

Creative Support Limited

# Creative Support - Oaktree House and Cedar Court

## Inspection report

10 Spey Road  
Tilehurst  
Reading  
Berkshire  
RG30 4DZ

Tel: 01189415632

Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Creative Support - Oaktree House and Cedar Court provides personal care and support to people living in flats. At the time of the inspection, 47 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

The service had ensured that medicines were given to people safely and regular audits were in place to ensure this. People's risks assessments were clearly written and easy to follow meaning that people were less likely to suffer harm.

Systems were in place for people to raise concerns and they felt they would be listened to. People felt that staff were caring, and regular activities were available for them to take part in if they wished to.

The provider was able to demonstrate that quality assurance systems had improved to ensure the quality of the service was maintained. The provider was able to demonstrate their compliance with legal obligations and any trends or learning from incidents or accidents was identified and actioned effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 22 and 25 July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support – Oaktree House and Cedar Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Creative Support - Oaktree House and Cedar Court

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2021 and ended on 16 April 2021. We visited the office location on 14 April 2021.

### What we did before the inspection

We reviewed the information we held about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

We spoke with four people who use the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader and care worker.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection, the registered person failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Where people had been prescribed medicines to be taken on 'when required' (PRN) basis, PRN protocols were in place to guide staff.
- Medicine administration records (MAR) were reviewed to evidence that people had received their medicine as prescribed. All administered medicines had been signed for on the MAR chart by a member of staff.
- Medicines audits were now completed on a monthly basis. An annual review of medicines was also completed as per the providers policy.
- A medicines assessment had been completed for each person and the care plans highlighted where medicines were stored and what activities within taking their medicines they required support with.
- Staff who had undertaken medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management training.

### Assessing risk, safety monitoring and management

At our last inspection, the registered person failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Clear risk assessments were evident in files for people who required support with moving and handling. This meant staff had accurate guidance in place to support people to mobilise safely.
- Risks to people's individual conditions and abilities, such as risk of falls, had been identified and there was a plan how to manage these risks.

- People's care records gave details of any equipment required and how to use it safely. One person's records stated, "One member of staff is to operate the hoist, while the other staff member guides the client safely on the bed."
- The level of risk to the person was clearly documented along with how to mitigate the risk. One person was at high risk of pressures sores and the risk assessment stated, "Pressure areas to be checked at every call to monitor. If evidence of pressure sore, to notify [registered manager] or directly to district nurse team."

#### Systems and processes to safeguard people from the risk of abuse

- The management team promptly identified, reported and investigated any safeguarding concerns. One person said, "I feel safe here, it's where I live. I do have lovely people who come and help, they never miss the time...everything is the way I want it; they do listen."
- All staff had received training in safeguarding and knew the process of raising a concern. Staff were aware of how to raise a safeguarding concern and where to find up to date policies and procedures.
- The registered manager also advised that she provided further information on how staff could raise concerns, "In the staff room we have provided the safeguarding policy and code red sign which shows staff how to raise a concern. If staff do not feel they can talk to management, it advises where else they can go."

#### Staffing and recruitment

At our last inspection, we recommended the provider refer to current legislation related to the employment of people and act to update their practice accordingly. The provider had made improvements.

- A review of employment documents showed that appropriate employment checks, including satisfactory evidence of conduct in previous employments and a Disclosure and Barring Service criminal record check had been obtained. From the recruitment files reviewed, a full employment history had been sought and obtained.
- The registered manager explained they used an online system to identify the number of staff required to provide safe care. However, care staff did not always feel there were enough staff to meet the needs of people. For example, one care staff told us, "We use less agency now than previously. One staff member extra would be perfect".
- The registered manager reported that they had recruited a further support worker recently and they were recruiting to gain another staff member.

#### Preventing and controlling infection

- Staff were provided with personal protective equipment when going into people's homes. One relative we spoke to said, "Carers have been wearing the masks all the time, from long ago, well before it was said to be worn all the time, I was commenting with one of them, how good they were of thinking well in advance."
- We were assured that the provider was accessing testing for people using the service and staff.
- People reported that staff wore personal protective equipment whilst providing care.
- All staff have received training within infection prevention and control, and this has included recent training in relation to COVID-19 and donning and doffing of personal protective equipment safely.

#### Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents. The management team reviewed these regularly to ensure any trends or patterns could be identified.
- Where a trend had been identified, action had been put in place to reduce the risk of reoccurrence. For example, one person was found to be on the floor regularly in their room on staff arrival. The service referred and engaged with an occupational therapist, the local authority and the GP to identify further support that

could be put in place for the person to be safe in their own home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team used the quality assurance systems at all times to identify any trends and oversee and improve the quality of the service where necessary.
- The provider had implemented further quality assurance systems including weekly random spot checks and monthly audits including but not limited to, medicine administration record audits, daily care notes audits and late and missed call audits.
- Where an action had been identified, it was clearly marked by the person undertaking the audit.
- Records were easily accessible and care plan documents had been signed by staff and reviewed by either a team leader or the registered manager.
- Staff confirmed that frequent staff meetings were held. One commented, "Staff meeting are usually monthly. They are informal and we can all relax and talk about different things. Any update to service users is shares and if there are any concerns, they are raised then..." They added, "I think communication [with management] is good. I think that [registered manager] is very approachable and supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team understood their Duty of Candour. People and relatives told us the management team were open and honest when things had gone wrong.
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission (CQC) and other agencies. Notifications had been received in a timely manner meaning the CQC could check that appropriate action had been taken.

- Staff felt the management team was approachable and they could raise any concerns. One said, "I can go to [registered manager] about anything and I know [registered manager] will listen."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. One relative said, "I know who the manager is, I often speak with [registered manager] on the phone. [Registered manager] is a good person to talk to if we need help with sorting something. [Registered manager] helped us with the care package and my relative is well supported."
- Records of an annual satisfaction questionnaire of 2020 completed by people receiving personal care were reviewed. Overall, people reported to be happy with the care provided.
- Within the initial assessment, people's likes and preferences were explored at their initial care assessment. Any equality characteristics were included in the assessment so that people received care in the way they wanted and that fully met their needs.

Working in partnership with others

- The registered manager stated that she was in regular contact with multiple professionals to support people to have individualised and person-centred care.
- External professionals were complimentary about the improvements at the service and their comments included, "The carers and managers at both Oaktree house and Cedar Court offer a first-class service to their residents in my personal opinion."
- It was noted by a professional that management could be more visible, "The organisation as a whole is well led."
- The registered manager discussed how to support with managing people's medicines safely. She had, with their consent, arranged for all medicines to be provided by one pharmacist. The pharmacist ensured that all medicines were correct and updated when a person was discharged from hospital. The pharmacist also highlighted this saying, "They handle the medication we provide with care... We are in constant discussions about changes to medication, especially when people come out of hospital where they check and query any changes made to medications."