

Craegmoor Supporting You Limited

# Craegmoor Supporting You in the Midlands

## Inspection report

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## 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 21 December 2016.

Craegmoor Supporting you in the West Midlands provide personal care for people in their own home. There were 28 people using the service when we inspected and 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All people felt safe when staff provided care in their homes and had no concerns about their welfare. Care staff spent 24 hours a day in some people's home and provided an overnight service. People then had access to care staff at night if needed. People told us they felt safe when their care staff were with them overnight in case they needed something. Care staff knew what they would do if they felt a person was at risk of potential abuse and felt confident that any report incidents would be addressed.

People told us they were encouraged to assess their own risks and what they felt able and comfortable with. Care staff knew how to respond to monitor and manage people's risks and told us they encouraged people to learn and try new things. There were enough care staff when people needed them in their home at the arranged times day and night. Care staff provided people with their medicines and recorded when they had received them.

All people that we spoke told us care staff were knowledgeable about them and were confident in their roles and responsibilities. Care staff told us they received regular training and supervisions that help them provide care to people they supported.

People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. People who could not make decisions for themselves were supported to make a decision in their best interests. Care plans detailed what support people needed and provided guidance for care staff on how best to meet the care people wished to receive. People were supported to make their meals or care staff prepared them where needed. People were involved in planning their meals which included their favourite choices. Healthcare appointments were arranged for people and care staff had helped to arrange transport or went with them.

People told us they liked the care staff and their care needs were supported well. They also felt encouraged to be involved in their lives and choices and were happy that their dignity and privacy was respected. People spoke with us about the registered manager being accessible and provided examples of when the registered manager had visited them in their home.

Everyone we spoke with felt the registered manager and the management team were available to talk with

and would listen and act of any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The staffing team felt the provider and management team and they led by example and that they regularly checked on the quality of the care that people received. The registered manager had developed a clear plan of improvements and were working towards achieving these throughout the year.

## 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.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet their care and social needs and manage risks.

### Is the service effective?

Good 

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them and it was what they wanted. People had accessed other professionals when required to meet their health needs with staff support.

### Is the service caring?

Good 

The service was caring.

People were happy that they received care that met their needs, reflected their individual preferences and maintained their dignity and respect.

### Is the service responsive?

Good 

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required

## Is the service well-led?

Good 

The service was well-led.

People, their relatives and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

# Craegmoor Supporting You in the Midlands

## **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 21 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by two inspectors.

The provider completed a provider information return (PIR). This 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authorities who are responsible for funding some people's care for information.

We spoke with five people who used the service at the office and four relatives by telephone. We spoke with six care staff, two locality managers, one administrator and the registered manager.

We looked at three records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

# Is the service safe?

## Our findings

People we spoke with told us that care staff helped them feel safe and were happy that they stayed with them in their home to provide care and support. One relative told us their family member was, "Very comfortable and is safe". Care staff provided up to 24 hour care each day to some people and people told us they were respectful of their home and possessions. Care staff told us that they knew it was their responsibility to provide support in a safe way and to keep people safe while in their own home.

Care staff knew the signs and types of abuse that people were at risk from and told us they knew what action they would take if they suspected any abuse or had any concerns. They provided examples of some of the signs people may display. For example, if a person's behaviour changed or they had unexplained bruising. They were confident their manager or the registered manager would take action to deal with any reported incidents or concerns.

People told us that care staff supported them with certain aspects of their daily lives to minimise the risk of harm. For example, helping them prepare their meals or going out on trips. Where people were at risk the provider had considered these and they had been reviewed regularly to help monitor any changes to people's risks. People's assessed risks had been recorded in their care plans and care staff told us these provided them with the information they needed to help reduce the risk of harm to people.

The registered manager had monitored where people had falls, accidents or injury and reviewed them at the end of the month. This was done to identify if there were any risks or patterns to people that could be prevented. For example, if a person may need advice or support from a specialist or the addition of equipment in support of their care.

People told us that care staff were always available and they had the same group of care staff to supported them. The care staff and registered manager told us they ensured that people received care from staff with the right skills. For example, people who had a particular care need or personal interests and hobbies. All care staff we spoke with said they worked as a team to cover shifts and that agency staff were used when needed to ensure that the correct number of staff were available to meet people's needs.

Three people we spoke with told us the care staff looked after their medicines for them. Where people required the support of staff with their medicines the staff were trained and had an understanding of what the medicines were for. The registered manager had looked at people's medicine records monthly and where any gaps or concerns had been noted the care staff were supported with supervision and training.

# Is the service effective?

## Our findings

People received care from care staff that felt knowledgeable and trained in how to support them. One family member that we spoke with said, "Staff constantly move" to meet the person's care needs and told us the support provided was, "Excellent".

All care staff we spoke with were happy that the training gave them the skills to provide people with the care they needed to meet their needs. One member of care staff told us their training about autism, "Helps to understand more. It was really good". All staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person wishes and needs.

People we spoke with told us care staff did what they ask them and had a choice in what they wanted. All care staff we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

People we spoke with told us they were involved in choosing their meals and either prepared them on their own or with support from care staff. One person said, "I make my own meals mostly". People also told us that care staff always supported them to make drinks or got them drinks when they wanted.

All care staff we spoke with told us that where people needed help with meal preparation they followed the person's choice and offered encouragement for people to do as much as they were able. They said this amount of support varied from person to person and the type of meals prepared. They also knew who required a specialist diet or support when eating their food.

People were supported by care staff when they attended health appointments, For example, the GP or consultants. Care staff also helped people with making regular appointments when needed and supported them to ensure that any suggested change were considered and implemented. Care staff said that they worked well with people's local health professionals to help people get the care they needed.



## Is the service caring?

### Our findings

All people we spoke with told us they liked the care staff and were happy when they spent time together. People visited the office with care staff and we saw that they were relaxed in each other's company. People also knew the staff in the office and were welcomed by the registered manager. The registered manager had ensured that photos of people at events they had attended were displayed in the office for people to see when they visited.

People told us care staff were part of their day to day lives and provided support, knew them well and understood what was happening in their lives. One person said of staff, "They are so professional and have a good attitude". A relative told us, "Each [staff] individual is really caring".

Care staff felt it was easy to get to know the people they cared for as they spent a lot of time with them, were involved in all aspect of their lives and felt they had formed positive relationships with them. Care staff also referred to care plans or relatives if they needed information about the person and topics that may interest them in order to ensure they were able to fully meet their needs.

People we spoke with felt they chose their care and the care staff were there to support them. They said that care staff asked how they liked things done. People told us they knew the care staff very well and they had routines which the care staff had got to know.

Care staff explained that it was expected and important to involve people in decisions about their care. For example, one care staff told us how they involved people in achieving more independence with their personal care. All relatives that we spoke with confirmed that care staff were good at supporting their family members. One relative felt they were involved and that the care staff, "Take on board information and listen" in supporting the care received.

All people felt staff provided them with the opportunity or encouragement to ensure they remained as independent as possible. People were given space in their home to spend time in the communal areas or time on their own. People felt that staff encouraged them to do things on their own. For example keeping their homes clean. One relative told us they were pleased that their family member had improved their independence since receiving care and said, "Really pleased with the care and support [person's name] receives they [staff] provide space and steer [person]".

People told us that staff were respectful and were careful to ensure their privacy and dignity was respected. They said they were comfortable with the care staff providing their personal care. Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Staff described how they made sure that people were covered during personal care, and that they ensured that curtains were closed when required, so that people's dignity and privacy was maintained.

## Is the service responsive?

### Our findings

Two people that we spoke with told us they felt supported in their care needs and told us about their 'key workers'. These were a named member of staff that worked closely with a person to ensure they got the care they wanted. One person told us their key worker had, "Good taste and good sense of humour". People told us that their care was reviewed and that they would be happy to discuss any changes with care staff.

People were supported to attend annual health checks or reviews with consultants by care staff. Care staff told us they were able to provide information at these appointments and follow up with any changes to a person's care. Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions such as autism, they knew how the person would react to certain situations or requests. Care staff also felt they recognised any changes in people's day to day health needs, for example, infections or illness.

The care people received had been recorded and these were used to support each person when their care needs were reviewed. This information included any changes to people's care or support needs and any immediate changes were communicated to care staff. Care staff we spoke with confirmed that information was shared and they would share information between them when they changed shifts.

We looked at three people's care records which had been updated regularly or when a change had been required. The records showed people's choices and decisions and what was working well or any changes people wanted for the coming month. For example, any changes to hobbies or activities. Care staff we spoke with felt people's care records were accurate and reflected the person's care needs.

All people we spoke with told us about their work, hobbies and what they enjoyed doing when out of the home. Each person had individual social lives and interest and were supported by care staff where needed. For example, people were supported to go out for lunch or to go to work. People told us about their day trips and holidays they had been on or planned to go on.

People told us they got to see their families and friends and were supported to invite people to their home. Families we spoke with felt their relatives were supported to keep in contact with visits or regular telephone calls. One relative commented they had been, "Involved in every aspect of the care planning with good communication throughout".

People we spoke told us that they were happy with their care and support. Where they had made a complaint they told us they were comfortable to approach the staff. The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. Relative told us they had confidence in the provider and when they raised some small concerns they had been dealt with immediately. One relative said, "Staff are very good and have a can do attitude".

## Is the service well-led?

### Our findings

People felt supported by a consistent staff team and involved with the service they received. People had been asked for their views on the care and support within a survey called 'Your Voice. Ask. Listen. Do'. An agenda of topics and action plans were then produced for things that could be improved on. People attended 'Your Voice' meetings with the regional manager to feedback changes and suggestions. People had attended a 'Midlands Regional Planning Day' (PATH) and were planning an event for 2017, to look at how they wanted their service to look over the next 12 months.

All people who used the service and relatives we spoke with said if they were looking for reassurance, advice or changes in their care call, they would happily speak to any of the management team. In addition there were regular meetings people could attend to get updates about the service and ask questions or raise ideas for example, care delivery, staff changes or any complaints.

People were proud to tell us about where their views and feedback meant that the provider had won the LaingBuisson award for 'Specialist Care - Community and Supported Living Services. The LaingBuisson Awards recognise and celebrate industry excellence in health and social care across the public and private sectors. One person told us how, "Amazing" the award ceremony had been when they collected the award on behalf of the provider.

People and care staff visited the office regularly and we saw they were relaxed and friendly towards each other. People had been asked by the management team about what dignity meant for them. This has been collated and displayed (anonymously) on a 'dignity tree' in the office as a reminder to staff about people's dignity. When care staff discussed people's health and well-being with them the conversations were respectful. People and relatives told us they had been asked for their views about their care and had received visits from the management team. Overall the responses were positive and where changes were needed these had been made. One person said, "Support from the office is brilliant". Letters and cards received by the provider were also full of praise for the care and thanked the staff for their kindness shown to their relatives.

People that shared a home with others were supported by the care staff to hold regular house meetings so they could discuss the day to day running and how things were working well or talk about how to do things differently. People also had the chance to go into the office for workshops and events, for example people told us about a recent party. This had been introduced by the registered manager so people using the service were part of the service.

Care staff told us they felt able to tell management their views and opinions at staff meetings. One care staff said, "It's a good relationship and they [managers] are always more than willing to help". The registered manager felt support with a staffing team who they told us were caring and listened to the people they cared for. Care staff reflected these values when we spoke with them. One care staff said, "We talk about values at supervisions, make sure we reflect them in the care".

The provider had developed partnerships with external stakeholders to support their goal to improve quality outcomes and services for people. This had worked well for two people that we met who told us those partnerships had been successful in securing them with paid and voluntary places of work.

The registered manager felt supported by the provider and kept their knowledge current. They had access to resources and advice through the provider's internal computer system. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes. This involved visiting people in their homes as well as looking at records. The registered manager had also developed a service improvement plan for the year and produced a quarterly newsletter for families and staff which included sharing best practice information.

The registered manager also referred to the Social Care Institute for Excellence, CQC and Skills for Care for support and guidance about best practice and any changes within the industry. They also worked with specialists within the local area to promote positive working relationships, for example nurse practitioners and local commissioners of services.