

Creative Support Limited

# Creative Support - Coopers Court Extra Care Service

## Inspection report

Creative Support - Coopers Court Extra Care Service  
124 Eric Street  
London  
E3 4SW

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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- Coopers Court Extra Care is an extra care service which provides care and support to people who live in their own flats. The building is owned and maintained by a housing association. At the time of our inspection the service was providing personal care for 20 people.

Coopers Court was previously registered as part of Creative Support- Sonali Gardens.

People's experience of using this service:

People told us they were treated with respect. People were involved in planning their care and had the opportunity to speak up. There were varied and interesting activities available to people.

People's care needs were assessed and care plans developed to meet their needs. People received the right care in line with these plans.

People had the right support to eat, drink and stay healthy. Risks to people's safety were assessed and plans were in place to manage these. Missing persons profiles were used to determine what action needed to be taken, but these lacked some key information that the police would ask for, although this was available elsewhere. Equipment was checked regularly but systems to monitor this were insufficient.

There were systems in place to make sure the environment was safe and that people's welfare was checked. People received their medicines safely and there were regular checks carried out of medicines and finances.

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.

People had consented to their care. When people did not have the capacity to make bigger decisions for themselves the provider worked with the local authority to make plans in their best interests.

There were enough staff available and staffing was planned to meet people's day to day needs. The service was working to reduce its dependency on agency staff and recruit more full time care workers.

Managers had a good understanding of people's needs. There were systems in place to maintain good communication and ensure everyone understood their duties. The provider carried out regular audits to make sure the quality of people's care remained good.

Rating at last inspection:

This was our first inspection since the service was registered on 20 July 2018. Under their previous

registration the service was rated 'good'.

Why we inspected:

This was a planned inspection.

Follow up:

The service was rated 'good'. We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

## 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 Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Creative Support - Coopers Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

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

#### Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is 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 unannounced.

#### What we did:

##### Before the inspection:

We did not ask the provider to complete a provider information return (PIR). This is a document which asks

for certain information about the service, including what they think they are doing well and their plans to develop the service in future.

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about. We spoke with a local authority contract monitoring officer. We were not aware of any concerns about the service.

During the inspection:

We spoke with nine people who used the service. We spoke with the registered manager and three care workers.

We looked at records of care, support and medicines management for five people.

We examined a range of records relating to the management of the service. This included records of recruitment, training and supervision for four care workers, overall training records and records of communications, staffing and audit.

After the inspection:

We contacted the local authority to further discuss our findings. We made calls to a further two care workers.

# 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'. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People told us they felt safe living at the service. Comments included "I generally feel safe with staff" and "I feel safe when staff visit". Care workers understood their responsibilities to report suspected abuse and were confident managers would respond.
- Issues of suspected abuse were reported and appropriate action was taken to safeguard people.
- People were protected from loss and financial abuse. When the service supported people with money or stored it for them, there was suitable recording of transactions. Managers checked these regularly.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. There were appropriate risk management plans for risks to people, such as those relating to mobility, moving and handling and how the person could evacuate in an emergency. There were daily welfare spot checks on key areas which could affect people's safety such as having access to pull chords and the safety of their flats.
- We identified two areas for development. People had missing person's profiles with a clear action plan for the person going missing. These lacked some of the key information that police would ask for when responding to a missing person to assess risk although this information was available elsewhere. The provider told us they would review the information held on missing person's profiles.
- Checks had been carried out of safety equipment but there was no clear timescale for when these needed to be repeated, although return visits had been scheduled. The service did not have a central system for monitoring this but told us they would implement one.
- Care workers responded promptly when people used their call bells or pendants to call for help. Care workers carried mobile handsets to make sure they could respond to people.
- People were protected from the risk of scalds from hot water. Care workers checked the temperature of water before providing care and kept records of this. There were clear guidelines available for staff on what was a safe temperature for a bath or shower.

Staffing and recruitment

- Staffing levels were planned to meet people's needs. Care workers told us that there were enough staff on duty and that managers did all they could to maintain this. Staff told us that the provider sometimes struggled to recruit and retain staff but that the staff team worked together to address shortages.
- There were enough staff on duty. Care workers' schedules were planned around people's planned visits. Rotas showed that staffing levels were sufficient to meet people's needs.
- The provider followed safer recruitment measures. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK. The provider carried out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including

convictions, to help employers make safer recruitment decisions.

#### Using medicines safely

- Care workers knew how to give medicines safely. Staff received regular training in administering medicines and their knowledge and skills were assessed by managers.
- People received the right support with their medicines. People told us they received their medicines safely. People's medicines needs were assessed and this formed part of their care plans. Care workers accurately recorded the support they had given on medicines administration recording (MAR) charts.
- There were extensive checks to make sure this was given safely. Daily welfare checks were used to make sure medicines were given. Medicines records were also audited regularly.

#### Preventing and controlling infection

- People were protected from infection. Care workers had training in infection control procedures and access to personal protective equipment. Managers used directly observed practice to make sure these were being used appropriately.

#### Learning lessons when things go wrong

- There was appropriate learning from incidents and systems supported this. Where incidents had occurred this was recorded by staff with a clear process for what needed to be reported to other agencies .
- Managers reflected on incidents and recorded the action taken and what could have prevented the incident. All incidents were signed off by a senior manager.



# 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'. 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 and choices were assessed. The provider had a suitable process for identifying what support people required and their preferences for their care. The provider drew on information from people, their families and other health professionals to complete assessments.
- Policies and procedures were designed in line with best practice guidance. This included key policies on safeguarding, medicines management and mental capacity.

Staff support: induction, training, skills and experience

- Care workers received the right training to carry out their roles. The provider had assessed mandatory training for care workers and monitored this to ensure staff received refresher training as required. Care workers also had the opportunity to access more detailed training courses, such as a multi-week course on dementia. Care workers told us they had the right training and benefitted from this.
- Managers had systems for assessing staff performance. This included directly observed practice and regular supervision. Supervisions were themed around key areas such as dignity, safeguarding and medication. Sometimes assessments of staff performance lacked detail on why supervisors felt care workers were performing well.

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

- People had the right support to eat and drink. People told us they were supported with meals when required. People's eating and drinking needs were assessed and care workers documented how they had ensured people had a varied diet in line with their choices.
- People often chose to eat together. There was a daily lunch club which was well attended and supported by care workers. People also had a weekly fish and chip meal. There were not always detailed records for when people had eaten at the lunch club; the provider told us they would review their processes to reflect this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's plans documented how the service needed to work with others to meet people's needs. People were referred to specialist support when required and plans were reviewed to reflect guidance from specialists.
- People were supported to meet their health needs. There was information on people's health conditions and the support people required with these. People were supported to attend appointments, including those with specialist clinics and opticians. Care workers told us they booked appointments for people if they were concerned about their health.

- People could access activities to help them stay healthy. This included exercise groups and disability sports. In one instance activities were not suitable for a person using the service. We discussed this with the registered manager who agreed to consider alternatives.

#### 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.

We checked whether the service was working within the principles of the MCA.

- People had consented to their care but records were incomplete. People had signed previous care plans and risk assessments and there was evidence of verbal consent through reviews. Most people's plans had been reviewed in the past month and these had not yet been signed by people.
- The provider was working in line with the MCA. People's decision making abilities were assessed and people were able to make day to day decisions for themselves. Where people were unable to make more complex decisions such as where to live, the provider worked with the local authority to assess people's capacity and to make decisions in people's best interests.
- People were not subject to restrictions on their liberty. We saw no evidence of restrictive practice. The provider had assessed everyone using the service to check for signs of practice which could infringe on their liberty.

# 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'. 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 told us they were treated with respect. Comments included "The staff are polite, not rude or nasty", "the person who looks after me is a really nice man" and "they are chatty and lift your spirits."
- We observed positive interaction between staff members and people who used the service. People were addressed by their names and always greeted by care workers. There were many opportunities for interaction between people and their care workers including in communal areas.
- People's plans took account of how people liked to spend their time. This included when people had behaviour which could seem unusual and how best to support people when this happened.

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

- People were involved in planning their care. Care plans took account of people's views and preferences and their opinions were stated in their plans. There were regular opportunities for people to discuss their views, including in welfare checks, reviews and meetings.
- People were encouraged to talk about and share their life stories. Care workers had discussed people's histories, employment and family lives and this was all recorded on people's plans. This included people's most important memories and the people and places that were important to them.
- Keyworking was not taking place regularly for everyone. People had allocated keyworkers but some people had not had sessions for 10 months. The provider told us they struggled to engage some people with keyworking, but there was no evidence of sessions being booked or refused.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted. People told us that care workers always knocked or rang the bell before entering their flats.
- People's independence was respected. Plans were clear about what people could do for themselves, including whether people needed prompting, guiding or direct support to have different aspects of their care carried out. Daily logs showed that staff respected this.
- Managers made sure people were treated with dignity. Care workers received themed supervisions on "The dignity challenge" where they discussed the meaning of dignity and ways they could maintain this. Managers checked staff communicated with people and treated them with respect during observed practice.

# 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'. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received the care they needed. People's care was planned to meet their needs and logs recorded how care workers had delivered this. Care plans were regularly reviewed and also updated as people's needs had changed.

- There was evidence of care responding to people's needs. People's visits could vary based on when they woke up and extra time was made available when required, such as for appointments. The provider contacted the local authority and requested changes to people's care when needed.

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

- The provider had a varied activity programme. People told us they benefitted from this. Comments included "There are lots of interesting activities, art interests and there is an outing to Clacton" and "I am given choices of activities" and "I had a lovely day out."

- People were well engaged in activities. We observed an arts project which was run by local children. This was well attended and very popular. Upcoming activities were advertised throughout the service, including regular activities and special occasions. People had the opportunity to attend church services, including a monthly service in the lounge.

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.

- The service was not fully meeting the AIS. Assessments flagged when people had communication needs. Where necessary there were guidelines in place to promote verbal communication. This did not always extend to how people should be given written information.

Improving care quality in response to complaints or concerns

- The provider had an appropriate procedure for addressing complaints.
- Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.

End of life care and support

- People received the right care at the end of their lives. The service worked with a local hospice and with other healthcare professionals to plan and deliver people's care.
- People had had discussions about what they wanted to happen after they died. The provider had worked

with a specialist agency to help people document their wishes.

- The provider was developing an end of life strategy. This included a specialised care plan with information on key areas such as maintaining nutrition and monitoring pain levels and noting whether the person and their family were aware the person was receiving end of life care.

# 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'. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they knew the registered manager and that she asked for their views. Comments included "The manager is lovely, if you want to say anything you can" and "I am asked for my views." We saw examples of people approaching the registered manager to ask for help and advice.
- People were engaged with the service and kept informed through regular meetings. These were held jointly with the housing provider and advertised in advance. A person told us "I have been to meetings. I think they do achieve stuff; something will have been acted upon and I can see a result."
- The registered manager was involved in people's care and therefore understood people's needs well. The registered manager chose to cover shifts herself and provided direct care to people including at night.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were effective systems for communicating important information. Care workers were aware of the importance of checking the service diary and communication books. Handovers were used to check that people had received their visits and most important care tasks.
- Care workers and managers checked the service was running well. This included daily checks on people's care and wellbeing and monthly audits by managers. However, some aspects of checks were less effective. Gaps in keyworking were not adequately accounted for and there was not a system in place for monitoring equipment checks. The provider told us they would review these systems in response to our feedback.
- Staff meetings were used to share information and learning. Managers discussed their expectations of the staff team, changes in people's needs, upcoming events and what was needed to improve in the service.

Continuous learning and improving care; Working in partnership with others

- The provider acted on feedback from external audits. The local authority had carried out a monitoring visit in December 2018, and areas for development had been met.
- The service worked in partnership with the housing provider to meet people's needs. There were systems in place to ensure that maintenance issues were addressed.
- Managers were recruiting new staff to address staffing issues. People and care workers told us that there were not enough permanent staff and they had been using agency staff. Managers understood how this could impact on people and were recruiting new staff and arranging alternatives to the use of agency staff.