

Craegmoor Supporting You Limited

Craegmoor Supporting You in the North East

Inspection report

97-99 Main Street
Bramley
Rotherham
South Yorkshire
S66 2SE

Tel: 01709544088

Website: www.craegmoor.co.uk

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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

Craegmoor Supporting You in the North East is an agency providing support for community activities and some personal care to people with learning disabilities who live in their own homes. They provide the support to people who live in Rotherham and surrounding areas. Not everyone using Craegmoor Supporting You in the North East receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This means help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This comprehensive inspection took place on 1 June 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be at the office. At the last inspection in April 2016 the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Craegmoor Supporting You in the North East' on our website at www.cqc.org.uk.

Before the inspection we sent out questionnaires to people who the service, staff, relatives and friends, and community professionals to ask what they thought about the service. We received two completed questionnaires back, and these indicated a high level of satisfaction with the service.

At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

There was no registered manager. However, the registered provider had arranged for one of their multisite managers, who had an existing registration with CQC, to manage the service. They had commenced the process of applying to CQC to add Craegmoor Supporting You in the North East to their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with felt safe using the service. We saw that the service was particularly person centred and that risks were well managed. People were safely supported with their medicines. There was a procedure in place to ensure any safeguarding concerns were addressed and reported. There were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service supported people to maintain a healthy diet and people who required the involvement of health care professionals were assisted to obtain this. Staff told us they enjoyed working at the service and had received support, training and supervision to help them to carry out their support role effectively.

People told us the support team were very caring. They said they treated people with respect and dignity, and staff supported them in a way which met their needs. People and their relatives had been involved in formulating support plans.

The service continued to ensure that people's needs were assessed and support was planned and delivered in line with their individual support plans. People's plans clearly identified their individual preferences and the areas in which they needed support. It was also evident that staff worked hard to provide people with the support they needed to have a good lifestyle that suited their individual and cultural needs and aspirations. The service continued to ensure that there was an effective and accessible complaints procedure.

The registered provider continued to ensure there was an effective system to monitor the quality of service delivery and of staff performance. People, and those who were important to them, were routinely consulted about their satisfaction in the service they received. It was evident that people's comments and ideas were used to develop and improve the service. It was also evident that the team worked well in partnership with other professionals, to provide a person centred service that met people's needs.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Craegmoor Supporting You in the North East

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 announced inspection occurred on 1 June 2018. The provider was given 48 hours' notice because the location provides a service to people in their own homes and in the community and we needed to be sure that someone would be at the office. The inspection was undertaken by one adult social care inspector.

Before the inspection we looked at the information we held about this service. This included the provider information return (PIR) and notifications we had received from the provider since the last inspection. We also contacted the local authority to gain their feedback about the service. We contacted social care professionals who had contact with the service and received feedback from one social worker.

During the inspection we spent time with the multisite manager and with the locality manager. We looked at documentation relating to people who used the service, staff and the management of the service. This took place in the office. We looked at two people's written records, including their plans of their care. The personnel files for three staff members, along with some policies and procedures and quality assurance records.

At the time of the inspection the service was providing personal care to two people. Both had specific communication needs and were unable to engage with us by telephone. As part of the inspection we spoke with the close relatives of both people, by telephone to gain their views of the service. We also interviewed two support staff by telephone.

Is the service safe?

Our findings

People's relatives told us they felt people were safe with the staff. This was consistent in all the feedback we received, including people's questionnaire responses and comments from the social worker we spoke with.

The registered provider continued to ensure that people were safeguarded from abuse. Staff received training in safeguarding people. Staff were aware there was a policy on whistleblowing and they knew this meant reporting any concerns they had about poor practice or wrong doing at work. Any allegations were reported appropriately to CQC and via the local authority safeguarding procedure. This meant that people were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse.

The service continued to ensure risks to people were assessed and their safety monitored and managed, so they are supported to stay safe, while their freedom was respected. It was evident from the records we saw and the feedback we received that people's independence was promoted and they were supported to take part in activities that involved a degree of risk, without undue restrictions being placed on them. The risk assessments we saw described the relevant risks in detail and provided a good level of guidance for staff on how to manage them. This helped to ensure that people received the support they needed.

The service continued to ensure there were sufficient numbers of suitable staff to support people to stay safe and to meet their needs. Each person's support hours were funded in line with their individual, assessed needs and it was evident there were enough staff to meet people's needs. This included consistently providing the same support staff, who supported people on a regular basis, so they got to know each other very well. Members of the management team said if people's level of need required more hours of support; they would discuss a reassessment with the funding authority. People's relatives said the times the service was provided were agreed to suit the needs of their family member and if, now and again, they needed to make a change to these times, the service was very flexible and accommodating.

The registered provider continued to ensure there was a safe recruitment and selection process in place. This process included obtaining pre-employment checks prior to staff commencing employment. These included references, and a satisfactory Disclosure and Barring Service (DBS) checks. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

At the time of the inspection staff were not supporting anyone with their medicines. However, if this task became necessary, there were procedures to make sure people's medicines were managed safely and staff received appropriate training in this aspect of their role.

Feedback we received indicated that people protected by the prevention and control of infection because staff received appropriate training. The service also had an internal audit cycle in place that effectively monitored the areas of medication, infection control and safeguarding. We saw that accidents and incidents were monitored and analysed and it was evident that lessons were learned and action taken to prevent

recurrences

Is the service effective?

Our findings

People's relatives said they were happy with the support their family members received. People were supported by small teams of staff which helped to provide continuity of care to people and ensured the staff understood their individual needs. The way the support hours were planned made sure staffing was consistent. The locality manager worked as part of the team to support people. Both people's relatives said their family members had been receiving the service for several years and the staff had got to know them very well, and were very competent.

The registered provider continued to ensure that staff had the skills, knowledge and experience to deliver effective care and support. Appropriate training was provided to staff to make sure they knew how to support people in a safe and effective way. New staff members completed a period of induction, which prepared them for their role and staff received regular updates of their core training. There was classroom based training and a range of subjects were provided through 'e-learning'. This is when training is accessed by a computer. Staff had received training in all core areas as well as subjects such as learning disabilities, mental health and autism. The location manager had undertaken 'train the trainer' courses, which included the Mental Capacity Act (MCA), safeguarding and basic life support, so they could provide training to staff.

The Mental Capacity Act 2005 provides a legal framework for making 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the service continued to ensure that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Where people lacked the capacity to make their own decisions care was provided in their best interests following discussions with the person's relatives and other relevant professionals. This helped to protect people's rights. We saw staff undertook training about mental capacity and deprivation of liberty safeguards (DoLS). Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

Information about people's health conditions were recorded in their files and information about input from health professionals was updated as required. Staff were clear about their role in sharing information with people's representatives and healthcare professionals, and reporting changes to the management team. Where people required help with their meals this information was built into their agreed care plan. This included their special and cultural dietary needs and the assistance they needed. Daily records showed staff were acting in accordance with people's care plans and meeting their individual needs. Where staff were supporting people with their food their relatives were happy with this aspect of the service.

Is the service caring?

Our findings

The two people whose plans we looked at lived with their families and received support from the service to access the community. Both people's relatives spoke very positively about the service. For instance, one relative said, "I can't fault them [staff] at all. They are all very caring. Our [family member] is well cared for." Both relatives felt that one of the key reason for this was that their family members received care and support from the same staff consistently, and had built good relationships and understanding. We saw that where people had specific communication needs it was evident that work was done to help staff to engage them effectively.

Both people's relatives said all members of the support team communicated well with them about their family member's wellbeing and about what activities they had been doing whilst out and about. They told us staff were respectful of their family members. They were clear that staff preserved people's privacy and dignity.

The service continued to support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. Both people's relatives said, because staff knew their family members well, they could give their family members choices that were relevant and meaningful to them. It was also evident that support was being provided in ways that promoted people's independence.

Individual plans had been produced, which set out the support that had been agreed with each person, and people who were important to them, such as their close family members. There was information about how care and support was to be provided. People's records included a lot of information about their personal circumstances and how they wished to be supported. The information gave a good picture of people's preferred routines, their interests and the things they did not like. This helped to make sure that staff supported people in the way they wanted. It continued to be recognised that people had might like the staff who supported them to have certain qualities and interests. People's wishes were considered when matching support workers to them.

The service continued to ensure that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. Staff received training about equality, diversity and human rights, and about dignity, respect and person centred care. The staff we spoke with described a personalised approach when talking about supporting people. They told us that some people who used the service had specific cultural or religious needs to be considered when being supported by staff. We saw that these were detailed as part of people's individual plans, and it was clear that care was taken to provide a service acceptable to people in terms of their faith background. Both people's relatives agreed staff were aware of their cultural needs and preferences, and those of their families.

Is the service responsive?

Our findings

Both people's relatives said the service was very responsive to their family members' needs. This was echoed in all the feedback we received, including people's questionnaire responses and comments from the social worker we spoke with.

It was evident that the service continued to ensure there was an effective system for assessing people's needs and for the planning of their support. This helped to make sure people received a service that was responsive to their individual needs. Each person's needs and preferences were clearly identified in their support plan. The assessments and plans were up to date, informative and provided a good picture of the person and the support being provided. They were written in a person centred way. Person centred values are the guiding principles that help to put the interests of the individual receiving care or support at the centre of everything the service does. Managers and staff attended training in person centred approaches and it was evident from talking to people's relatives that staff wove this approach into their work.

The registered provider continued to ensure that people received personalised care that was responsive to their needs. For instance, daily reports were written by staff about people's day to day support. This helped to make sure staff were kept up to date with people's needs, helped to ensure a consistent approach and helped to maintain good communication with people's close families. This also meant relevant information was available when people's needs were reviewed and the outcome of their support evaluated.

The registered provider continued to ensure that people's concerns and complaints were responded to and used to improve the quality of care. People's relatives knew who to speak to if they had any concerns or complaints. People had been given information about making a complaint and who they could contact for advice. This was in an accessible, pictorial format to help people who used the service to engage in the process. The service continued to keep a record of the complaints raised with the service and the action taken in response to these. The members of the management team saw complaints as an opportunity to learn from people's experiences and improve the service.

Is the service well-led?

Our findings

People's relatives us they were satisfied with the service provided and they said the service was led effectively. For instance, one relative said, "The service is managed well. They [the staff] take a lot of care. I would recommend the service. I have no complaints. They are very good."

The previous registered manager left six months before this inspection. The registered provider had arranged for another of their multisite managers to manage the service. A location manager supported the multisite manager in the day to day running of the service. They worked 20 hours per week in their management role, as well as working alongside the support workers, delivering direct support to people who use the service for 20 hours. The locality manager had been managing the locality on a day to day basis for several years. An administrator assisted with the running of the office and worked closely with the management team.

The registered provider was undertaking a reorganisation of their services overall, which had led to a reduction in the number of care and support packages managed by Craegmoor Supporting You in the North East. As some packages previously managed at this location had been some distance away, and they were now being managed more locally, this was seen to be a positive development by members of the management team.

The members of the management team demonstrated good oversight of the service. The support workers we spoke with had a clear understanding of their roles and responsibilities. They spoke positively about the support they received from the staff based in the office. They received regular support through individual and group meetings with the managers. The members of the management team also told us they received regular support through meetings with their managers and peers. 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. They said they were actively encouraged to report concerns and were confident to do so.

The registered provider continued to ensure that effective checks were made to make sure the service was operating satisfactorily. There were audits to monitor, maintain or improve the service. These included auditing compliance and quality, staff views, recruitment, care records, and when relevant, medicine administration, petty cash and people's finances. The multisite manager said they were waiting for an annual comprehensive audit by the quality lead from head office, as this was due. We reviewed the record of this audit for last year and it was evident that when shortfalls were found action was taken to address them.

People who used the service continued to be asked regularly for their views about the service. This was undertaken in a variety of ways. Some people communicated their feelings and opinions; making their views known by verbalisation, or by body language. We found staff were skilled and competent at interpreting people's individual way of communicating. It was evident that staff acted upon what people communicated to them. More formally, people were asked for their views at their one to one meetings and care reviews, and using pictorial surveys. In some cases, people's family members were very much involved in these processes.

This gave people the opportunity to comment on staff's abilities and attitude. The responses we saw were consistently positive about all aspects of the service.

Although there were no regular, overall, formal assessments of staff's competence, the locality manager regularly worked alongside support staff, providing care and support to people who used the service. He told us that this enabled him to monitor staff's performance. The multisite manager told us they intended to introduce more regular 'spot checks' to be carried out to assess how staff were working.

The registered provider produced a 'Your Voice newsletter'. This helped to keep people using the service, staff, their relatives and commissioners up to date with news and events.

The service worked effectively in partnership with other agencies. Both members of the management team described how they worked in partnership with all parties involved in the care and support of the people who used the service such as, district and community nursing teams, occupational and speech therapists, social workers and the local authority safeguarding team.

There continued to be a clear vision and values about the service to support people as individuals. Feedback we received from people's relatives, the social worker we spoke with and the staff indicated the service promoted a positive culture that was person-centred, inclusive and empowering and achieved good outcomes for people. Staff understood the aims of the service and their role in achieving these. They told us there was an emphasis on promoting people's independence. Staff member told us they enjoyed spending time with people, being able to get to know people well, and being able to respond to each person as an individual, with their own particular needs and interests.