

Creative Support Limited

Creative Support - Prince of Wales Drive Extra Care Service

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

About the service

Creative Support - Prince of Wales Drive Extra Care Service is an 'extra care' housing scheme that provides personal care and support to people living in their own flats in a single multi-occupancy building.

The single adapted building comprises of 73 self-contained flats which are managed. Optivo Housing Association own the building and, as the property's landlord, are responsible for its maintenance.

At the time of our inspection, 41 people aged 55 and over were receiving personal care and support at the scheme. The Care Quality Commission (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

People told us they were happy with the care and support they received. Comments included, "I do really like it here. They really look after me", "It's really lovely here. I have people around to help me. I can't believe how lucky I am", "I have a buzzer round my neck, that makes me safe and they come really, really quickly" and "I am very safe here."

People were cared for in a safe manner that minimised the risk of harm and abuse. Risk assessments identified concerns to people's health and well-being. Staff followed guidance in place to mitigate the risks people might face. Staff underwent checks to ensure their fitness to work in the health and social care setting. People received the support they required to take their medicines.

The provider had systems in place which enabled staff to follow best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

People were cared for by staff who were supported in their roles through induction, training and supervisions. There was a consistent and sufficient team of staff that provided care to people. This ensured people received continuity of care from staff who knew them well and were familiar with their needs and wishes.

People told us staff were kind, caring and compassionate. Staff obtained people's consent before providing care to them. People got on well with staff and had developed meaningful relations with them. Staff respected people's privacy and upheld their dignity and human rights when providing care. Staff supported people to maintain their independence and to make choices about their lives.

The provider used their quality assurance systems effectively to develop the service. Improvements were made when needed. The registered manager ensured staff learnt lessons when things went wrong. People who used the service, their relatives and staff said the registered manager was keen to continuously improve

the service. The provider worked in close partnership with other agencies to plan and deliver care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This extra care scheme was previously included in a larger location covering multiple services, Mears Homecare Limited (London Bridge), registered to a provider who is no longer registered with the Commission. The last rating for the location under the previous provider's registration was requires improvement (published 28 January 2016).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 30/07/2020 and this is the first inspection.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

Creative Support - Prince of Wales Drive Extra Care Service

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.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection team consisted of two inspectors and two Experts 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 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 and support service.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. This two-day inspection started on 5/10/21 when we visited the scheme's offices and ended on 08/10/21.

What we did before the inspection

We reviewed all the information we had received about this 'extra care' housing scheme. 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 eight members of staff including the registered manager, shift supervisor, activities co-ordinator, support care workers, assistant manager and admin officer.

We reviewed a range of records. This included 12 people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with 16 people who used the service and seven relatives about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew how to identify and report any concerns. Staff knew when to whistle blow allegations of abuse to internal and external agencies to help keep people safe. Staff received training on safeguarding which enabled them to support people safely.
- The provider had effective systems in place to safeguard people from abuse. The registered manager worked closely with the local authority if there were safeguarding issues.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Comments from people who used the service and their relatives included, "I feel safe and I am happy with the care workers" and "I am very safe. Carers know what they need to do for my safety and well-being".
- Risk assessments detailed tasks that people could safely do for themselves and what they needed support with. For example, managing their medicines and finances. Staff told us and care records confirmed they followed the guidance in place to support people in a safe manner.

Staffing and recruitment

- People were supported by a sufficient number of staff. People's comments included, "I feel safe as there is always somebody here" and "I feel safe because they visit me to see if I am ok". People received care when they needed it. There had been few reported cases of missed and delayed calls. The registered manager had addressed the issues to ensure people received care on time. A regular team of staff was assigned to provide care to each person which ensured consistency in the support provided. Staff were happy with the rotas and staffing levels and told us they were allocated enough time to support people. However, there were a few cases where staff felt pressured with the amount of work. Staff told us the managers and colleagues stepped in to ensure the workload was distributed fairly and people received care when needed.
- People received care from staff who underwent safe recruitment checks. The provider carried out checks on staff to work with vulnerable adults and their eligibility to work in the UK before they started providing care at the service.

Using medicines safely

- People received the support they required to take their medicines safely. People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. Medicine administration records (MAR) and records were completed fully with no gaps. Audits were carried out to ensure people received their medicines as prescribed. There had been one concern raised with medicines administration in the last twelve months. The issue had been addressed.
- Staff were trained to manage people's medicines and had their competency assessed.

- The provider reviewed their medicines policy and procedures when needed.

Preventing and controlling infection

- People received care in a way that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- People and their relatives made positive comments about how the provider had managed the COVID-19 pandemic. They told us, "The carers all wear masks, gloves and aprons" and "Carers were very good in the pandemic. They did regular tests and everyone had to wear masks and everyone had to follow all the rules."
- Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently minimising the spread of infection. Staff told us they used Personal Protective Equipment (PPE) effectively, for example, they wore aprons and gloves when preparing food or carrying out personal care. Staff said they washed their hands and cleaned any equipment used after completing personal care.
- Staff demonstrated a good understanding of their IPC roles and responsibilities. Their comments included, "It was a tough time, but we managed because we supported each other"; "We had enough PPE, all the necessary training and did the testing as required"; "The management team was very supportive" and "I think we did very well managing COVID-19 as best we could."
- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.

Learning lessons when things go wrong

- People received safe care because the provider ensured lessons were learnt when things went wrong. Accidents and incidents were recorded and improvements made to prevent a reoccurrence of mistakes.
- Staff understood the provider's policy to report and respond to accidents or incidents. For example, staff maintained a record of incidents and accidents and the registered manager carried out an analysis to identify patterns or trends. For example, one person had a history of falls. Staff ensured the person's environment was free of clutter and they had easy access to their mobility aids.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met. People and their relatives commented, "The care workers are well trained" and "They are reliable and do what they are meant to do".
- Assessments were carried out on people's needs and care plans detailed the support they required. People and their relatives where appropriate were involved in the assessments and regular review and updates of the support they required.
- Staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received the care appropriate to their needs because staff were supported to undertake their roles.
- The provider had processes in place to support new staff when undergoing induction. This included completing a course recognised in health and social care, opportunity to shadow other staff and familiarise themselves with people and their care records so they understood how to support people well.
- Staff received regular supervision to discuss their performance and any support they may require. The provider ensured staff were trained for their roles and received refresher courses training appropriate for their roles.
- Staff told us, "There is a lot more training with Creative Support than had with previous owners", "We get sent on face to face training and also on-line training" and "I am up to date with all my mandatory training. Staff were reminded of their responsibility to undertake training and the provider took appropriate action to ensure compliance.
- Training records confirmed staff were trained in safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration needs. Staff encouraged people to eat and drink sufficiently and healthily, for example including fresh food, vegetables and fruit in their diets. People's care records indicated the support they required with eating and drinking, food shopping and to prepare meals.
- People's nutritional needs were documented clearly and showed their preferences for food and drink.

Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support to access healthcare services and to maintain good health. For example, staff escorted people to attend hospital appointments such as eye tests or for reviews with their GPs for health conditions such as diabetes.

- Care plans detailed the guidance recommended by healthcare professionals. Records showed staff followed the guidance, for example by ensuring a person had a healthy diet to manage their diabetes and another person encouraging them to walk safely by using the recommended walking frame.
- Staff worked closely with the people and their relatives and commissioners to review each person's needs. This ensured people received effective support appropriate to their care needs.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received care in a manner that respected their human rights. People were asked for their consent before they agreed to receive care. Support plans showed people consented to receiving care as planned. Staff were aware of their responsibilities in relation to the MCA. They had attended training to ensure they understood how provide care in a way that promoted people's rights. Staff had access to the provider's MCA policy which helped to inform the way they provided care.
- Mental capacity assessments were undertaken and best interests' meetings held when needed to support people make specific decisions about aspects of their care. Care plans were detailed and specific about what decisions people could make for themselves and where they may require more support, for example to manage or make decisions about their personal care, finances or medicines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a kind, respectful and compassionate manner. Comments from people and their relatives included, "They are a lovely bunch of people", "I am quite satisfied with this place. The people who look after me are very kind and polite" and "I would describe them as gentle kind, caring and concerned".
- People received support from a consistent team assigned to care for them. People told us, "I know all my carers. They really look after me" and "It's the same carers always". This enabled nurturing of positive caring relationships as staff got to understand how people wish to have their care delivered.
- Staff provided people's care in a manner that promoted their equality and diversity. People's cultural and spiritual needs and wishes were recorded and staff took account of these when delivering care. Staff knew information about what mattered to people's identity such as their history and cultural heritage. People told us staff were respectful of their individuality and did not feel discriminated. Staff were aware of protected characteristics and understood their responsibility to provide care without any discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability. Staff received training in equality and diversity and upheld values in line with the provider's policy.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to make their views known about the support they wished to receive. One person told us, "Carers do ask about the help I need." People were given opportunities to share their views about their care and discuss choices about their daily routines and care delivery. Records confirmed people were involved in planning their care and developing their support plans.
- The information gathered by the registered manager enabled staff to understand how each person preferred their care delivered, and how the current support plan was working for them. People told us staff considered and respected their choices about how they wanted their care provided.
- Care records confirmed staff delivered care and support to people as planned in line with their choices and any changes requested.

Respecting and promoting people's privacy, dignity and independence

- People told us staff provided their care and support with respect. People's comments included, "My carers treat me with respect" and "Carers are respectful". People were treated with dignity and their privacy respected. Staff told us, "I knock on the client's door and wait to be invited," "We close doors in the bathrooms or bedrooms when we are providing personal care" and "I cover a person with a towel when washing". People's records were kept secure and confidential. Staff understood their responsibility to keep

information about people confidential and to share with others only when authorized to do so.

- People were encouraged and supported to carry out tasks for themselves so they could remain as independent as possible. A relative commented, "The carers are good, they encourage [person] and encourage him to go out too, they are very good. They let him do the cooking too". Care plans contained details about what people were able to do independently such as cooking for themselves, warming up their food or making a cup of tea. This ensured staff supported people in ways that promoted developing or maintaining existing skills.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that met their needs. They told us, "The manager asked all sorts of things so they could get to know me" and "They went through a whole questionnaire with us about [person] and his preferences and choices and really getting to know the person". Care plans were detailed and contained information about people's needs, preferences, medical, health, life history, mobility, medicines, communication and interests and how they wished their support to be provided.
- People's needs were reviewed regularly, and their care plans updated to reflect changes in their needs and how they wanted staff to provide care to them. Staff told us this enabled them to respond appropriately to people's needs as they had up to date information about their care and preferences.
- Staff told us the registered manager communicated with them regularly about people's changing needs and the support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Staff were provided with information about people's communication preferences and guidance on how best to communicate with them.
- People who used the service received information about their care in a manner they understood. Staff communicated with people well and understood how they wished their care to be provided.
- The provider ensured people were provided with information in a format they understood for them in line with AIS. For example, through interpreters and large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to access the local community and encouraged to participate in a wide range of activities. Comments received included for example, "We now have a variety of activities", "They have some creative activities and they are very inclusive and celebrate lots of different festivals, I like that" and "The managers really encourage people to come out to do things such as attending art classes and exercise sessions."
- People were supported to maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met. People told us, "We can have visitors anytime and my friends come" and "We have coffee mornings and all sorts". Staff arranged video calls between a person and their family

members who could not visit to avoid social isolation. The service had a guest room where visitors can stay overnight.

- The registered manager had a plan that had seen people engage in various activities for stimulation. Staff recorded and monitored the level of interaction and engaging in activities with people which was then analysed to ensure people were not at risk of social isolation.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. Their comments included, "I definitely do not have any complaints but if I did I would go straight to the [registered manager] and he would sort it out for me" and "I would speak to the manager if I was worried about anything".
- People told us the registered manager communicated with them and their relatives regularly and sought to understand if they had any issues bothering them.
- The provider maintained a record of complaints received at the service and a monitoring system to check on progress on investigations. We were assured the provider investigated the concerns and complaints received in a timely manner and to people's satisfaction. Steps taken were highlighted to staff to minimise the errors from happening in future.
- People and their relatives had the complaints policy and procedure to ensure they understood their rights and process to follow when raising a concern about the service.
- Compliments received at the service included, "Thank you for the hard work of caring for others" and "We appreciate the care and initiative along with the consideration for the family."

End of life care and support

- People were involved in discussing their end of their lives wishes. Staff recorded people's wishes of the support they required for their end of life care and updated when needed.
- The registered manager understood their responsibility to ensure people received appropriate care at the end of their lives and would work closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed.
- Records indicated where people did not wish to discuss their wishes. No one was receiving end of life care at the time of our inspection. The provider had an end of life policy in place.

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.

This is the first inspection for this newly registered service.

This key question has been rated 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

- People benefitted from a person-centred approach which was open and inclusive and to their care. The provider ethos ensured an empowering culture which placed people at the centre of the service.
- People and their relatives provided positive feedback about the registered manager and staff. Their comments included, "[Registered manager] is an excellent manager and very pro- active" and "The registered manager is constantly thinking about the people who live there and how to improve things for them". People and staff said the registered manager was honest, approachable and open to ideas to develop the service and make improvements when needed.
- Staff were happy with the support they received in their roles and told us the registered manager was a "breath of fresh air", "hands on and engaged", "enthusiastic and knowledgeable about each client". They said the registered manager involved them in decisions that affected the way they worked and provided care to people.
- The registered manager ensured that staff kept records that were accurate and reflected the care and service provided. Staff stored people's care records safely and securely and in accordance with data protection requirements.
- Staff told us there was a positive change in teamwork and management of the service since the previous registered manager left. Staff felt able to approach the registered manager with any concerns and said they were listened to.

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

- People and their relatives said the registered manager was open and honest with them when things went wrong. People said the registered manager acknowledged any shortcomings in service delivery and any issues outside the control of the provider were raised with the relevant persons or organisations. For example, when people had maintenance issues in their flats, the provider worked closely with the housing association that managed the properties to ensure people's living conditions were not impacted negatively. The registered manager discussed incidents and concerns and kept people and their relatives aware of what the provider was doing in response.
- Staff were encouraged staff to be open and honest when they did not provide care to the standard people and their relatives expected, for example when staff were delayed for calls. Staff said they did not fear any reprisals as the registered manager discussed with them why things had happened and what actions they

needed to take to improve their practice.

- Incidents and accidents were reported and recorded. The registered manager discussed the incidents with staff which ensured continuous learning took place.
- The registered manager notified the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received care provided in line with CQC's regulatory requirements. The provider had a clear vision of providing effective care which they shared with staff.
- Quality assurance processes were designed to meet the CQC regulations they were required to comply with. Regular audits were undertaken on the quality of care provided on various aspects such as care planning, medicines management, records keeping and staff training. The latest audits showed one member of staff had not completed the provider's mandatory training and the registered manager had plans in place to ensure this was addressed.
- Regular staff meetings were held and the registered manager discussed the teams' roles in relation to meeting people's needs, managing risks, policies and procedures, medicines management, record keeping, supervisions and training.
- Organisational policies and procedures were reviewed and updated when required, for example in line with the COVID-19 pandemic a policy had been designed and put in place to ensure staff had sufficient guidance to meet regulatory functions.

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

- People who used the service and their relatives were involved in how the service was run. Comments included, "The managers are always available and give me an update about the service" and "I know the managers. They ask me if everything is alright and if I need anything else". They told us the registered manager and staff communicated effectively with them via regular telephone updates, emails and face-to-face contact when needed about the care delivery.
- People and their relatives told us they were provided with opportunities to give feedback about the support they received care and the management of the service. For example, people and relatives were asked what changes they would like to see at the service. The registered manager had made improvements based on people's feedback, for example increasing the number of days and range of activities provided at the service. People felt they wanted to have activities extended to weekends. The registered manager had embarked on a consultation on what activities they preferred to have over the weekend.
- Records confirmed the discussions that took place to gather people's views about the support they received and if they needed any changes.
- The provider produced a newsletter which reflected feedback from people using the service and staff and celebrated significant events in history.

Continuous learning and improving care

- People's care delivery was enhanced as the registered manager had developed a culture within the service that supported continuous learning and improvement. Improvements were made when needed to the care and support people received.
- The provider and registered manager sought staff views on how to improve the service. Staff told us and records confirmed the registered manager held regular catch up calls and meetings with them to discuss and to share updates about changes to people's needs and the support they required. They said this was a significant improvement from the previous manager and felt the quality of care provided to people had

improved as a result.

- Staff used the conversations as learning opportunities to prevent problems before they arose and felt happy their views were valued and considered .

Working in partnership with others

- People's care delivery was enhanced as the registered manager worked in partnership with the local authority and health and social care professionals.
- The service had systems in place to ensure effective partnership working.
- The provider had links with other agencies around the local community which they worked with closely. For example, the provider worked well with GPs, social workers, physiotherapists and pharmacies which enabled people to receive services appropriate for their health and when moving between services.