

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

This inspection carried out on 15 April 2016 and was announced. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in March 2014, when no breaches of legal requirements were identified.

Craegmoor Supporting You in the North East is an agency providing support for community activities and some personal care to people with learning disabilities or mental health needs who live in their own homes or in supported living accommodation. They provide the support to people who live in Rotherham and surrounding areas. A supported living service is a type of service that helps people to live independently in their own homes and in the local community, often in shared accommodation.

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 who oversaw the service. 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.

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 Craegmoor Supporting You in the North East. We received 33 completed questionnaires back, and these indicated a very high level of satisfaction with the service.

People's needs had been assessed before their support package commenced and people and their relatives had been involved in formulating and updating the support plans. The information included in the care records we saw was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

Where people needed support taking their medication this was provided by staff who had been trained to carry out this role. The service had clear medication policies to ensure staff could offer support to people safely.

We found the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same care staff, who visited people on a regular basis.

Staff knew how to recognise and respond to abuse appropriately. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

There were appropriate recruitment checks undertaken when employing new staff. We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their assessed needs. Staff sought to obtain people's views and to provide support in the way they wanted. Because staff had good information about people it helped to make sure support was tailored to people's individual needs and preferences.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were confident to raise any concerns they may have had. We saw the complaints process was written in a suitable format for people who used the service.

People benefited from a well run service. There were systems in place for monitoring the service and for identifying what was working well and where improvements were needed. People were encouraged to give their views about the quality of the care provided to help drive up standards.

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.

The recruitment procedure made sure staff were suitable before they provided support to people.

Risks to people's safety were assessed and well managed.

Staff received training so they would recognise abuse and knew what to do if they had concerns about people.

People received support with their medicines to make sure these were safely managed and administered.

Is the service effective?

Good ●

The service was effective.

Staff received training which helped them to do their jobs well and provided support in ways which helped people to be independent.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to make sure the rights of people with limited mental capacity to make decisions were respected.

Staff were well informed about people's needs and worked in conjunction with healthcare professionals to support people to maintain good health.

Where appropriate, staff provided support to people to help make sure their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

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.

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

Is the service responsive?

Good ●

The service was responsive.

Individual plans showed people's needs and preferences and were kept under review to reflect changes in their circumstances.

People received support, which promoted their independence.

People knew what to do if they needed to make a complaint.

Is the service well-led?

Good ●

The service was well led.

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. People who used the service had the opportunity to share their views and experiences and the quality of the service was being assessed.

Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

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.

The inspection was undertaken by an adult social care inspector. The inspection took place on 15 April 2016. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the registered manager was available at the office for us to speak to them.

The registered manager told us the service was providing support to around 40 people, 11 of whom received support with their personal care. Our inspection focussed on the provision of personal care.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. 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.

We sent out questionnaires to people who the service, staff, relatives and friends and community professionals to ask people what they thought about the service. We received 33 back from people. We spoke with the registered manager and deputy manager. We also met the area manager. We also interviewed three members of care staff in private.

Commissioners of the service and health and social care professionals were contacted in order to gain their views about the service.

At our visit 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 met two people who used the service who visited the office with their members of support staff, and visited one person in their home. We spoke with three support staff two managers and the registered manager.

We looked at three people's written records, including their plans of their care. The personnel files for three staff members, the records of concerns and complaints, along with some policies and procedures and quality audits.

Is the service safe?

Our findings

People told us they felt safe with the staff. This was consistent in all of the feedback we received, from talking to people and from their questionnaire responses.

Staff had received training in safeguarding people from abuse, so they were aware of the different types of abuse. They said the arrangements for safeguarding people were in a written procedure, and that this was readily available to all staff. Staff also told us there was a policy on whistleblowing and they knew this meant reporting any concerns they had about poor practice or wrong doing at work. The project managers had undertaken further training to enable them to train the support staff in safeguarding people. Notifications received from the service showed that any allegations were reported appropriately so that these could be followed up appropriately. This meant that people were protected from the risk of harm because staff understood their responsibility to safeguard people from abuse.

There was lots of evidence that the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same support staff, who supported people on a regular basis, so they got to know each other very well.

The provider adhered to a recruitment policy which 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 had been barred from working with vulnerable people. The recruitment records we looked at reflected a thorough approach to recruitment in terms of the checks undertaken of applicant's suitability and background. There was evidence that staff did not start to support people before the recruitment process had been completed and their suitability confirmed.

Procedures were in place to make sure people's medicines were managed safely and staff received appropriate training in this aspect of their role. People's ability to manage their medicines safely had been assessed. Their records showed how they were involved in looking after and taking their medicines and the support they needed from staff. Where prompts were given by staff this was documented within the person's support plan. Medication audits were completed and action planned to maximise people's independence. One person we spoke with said they were very happy with the support they received from the support staff with their medication.

Records and feedback from staff showed that risks to people's health and safety were assessed and action was taken to reduce these. People who used the service were involved in the risk assessment that support staff made of people's accommodation, to make sure their home environment was safe for themselves and the staff who supported them.

Risk assessments, plans and written procedures provided information in relation to specific risks and events which could arise. This helped to ensure that people received the support they needed. For instance, we saw 'hospital passports' which contained details about a person that hospital staff should know about when

providing treatment.

Support plans also referred to risks relating to people's activities when at home and out in the community. Staff emphasised the importance of supporting people in the community. Staff 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, without undue restrictions being placed on them.

Some people presented behaviour that challenged the service and staff had received training referred to as, 'Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention' (PROACT-SCIP). We were told that the focus of this programme was to assist people who used the service to maintain self-control, and to enable staff to engage in positive behaviour support, reducing the need for restrictive interventions.

Is the service effective?

Our findings

People said they were happy with the support they received, and confirmed it was meeting people's individual needs. Some people were provided with support in areas such as household tasks, managing money and activities in the community, and in some cases this included assistance with their personal care. Staff told us about people who had used the service and developed skills which enabled them to live more independently.

People said the staff had got to know them well and were competent in what they did. 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 particular role. One staff member responded to the questionnaire we sent out saying, "Since joining Craegmoor I have received excellent training to complete my job role. I feel I have received training specific to the need of our service users."

We saw that the provider had arranged for a variety of subjects to be covered through 'e-learning'; this is when training is accessed by a computer, as well as face to face, classroom based training. Staff had received training in subjects such as learning disabilities, mental health, Asperger's syndrome, autism, suicide prevention and self-harm and the staff we spoke with felt well trained, and confident to be able support people with a range of needs. Project managers undertook 'train the trainer' courses, for their own personal development, and so they could provide training to staff in areas such as the Mental Capacity Act, safeguarding and basic life support and PROACT SCIP.

Staff described to us in real detail how people liked to be supported and their preferred routines. Not everyone needed the same level of support. 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, for example by verbal prompts or by checking that something had been done. This meant support was being provided in ways which promoted people's independence.

Staff said people's plans provided them with the information they needed. People told us that staff were available to support them when needed. People who utilised 'personal budgets' were able to change their times and days of support to meet their individual needs. 'Personal budgets' are one way Councils help people to have more control of the social care services they receive.

Support workers were involved with food preparation for some people, while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. The support reflected people's preferences, choices and what they were able to do for themselves. This included, for example, help with shopping and cooking. If concerns arose about a person's nutrition, this was followed up thoughtfully and appropriately. This showed that 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. People's records included information about the health care professionals they had contact with. Staff also kept an overview of each person's health and welfare through regular meetings with people called, 'my meetings,' and by ensuring that support plans were updated when necessary. These arrangements helped to make sure people maintained good health and any concerns were followed up promptly. One person responded to the questionnaire we sent out saying, "The care service has contacted my doctor, day centre and social services to inform them who they are, and that they support me which I find very helpful."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process and the registered manager showed us work that was being undertaken to improve the clarity of people's records in respect of making decisions in people's best interests.

Is the service caring?

Our findings

Some people who received support from the service lived alone in their own homes, some people lived with their families and some people lived within shared, supported houses. One person's relative responded to the questionnaire we sent out saying, "The support given by the support worker is outstanding. We as a family, trust [staff member] to support our [family member]. [Staff member] has become like a member of the family. It is an important factor knowing that we can continue working and our [family member] is well supported and cared for.

We had the opportunity to observe staff interacting with people who used the service. 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 one person in their own home, staff checked that it was alright for us to visit, if it was a good time, and explained our role. This showed that people's choice privacy was respected.

Staff also helped people to establish positive relationships with the people they lived with in the shared houses. For example, tenants' meetings were held, 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. This showed a concern for people's well-being, and that staff provided support which helped people to resolve any issues.

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 overtime to give 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.

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.

Some people had specific communication needs and work was done to help staff to engage them effectively. For instance, Makaton training had been implemented to support people and their support staff in effective communication. Makaton is a language programme using signs, symbols and speech to help people to communicate.

It was also recognised that people had different personalities and might like the staff who supported them to have certain qualities and interests. Some people had completed a 'my support worker specification' form. This showed people's wishes were being taken into account when matching support workers to people. One person told us staff respected how they wished to live and always sought their views.

Is the service responsive?

Our findings

Everyone said the service was very responsive. There was a system in place 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 were clearly identified in their support plan. People's assessments and plans were informative and provided a good picture of the person and the support being planned and provided. We were told the format of the plans had recently been improved and progress was being made in implementing these for each person to make them more person centred.

The project managers had attended training around person centred approaches and, as part of this, about producing person centred, one-page profiles about people, to help staff to get to know them well. The management team had created one page profiles about themselves to help familiarise people with the format and to show how helpful they could be.

The plans we saw had been kept under review and amended to help keep them up to date. Although one person's plan we saw was due to be reviewed and updated to the new format, and did need some minor amendments.

Daily reports were written by staff about people's care and support. The reports also helped to make sure 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.

People said they 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. 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 who had been in post for approximately one year. Two project managers provided day to day management support. An administrator assisted with the running of the office and worked closely with the management team. Feedback we received showed these arrangements were effective in providing a well-run service.

Staff felt supported in their work and said the managers were very approachable. One staff member described the registered manager as, "Brilliant." The staff member went on to say that the registered manager had been very supportive of their personal development.

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. One staff member told us the registered manager had, "made an enormous difference in improving the service to people and improving staff morale".

The registered manager described to us their priorities for developing and improving the service for people and how ideas were being put into practice. This included the introduction of new 'my plan' documentation, and providing training and tool to help staff in person centred thinking. This showed action was being taken to make sure the service was tailored to, and responsive to people's needs.

We heard about positive outcomes for the people who used the service. For instance, 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 told us there was an emphasis on promoting people's independence, and on responding to each person as an individual, with their own particular needs. There were two internal, company initiatives; the 'Pride' awards and the 'Making a Difference' awards. These gave staff the opportunity to nominate colleagues for recognition of their achievements. The awards featured five categories: putting people first, being with a family, acting with integrity, being positive and striving for excellence.

The service provider, Craegmoor had also signed up to a nationally recognised, external initiative, 'Driving Up Quality.' Signing up is a commitment to driving up quality in services for people with learning disabilities.

All members of the management team undertook a range of checks and audits to make sure the service was well managed. 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.

The provider kept a regular overview of the service. Support for the registered manager was provided by a regional manager, who also carried out quality audits. The reports showed the audits were useful in identifying any shortcomings or the need for improvement. Actions to address any shortcomings were added to an action plan and followed up by the registered manager. Achievements were also identified. This showed the provider was taking action to ensure the service achieved its aims and was meeting people's needs.

Systems were in place for obtaining people's feedback about the service they received. These included questionnaires sent out annually, as part of the provider's procedures for quality assurance. The results of these were included in an action plan and communicated to the people who used the service via the 'Your Voice' newsletter. Staff were kept up to date via regular supervision and the staff meetings, which were held to discuss a range of areas, including people's progress with meeting their goals. The meeting minutes showed there was also the opportunity for learning, through discussion about accidents and incidents and what, if anything might need to be changed to prevent similar events in the future.