

Creative Support Limited

Creative Support - Bredon Respite 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 - Bredon Respite Service provides short-term residential respite care for up to four adults with learning and physical disabilities. At the time of the inspection two people were staying at the service. The service is located on the ground floor of a large local authority building and is managed as a separate annexe with its own entrance.

In June 2017, CQC published *Registering the Right Support*. The environment had not been developed and designed in line with the principles and values that underpin this publication although it had lots of good practice in supporting people. The RRS guidance reflects the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible while staying at the service. The registered manager advised they would review the principles in practice to see how they could update the environment to better reflect this publication.

We have made a recommendation for the registered provider to review best practice guidance in updating their service to reflect the principles of 'Registering the Right Support.'

People's experience of using this service and what we found

People who stayed at the service and their relatives offered exceptional feedback about their respite breaks. The service provided individualised care and support to each person that was tailored to meet every aspect of their needs and requests. There was a friendly atmosphere at the service. People were relaxed and comfortable with staff. We observed kind and respectful interactions between staff and people receiving support.

Staffing levels offered appropriate numbers of staff. Staffing levels were regularly reviewed to make sure they were safe and could meet the specific needs of people when they booked to stay at the service. Staff were long standing members of staff offering great stability and most people had been using the respite service for many years. Staff were familiar with people's likes and preferences and positive relationships had developed.

Staff received specific training and support and were knowledgeable and experienced in effectively supporting people with their needs. They were well trained in supporting people to stay safe and received regular updated training for safeguarding people and managing medications.

People's needs, and wishes were assessed and recorded as part of an initial assessment where they were supported with a gradual introduction to the service. Support plans were very personalised and detailed people's individual needs and preferences.

People offered exceptional feedback about the management of the service and especially of the staff.

Quality assurance systems showed good oversight and robust management with a focus on high-quality, person-centred care.

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

Why we inspected

This was a planned inspection of this newly registered service. This service was registered in April 2018 with a new provider Creative Support.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Creative Support - Bredon Respite 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.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Creative Support - Bredon Respite Service is a care home although people do not live at the service long term they choose to go there for a short respite period. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave a short period notice of the inspection. This was because the service is a small care facility and people are often out. We wanted to be sure there would be staff and people at the service to speak with us.

Inspection activity started on 27 June and ended on 3 July 2019.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included any statutory

notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff including the area manager, registered manager and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication 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.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding and whistleblowing procedures; they knew the processes they needed to follow to report any concerns and told us they would not hesitate to report any concerns.
- Staff were fully trained with safeguarding and had access to up to date safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- People and relatives, said they felt the service was very safe. They shared very positive comments. One relative told us, "We know they are safe when they go to stay at Bredon, we can relax knowing they are safe, comfortable and well looked after."
- A number of different risk assessments were in place to help manage and reduce risks. They included risks such as falls, nutrition, the environment and moving and handling. Positive risk taking was encouraged to improve people's skills and promote their independence.
- The management of health and safety was effective with good oversight of all areas of the service including the environment. Regulatory compliance checks and compliance certificates were in place to show safe systems and equipment being in place.

Staffing and recruitment

- Safe recruitment processes were in place. Appropriate checks were completed before new staff started work. We noted there was little staff movement and just two new members of staff recruited in the last six months. The long-standing staff team showed great stability in knowing everyone that came to stay at the service.
- Staffing levels at night had recently been increased with a staff member sleeping in. Staffing levels provided sufficient numbers to provide safe, consistent care and support. The registered manager was available to provide additional support and to monitor safety and quality.

Using medicines safely

- Medication was managed safely. People were supported with their medications by trained and competent staff and some people were supported to self-medicate when they stayed at the service.
- Records were completed correctly and subject to regular audits. Medicines were safely stored and administered in accordance with best-practice.

Preventing and controlling infection

- Infection control procedures were in place and staff were provided with personal protective equipment (PPE). The service was clean and tidy throughout the building.
- Facilities had been awarded the highest grade of five stars, for cleanliness and food hygiene practises by

the food standards agency

Learning lessons when things go wrong

- Incidents and accidents were reviewed and analysed to identify patterns or trends and subject to further review by senior managers.
- Staff understood the importance of reporting incidents and accidents and regularly discussed lessons learnt and reflected on specific topics during team meetings.

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 meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The service is based on the ground floor and set within a large building which is owned by the local authority. The front of the building was not domestic in style due to the design and layout of the building that accommodated other services. Some aspects of the interior of the building needed updating to promote a more home like environment. For example, posters relevant to staff did not need to be displayed within peoples living areas.
- The registered manager told us they will update themselves with guidance about 'Registering the right support' to help them update the environment to promote the concept of community living. We recommend that the registered provider reviews best practice guidance in updating their environment/service to reflect the principles of 'Registering the right support' and other publications.
- People were encouraged to tailor their bedrooms as they desired during their stay. People told us they liked the environment especially their bedrooms and the garden area. We noted some areas of wear and tear and repairs needed to one-bedroom wardrobe. The registered manager had organised for this furniture to be replaced and had plans to redecorate and refurbish all areas of the service.
- Some of the people staying at the service had specific support needs relating to their physical disability. Bedrooms and bathrooms had been specifically adapted with tailored adaptations to meet people's needs.

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

- Relatives offered lots of positive comments about the service telling us how staff had tailored the support to encourage their family member to try the service to then go on to enjoy a break there. They told us, "We think it's really good, it took a lot for (our relative) to get used to it, they have adjusted and will choose to only stay one night at a time" and "The staff are really friendly and the staff really made us feel relaxed with the transition, we really trust the staff if there's a problem."
- Pre-admission assessments helped staff to develop individualised support plans. Pre-assessments took time and involved gradual introductions to the service, the staff and other people staying at the service. Staff described the benefits of supporting people at their own pace until they felt comfortable in staying overnight. This gave all the staff the opportunity to get to know how each person wanted to be supported and gained peoples trust.
- Staff were aware of relevant standards and guidance and used this to assess people's needs and plan their care. Recognised guidance was used to help staff support people with various needs such as behaviour that challenged and anxiety. Staff were experienced in using positive behaviour support (PBS) models to ensure that behaviours were fully understood and appropriately supported.

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

- Staff worked effectively with healthcare professionals such as GP's, clinical specialists and district nurses to ensure that people received appropriate care during their respite break.
- Support plans showed a joined-up approach in working with all professionals necessary to maintain people's health and wellbeing.
- Staff were knowledgeable and fully aware of people's individual healthcare needs. They told us the registered manager was very good in arranging training in any topic new to them.

Staff support: induction, training, skills and experience

- Staff were very knowledgeable about each person they supported and told us the training had helped them over the years to fully understand people's different needs and conditions
- Staff told us that were well supported with training and supervision by the registered manager. They said they can approach the manager at any time and that they were always supported.
- The registered manager organised specific training tailored to each person's needs to always ensure people's comfort and wellbeing.

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

- Relatives and people staying at the service told us the food was very good and they were offered lots of choice with meals and often went out for meals during their stay. One person told us, "I really like the food I like to have my own style of food that the staff help me with."
- Some people had a support plan and use of pictures to help them with their specific needs and requests for eating and drinking. Staff were exceptionally knowledgeable about the foods, dietary requirements and preferences that each person had.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions. At the time of inspection nobody had an authorised restriction in place.
- Where necessary, staff completed mental capacity assessments and the best interest decision making process was followed and documented.

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 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 and their relatives were very positive about the caring nature of staff. They told us that they were always treated well by staff and were involved in decisions about their care. Their comments included, "I love staying here, all the staff are lovely, I have everything I need in my room and I have brought a lot of my own things in with me" and "It's an excellent service. I think it's down to the staff as its consistent and they know all the guests."
- We observed very positive interactions between staff and people receiving support. Staff were respectful and spoke with people in a kind and dignified manner. People were comfortable in the company of staff and were appropriately supported at all times.
- Staff were clear about their responsibilities in relation to meeting each person's individual needs and equality and diversity.
- People told us about the many positive examples of how the staff had gone out of their way to support their relative with specific requests that they had struggled with. Some family members had struggled to be able to support people to go shopping to get clothes and personal items. Staff at the service arranged this support during their stay and looked further at supporting people with their independence in learning new skills such as trying hairstyles and techniques.

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

- Each person had a support plan detailing their communication needs and offering staff guidance on how to support people to communicate and make decisions. One relative told us, "They always try to book our relative in with people they get on with, the staff fully understand our relatives' medical needs. The service is a godsend to me." Another relative expressed, "The staff really listen, we never have any problems and they try to find out about all of the things important to our relative."
- Some people used pictorial documents to help them to be involved and understand written information about the service and their support. To help people express their views staff used pictorial care plans to relay their choices and decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop their independence.
- Staff supported people with their personal care needs in a discrete and sensitive manner. They understood the importance of delivering dignified care that was tailored around each person's, wishes and preferences.
- The service had specific staff trained as 'champions' in different areas such as 'dignity champions.' They organised a carer's day in June 2019 to celebrate all the important work that carers do. They liaised with local carers centres who advertised the event on social media and the carers website. Staff told us they invited a lot of people including any new person and their families to get an introduction to the service and

opportunity to talk to others about the service. The registered manager collated feedback after this event which was positive and highlighted a lot of good experiences from everyone attending. One relative was very positive and shared their feedback with us saying, "We went to a carers day there recently, we had an opportunity to see how staff interact with (our relative) and other guests. (Our relative) doesn't verbally speak they use behaviours to communicate. Our relative loves the staff and they know our relative very well. The staff have a natural way with everyone, I really don't have any concerns. I don't worry when they go to Bredon."

- Confidential and private information was stored and protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

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

- Each person had an individualised support plan that outlined their preferences along with their likes and dislikes. Staff discussed examples of how they supported people's individual needs. It was obvious they had in-depth knowledge of everyone that stayed at the service.
- We observed that staff knew people well and were familiar with every aspect of their support needs.
- Important information was made available in a range of accessible formats to help people understand and to promote their involvement.

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

- Relatives and people staying at the service felt it was an exceptional service. They shared very positive feedback such as, "It's absolutely fantastic, the staff are really friendly its very relaxed they let them do what they want and get to do a variety of everything" and "They just seem to adjust to our relatives needs and support what they like such as building tents which they really enjoy doing."
- People were encouraged to develop relationships with each other, and to participate in different activities that were arranged during their stay. Recent. The service had sensory equipment in place to provide stimuli to help some people develop and engage their senses in a safe environment.
- Staff discussed how they had taken time to get to know people's personal histories. They used this information to support people in the way they wished to be supported. They held regular meetings at each respite break to engage people in choosing activities that they wanted to do during their stay. People were involved in planning individual and small group activities.

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.

- Important information was made available in a range of accessible formats to help people who had specific needs to understand and to promote their involvement. Staff made effective use of body language and behaviour as alternative forms of communication. Staff were fully trained in how each person communicated and took time to learn different ways to converse and support people.

Improving care quality in response to complaints or concerns

- Everyone we spoke with including relatives told us they had no complaints and they all provided exceptional feedback about the service. They said if they did have concerns that they would feel comfortable raising an issue with any member of staff. They shared comments such as, "We know how to

make a complaint we have a load of paperwork and guidance, but we don't have any problems."

- The complaints procedure was available in adapted formats including an easy read format to ensure people knew how to make a complaint or raise a concern.
- The service had not received any formal complaints since registration. The service captured all types of feedback. They had collated a large amount of compliments that gave exceptional comments about the service such as, "I attended Bredon dignity event today at the service, the event was very well organised, everyone enjoyed the opportunity to get together, thank you to all the staff for a great day" and "I want to acknowledge how flexible and creative Bredon is in trying to accommodate (our relative) and affording support to them and the family by offering overnight breaks and responding at what is very short notice."

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- This aspect of care was not usually considered during planning for short respite breaks. However, the registered manager and staff would consider people's needs in relation to 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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- We received exceptionally positive feedback about the culture within the service and the support people received. People and their relatives told us, "This service is a godsend to us" and "We never have to worry when our relative goes to Bredon, we know they are safe."
- The registered manager and staff demonstrated a good understanding of their responsibilities in relation to the people staying at the service and the need to act with honesty and integrity.
- The registered manager was aware of their legal responsibilities and the importance of being open and transparent.

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

- We received positive feedback about the registered provider from staff, people living at the service and their families, external organisations and health professionals.
- Each of the people that we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements. The service had a clear vision to provide high-quality, person-centred care.

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

- People and their relatives felt involved in the provision of care being delivered. They were invited to attend regular meetings, complete questionnaires and received regular updates about the care provided. Their feedback was consistently positive especially about the staff. They told us that the service provided was flexible and met people's needs and requests to a good standard.
- Staff were supported to offer their views and contribute to the development of the service at team meetings. Staff told us they could approach the registered manager at any time, that they always listened and were willing to support them with any initiative that ultimately helped people to enjoy their stay.
- Team meetings were informative and covered lots of practical information such as training and useful information to help the, develop the service. Staff felt that people would benefit from further facilities especially within the gardens. They had a wish list of wanting more outdoor equipment such as a trampoline and slide which they knew would be enjoyed by some people who stayed at the service.

Continuous learning and improving care; Working in partnership with others

- The registered managers attended local registered managers meetings. There was an action plan for improvements being made at the service which was being monitored by the local authority. The registered manager produced updates to show all parts of their action plan was met including the increase to staffing levels at night.
- The registered manager maintained good oversight of the governance systems at the service. They undertook various audits covering all aspects of the service including spot check visits and quarterly reports submitted to the provider. Audits included regular reviews of accidents and incidents to establish if any trends were emerging so that actions could be taken to reduce risks.
- The registered manager acknowledged various areas of improvement were needed. They demonstrated their commitment to this during the inspection. They told us about plans for forthcoming redecoration and refurbishment of the building and the order for new furniture. They told us they would familiarise themselves with good practice publications such as Registering the Right Support, to help influence and adapt aspects of the environment.
- The service had good partnership links with local healthcare professionals, social work teams, and community services. This ensured that people had access to the right level of support they needed to have a healthy and comfortable respite break.