had been assessed so that any risks to people could be identified and reduced. Staff emphasised the importance of supporting people in the community. People had been given information so they knew what to do if they had any concerns about their care and support.

People benefited from a well run service. The registered manager was described as "very hands on" and as knowing how she wanted the service to develop so it was more responsive to people's needs. The provider had systems in place for monitoring the service and for identifying what was working well and where improvements were needed.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were needed to maintain a good level of safety in all areas. In particular, the recruitment procedure did not always ensure staff were suitable before they provided support to people.

Other arrangements showed people's safety was being promoted. People received guidance about 'keeping safe'. Risks to their safety were being assessed and reduced. Staff received training so they would recognise abuse and knew what to do if they had concerns about people.

People were safe because advice and assistance was available from staff when needed. They received support with their medicines to ensure these were safely managed and administered.

Requires Improvement



Is the service effective?

People received an effective service. Staff received training which helped them to do their jobs well. They provided support in ways which helped people to be independent.

People received the support they needed with food and drinks. When staff had been concerned about one person's diet, this had been discussed with them and action taken to improve it.

People had individual plans which set out the support that had been agreed and how this was to be provided. Staff were well informed about people's needs and worked in conjunction with healthcare professionals to support people to maintain good health.

Good



Is the service caring?

People received a caring service from staff. The relationships we observed were friendly and positive; staff spoke with and about people in a respectful way.

People were supported in a person centred way and staff showed concern for people's well being. Staff supported people with making decisions about communal aspects of the house they shared. This helped people to maintain good relationships with the other tenants.

People's views were being taken into account, for example about how support was provided and the qualities they wanted in a support worker.

Good



Is the service responsive?

The service was responsive to people's individual needs. There was a well established system in place for the planning of support. Individual plans showed people's preferred routines and were kept under review to reflect changes in their circumstances.

Good



Summary of findings

People received support which enabled them to take part in activities which promoted their independence. They knew who to contact if they had any concerns and had the opportunity to share their views and experiences with other people.

Overall, records of people's on-going care and support were being well maintained. This meant good information was available when people's needs were being reviewed and the outcome of their support evaluated.

Is the service well-led?

The service was well led by the registered manager. Staff were well supported and the registered manager was introducing new ways of working which would enhance the support people received.

Systems were in place for monitoring the service. Quality was being assessed and improvements identified. The service was achieving good outcomes for people. Staff meetings were held to discuss people's progress and to provide an opportunity for learning to develop staff practice.

Good



Craegmoor Supporting You in Bristol and Wiltshire

Detailed findings

Background to this inspection

An inspector visited the office of Craegmoor Supporting You in Bristol & Wiltshire on 7 August 2014. Before visiting the office we checked the information that we held about the service. We looked at the notifications we had received from the service. A notification is information about important events which the service is required to send us by law. Health and social care professionals were contacted in order to gain their views about the service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. There had been no breaches of the regulations when we last inspected Craegmoor Supporting You in Bristol & Wiltshire in August 2013.

The registered manager told us the service was providing support to 15 people, three of whom received support with

their personal care. Our inspection focussed on the provision of personal care. We met with two people at their home, four members of staff and the registered manager. Three people's care records were looked at, together with other records relating to their support and the running of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Improvements were needed to ensure that the service provided people with a good level of safety in all areas. We were given a lot of information in the Provider Information Record (PIR) about how the provider ensured the service was safe. People's safety was being addressed in various ways; however there were shortcomings in the procedures being followed.

We were told the provider adhered to a 'safer recruitment policy'. This included obtaining references and making a check with the Disclosure and Barring Service (DBS) before new staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they have been barred from working with vulnerable adults.

The two employment records we looked at reflected a thorough approach to recruitment in terms of the information gained about the applicants' suitability and background. Further assessments of an applicant's suitability were carried out depending on the outcome of the usual checks. The outcome of one applicant's checks had indicated that an assessment of their suitability was required. However this assessment had not been carried out at the appropriate time. This had meant they had started to provide care to people before the recruitment process had been completed and their suitability confirmed. This is a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

People's rights were protected because staff understood their responsibilities in relation to the Mental Capacity Act 2005. This provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff were aware, for example, that one principle of the legislation was that any action taken must be in the person's best interests where they lack mental capacity.

We looked at how the service supported people with their medicines. This was because the service had told us about some errors relating to medicines that had occurred since the last inspection. People's ability to manage their medicines safely had been assessed. Individual plans

showed how people were involved in looking after their medicines and the support they needed from staff. One person said they were happy for staff to help as they felt this was safer for them.

People kept their medicines in locked cabinets within their own accommodation. Records and procedures were in place to help ensure people received the support they needed to manage their medicines safely. These included written protocols/instructions for the use of medicines prescribed for use 'as required' (PRN). This helped to protect the person from harm by ensuring they only had these medicines at the times they were needed and had been agreed with them. Records were maintained, for example of the quantity of medicines and their administration to people. However, there were aspects that did not reflect good recording practice; hand written entries for example were not always signed or initialled by staff to confirm the accuracy of the information they had recorded. We brought this to the attention of the registered manager.

People received guidance and support which helped them to be safe within their home and when out in the community. For example, people had been given information about 'keeping safe' and who to contact in an emergency. Notifications received from the service showed that people had been supported by staff with reporting certain incidents to the police so that these could be followed up appropriately. People had the opportunity to learn more about safety by attending one of the provider's "healthy living" training days. This was a monthly programme, covering subjects such as safeguarding and 'mate crime'. Mate crime is when somebody is taken advantage of by a person they trust. These arrangements showed that staff were supporting people to keep safe and also when any incidents had occurred.

Staff had received training in safeguarding adults so they were aware of what abuse is and the different forms it can take. They said the arrangements for safeguarding people from abuse were confirmed in a written procedure that was readily available. Staff said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work.

A range of policies and procedures had been produced which reflected the aims of the service and promoted a consistent approach from staff. The registered manager

Is the service safe?

told us that the policy and procedure in relation to a deprivation of liberty was being reviewed; this was to ensure there was clear guidance about the arrangements that apply in a supported living service. In these services, applications to deprive a person of their liberty are made to the Court of Protection, rather than through the Deprivation of Liberty Safeguards (DoLS) process. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Records and feedback from staff showed that risks to people's health and safety were assessed and action was taken to reduce these. Staff helped people to make sure their home environment was safe for them and for the people who visited.

A safe service was also being maintained because of the way staff were deployed. This included staff being available to respond people's needs as required, as well as each person having an agreed number of 'one to one' hours when they received individual support. People said they felt safe because staff were there to advise or assist them when needed.

Is the service effective?

Our findings

People said they were happy with the support they received and what it covered. Apart from assistance with personal care, people were supported in areas such as household tasks, managing money and activities in the community. One person commented; "It lets me be independent", when talking about the support they received. Staff told us about people who had used the service and developed skills which enabled them to live more independently. This included people who were able to manage with less support, or who had moved on from the service.

People said staff had got to know them well and were competent in what they did. Training was provided to staff to ensure they knew how to support people in a safe and effective way. One staff member described the training as; "Very thorough". The provider had arranged for a variety of subjects to be covered through 'e-learning'; this is when training is accessed by a computer. New staff members completed a period of induction which prepared them for the role.

Staff described to us in detail how people liked to be supported and their preferred routines. Individual plans had been produced with each person which set out the support they would like to receive. Not everyone needed the same level of support. There was information about how care and support was to be provided, for example by verbal prompts or by checking that something had been done. This meant people were receiving the support they needed.

Staff said people's plans provided them with the information they needed. One staff member commented; "I know exactly what I should be doing and when." People told us that staff were available to support them when needed. One person told us "Staff know what I can do for myself and when I need some help."

People received the support they needed with their food and drinks. The support reflected people's abilities and what they were able to do for themselves. This included, for example, help with shopping and checking the person had the right products for what they wanted to prepare. Staff had followed up their concern that one person was not having a healthy diet and had declined the help being offered by staff with preparing meals. Initially, an assessment had been undertaken to confirm the person was able to make an informed decision about the arrangements. An alternative arrangement was then agreed with the person involving a frozen meals home delivery service. This showed staff were aware of risks to people relating to diet and nutrition and took action which promoted the person's health and well being.

People received support with their health care needs. Staff said they had received training in subjects such as diabetes and epilepsy and felt confident to be able support people with these conditions. People's records included information about the health care professionals they had contact with. One person, for example, saw a community nurse on a regular basis. Their records showed how the nurse was involved in their care and worked in conjunction with staff members.

Staff, in the role of keyworker, also kept an overview of each person's health and welfare through regular meetings with them. A keyworker is a staff member who takes a special interest in one or more people being supported, for example by ensuring that their support plan is updated when necessary. Keyworker checklists were being maintained on a weekly basis to show what had been discussed and any actions that needed to be taken. These arrangements helped to ensure people maintained good health and any concerns were followed up promptly.

Is the service caring?

Our findings

Some people who received support from the service had their own accommodation within a shared house. Staff helped people to establish positive relationships with the people they lived with. For example, tenants meetings were held in the house when people could discuss matters together, facilitated by one of the staff. We were told about occasions when staff supported people with making decisions about communal aspects of the house, such as security and how visitors to the front door were responded to. This showed a concern for people's well being and that staff provided support which helped people to resolve any issues.

Staff described a personalised approach when talking about their roles and support for people. This was seen in the different ways people were supported in addition to the help they had with day to day tasks. The provider's programme of "healthy living" training days brought people together to talk about relationships and problems they can face in the community. This showed a caring approach to supporting people. Staff also advised people about ways of managing behaviour with the aim of helping the individual and the people they had contact with. People were encouraged to reflect on their behaviour and feelings; one person showed us the diary they kept about this.

Staff were present when we visited people in the house they shared. The relationships between people and the staff members were friendly and informal. Staff spoke respectfully to and about the people they supported. Before meeting with people in their own accommodation, staff checked that it was good time for us to visit them and explained our role. This showed that people's privacy was being respected.

People told us about their interests and said staff respected how they wished to live. One person told us that staff had helped them to settle into their flat and to personalise it as they liked it to be.

The registered manager said nobody who received personal care had any specific cultural or religious needs to be considered when supported by staff. However, we were told that staff had experience in the past of helping a person to prepare meals that met their dietary needs and were acceptable to them in terms of their faith background. It was also recognised that people had different personalities and would like the staff who supported them to have certain qualities. People had completed a 'my support worker specification' form. This showed people's wishes so they could be taken into account as part of an exercise to match support workers to people.

People's records included a lot of information about their personal circumstances and how they wished to be supported. The information had been added to over time to give a good picture of people's preferred routines, their interests and the things they did not like. This helped to ensure that staff supported people in the way they wanted.

Systems were in place for obtaining people's feedback about the service they received. These included service user questionnaires sent out annually as part of the provider's procedures for quality assurance. The registered manager told us keyworkers brought information about people's goals and their views of the service to the monthly staff meetings. This was confirmed in the notes of meetings that we looked at. This meant all staff were aware of people's current situations and decisions were made about any actions that should be taken in response to their current circumstances.

Is the service responsive?

Our findings

Assessments had been undertaken to identify people's needs in areas such as personal care, medicines and eating and drinking. Each person's needs were clearly identified in "my support plan" record. A member of staff said the plans had recently been improved and the information they contained was now more "objective." By this they meant the plans provided clearer records of the support that people were to receive and when. The plans were kept under review and amended so they were up to date. This meant staff had the information they needed to provide people with support which reflected their current needs.

People had signed consent forms to confirm their agreement to the sharing of information. However, there was some variation in how people's records were being maintained. Information printed in people's support plans was clearly presented, although less so when changes had been made to the plans by amending and updating the original information by hand.

Daily reports were written by staff about people's care and support. The reports helped to ensure staff were kept up to date with people's needs, for example when they were visiting people after not having worked for a few days. The reports provided a summary of people's day to day support. Other records were maintained in relation to people's healthcare, for example a chronology of their appointments with GPs and other healthcare professionals. This meant relevant information was available when people's needs were being reviewed and the outcome of their support evaluated.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be responded to. We saw 'hospital passports' which contained details about a person that hospital staff should know about when providing treatment. Risk assessment records and written procedures provided information in relation to specific events which could arise. This helped to ensure that people received the support they needed, for example if they had to leave their premises in an emergency.

Support plans also referred to risks relating to people's activities when at home and out in the community. Activities such as "going out late at night" had been assessed so that any risks could be identified and reduced. Staff emphasised the importance of supporting people in the community. One staff member said the risk assessment process helped people to "do things safely". This showed people's independence was being promoted and they were supported to take part in activities that involved a degree of risk.

People said they knew who to speak to if they had any concerns or complaints. We were told about one to one meetings which took place with staff when people could raise any matters they were concerned about. Some people also attended meetings called "your voice"; these meetings provided a time for people who used a variety of support services to share their views and experiences. People had been given information about making a complaint and who they could contact for advice. The registered manager kept a record of the complaints raised with the service and the action taken in response to these. They told us that they saw complaints as an opportunity to learn from people's experiences and improve the service.

Is the service well-led?

Our findings

The service had a registered manager in post who had been appointed since our last inspection. As part of the registration process they were assessed to be a fit person to manage the service.

An administrator assisted with the running of the office and worked closely with the registered manager. Project co-ordinators provided day to day support for staff. Feedback from staff showed these arrangements were effective in providing a well run service. Staff felt supported in their work and said the registered manager was very approachable. One staff member described the registered manager as "very hands on."

Staff were aware of the actions to take if they had concerns about the service. They said there was a policy on whistleblowing. They knew this meant reporting any concerns they had about poor practice or wrong doing at work.

One staff member told us the registered manager; "had an aim for where she wants the service to go". The registered manager described their priorities for developing the service and how ideas were being put into practice. Initiatives such as the health living training days showed action was being taken to provide a service that was tailored and responsive to people's needs.

We heard about positive outcomes for the people who used the service. One person, for example, had recently started voluntary work in the community with the support of staff. Some people's support hours had reduced as a result of being able to manage more things independently. The registered manager said people had also been helped to secure funding for additional support, for example when the initial number of hours agreed was found not to be meeting their needs.

Staff understood the aims of the service and their role in achieving these. They respected people's independence, for example when they had their own accommodation in a shared house. One staff member, described how they 'mentally paused' when moving from one person's accommodation to another. They said this helped them to respond to each person as an individual with their own particular needs.

In the PIR we were told about plans for the service and how these would be managed. This included the need to ensure the "management structure develops in response to planned ongoing growth." This showed the provider understood the risks of developing the service without the appropriate resources in place to ensure people and staff continued to receive the appropriate level of support.

Information in the PIR also showed new ways of working were being developed in order to enhance the service people received. Lead roles were being developed to promote good practice in different areas. A staff member said they were to become the lead for drugs and alcohol. This role was being created to ensure the staff team had a good understanding of how to support people with a dependency on drugs or alcohol. It was also the intention to involve people who used the service in creating policies which they could understand, for example by having them in an easy read format.

The registered manager, supported by the administrator, undertook a range of checks and audits. Records showed that the provision of training and supervision was monitored by the registered manager. This ensured staff received support in accordance with the provider's policies. Staff meetings were held to discuss people's progress with meeting their goals. The meeting minutes showed there was also the opportunity for learning, for example through discussion about incidents and what, if anything, should be changed as a result of these.

The provider kept a regular overview of the service. Support for the registered manager was available from a regional manager who also carried out audits. The quality of the service was reviewed through quality development visits. The reports showed the visits were useful in identifying any shortcomings or areas for improvement in areas such as the completion of new care documentation. Actions to address any shortcomings were highlighted and followed up by the registered manager. Achievements were also identified; for example, in one report we read about the progress being made to make people's support plans "more person centred." This showed the provider was taking action to ensure the service achieved its aims and was meeting people's needs.

We were told the provider had signed up to the 'Driving up Quality' code. Signing up to this national initiative showed a commitment to improving quality in services for people with learning disabilities.

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
Personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The registered person was not always operating an effective recruitment procedure.</p>