

Creative Support Limited

Creative Support - Duncan Court

Inspection report

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Date of inspection visit:
11 June 2019
13 June 2019

Date of publication:
25 July 2019

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Duncan Court is an extra care service providing support to people who live in their own flats in a purpose built block. The service has a communal lounge, dining area and bathrooms on each floor. Care is provided by Creative Support and the building is owned and managed by a housing association. At the time of our inspection there were 34 people using the service.

People's experience of using this service:

People told us they felt safe living at the service and that staff were kind and caring. Medicines were safely managed and there were measures to address risks to people using the service. People were safeguarded from abuse.

People knew who the manager was and felt comfortable raising concerns with her. Managers had systems in place to ensure that staff and people using the service were engaged.

People were positive about the service. One person told us "They are very good, I am happy here." People had the opportunity to speak up about their care but systems of keyworking were not effective.

People were supported to attend health appointments, but health action plans lacked some detail about how to support long term health conditions. People said they had enough support to eat and drink from staff and nutritional needs were clearly assessed and met by care workers.

People reported that their care needs were met by staff who knew what they needed. People's plans lacked details about their preferences for how they liked to receive care but this was understood by care workers. The service had identified this at audit and had plans to address this. People had access to activities and were encouraged to engage with the wider community.

Rating at last inspection:

At our last inspection in May 2017 we rated this service 'good'.

Why we inspected:

This was a planned inspection based on the previous rating.

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

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Creative Support - Duncan Court

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:

The 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. The provider had informed us that the registered manager would be away at the time of this inspection.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection

We asked 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 contract monitoring officer from the local authority, who commission this provider to provide care at this location.

During the inspection:

We visited the service on 11 and 13 June 2019.

We spoke with seven people who used the service and one person's relative. We spoke with the regional manager, a service manager, an extra care manager, team leader and three care workers.

We reviewed a range of records. We looked at records of care, support and medicines records for four people. We looked at records of recruitment and supervision for four staff members.

We looked at rotas, training schedules and audits of the service.

Is the service safe?

Our findings

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

At our last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Care workers we spoke with had received training in safeguarding adults and were confident in recognising signs of abuse. All staff felt concerns were taken seriously by managers.
- Staff had detected abuse by third parties on several occasions and taken the right action to protect people, including reporting this to the local authority.
- There was now a night security guard provided by the landlord. The provider had identified this as a need to protect people from harm following the targeting of vulnerable people in the area. People told us this made them feel safer.
- People were protected from loss or financial abuse by staff. Transactions were recorded and there were daily checks of cash held by the service for people.

Assessing risk, safety monitoring and management

- Risks to people were assessed with plans to manage these, including regular checks on people's welfare. A small number of plans were overdue for planned reviews, but people's needs did not appear to have changed. Where a person needed additional support to make transfers staff understood how to do this safely, but details of the person's moving and handling needs were not included in the person's risk management plan.
- Missing person's procedures didn't have all the information that police would need if a person went missing. There was a clear description and risk assessment about what to do if the person couldn't be located. There was not enough information on the possible risks that would help the police to assess a person's vulnerability although this information was available elsewhere. The provider told us they would review how this information was presented.
- People could call for help if they needed it. This included having pull cords in their flats and wearable pendant alarms. People told us staff responded quickly to these. Staff carried mobile handsets which enabled them to respond to calls and ask for support from colleagues.
- The provider ensured the building was safe. There were regular health and safety checks of the premises and issues of concern were reported to the landlord. The provider had assessed the support people may need to evacuate the building in an emergency.

Staffing and recruitment

- People told us that there were enough staff to meet their needs. Staff told us there were enough staff on duty and managers did all they could to ensure this was maintained.
- Staff schedules were planned to meet people's needs. Care workers worked from a planner based around people's planned visits. Care workers told us this system worked well and helped them provide a consistent service.

- Staff were recruited safely. The provider carried out the right checks, including a check with the Disclosure and Barring Service (DBS) before new staff started work. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. People using the service told us there were never any problems.
- Care workers kept accurate records on what medicines they had supported people with. Managers carried out spot checks on people's medicines every month. Care workers reported errors and discrepancies and managers took prompt action.
- Staff knew how to give medicines safely. Care workers received medicines training and discussed good practice in supervision and team meetings. Managers went through scenarios and policies with care workers to check their knowledge.

Preventing and controlling infection

- Care workers knew how to prevent infection. They had training in infection control and told us they could access equipment such as gloves and aprons.
- People were protected from eating out of date food. Staff regularly checked people's kitchens to make sure that food was safe to eat and in date.

Learning lessons when things go wrong

- The provider kept records of when things had gone wrong and reviewed these to make sure lessons were learned. This included discussing incidents with social workers and health professionals to see if any changes were needed to the person's care.
- In response to a concern, the provider had instructed staff to ensure that all health and safety visits to people were recorded, and we saw that this was now taking place. This helped managers to check that people received these visits.

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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. 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

- Policies and procedures were designed in line with best practice guidance.
- People's needs were assessed using information from the person and their referral from social services. This included information on when people liked to receive their care, but lacked detail about how.

Staff support: induction, training, skills and experience

- Staff had enough training in their jobs and told us they thought it was helpful. Mandatory training was monitored by the provider to ensure staff stayed up to date. Staff also had access to additional training, which included a specialist programme on supporting people living with dementia.
- Care workers received regular supervision, which managers used to test their knowledge in key areas of support and discuss people's needs. These were themed in key areas such as safeguarding, medicines and dignity.
- Care workers also received an annual appraisal which discussed their performance and development goals. Personal goals were overly broad and lacked detail on how to achieve them.

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

- People received support to eat and drink as indicated in their plans. Care workers recorded what people had had to eat and drink and this showed people had varied diets. People had the opportunity to eat lunch in the communal lounge, where staff served food provided by a local catering service and ensured people had enough support to eat it.
- Care workers told us they checked that people had enough food to eat and made sure they had shopping when they needed it.

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

- People were helped to stay well. Staff helped people make appointments and keep track of these. The provider made additional support hours available to accompany people. People told us that staff checked on their wellbeing and supported them to appointments.
- People had health action plans, but these lacked details on how people could be helped to manage specific conditions. In most cases actions plans stated people needed support to attend appointments but did not consider any other aspects of healthcare support such as how people were supported with specific long-term conditions.
- The service made sure that people were referred to specialists when needed and ensured they followed their guidance.

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.

- In most cases people had full capacity to make decisions about their care and people had signed their care plans to indicate their agreement.
- Where there were doubts about people's ability to make specific decisions, such as where they lived, the provider had worked with the local authority to assess people's decision making capacity and follow a best interests process where necessary.

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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. 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 that care workers were caring and treated them with respect. People told us they were happy living in the service.
- We observed positive interactions between people using the service and their care workers in the lounge. Staff chatted with people and provided reassurance. People approached the main office when managers were present to ask for advice or just to talk.
- Few people had identified religious needs in the service. A group from the service were supported to attend church services every Sunday.

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

- People had yearly reviews of their care and were asked if anything needed to change.
- People told us they felt listened to by staff. Some people had advocates, family members and social workers helped them express their views.
- The provider also carried out a regular satisfaction survey. This year's survey had been designed but not yet sent out. It contained questions on whether people felt listened to, treated with respect and whether staff helped them to stay independent.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy, and always rang the doorbell and asked permission to enter their flats.
- Dignity was promoted by managers. Care workers had a regular supervision based around the dignity challenge which encouraged them to reflect on how their own practice ensured people were treated with dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection this key question has now deteriorated to 'requires improvement'. This meant people's needs were not always met.

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

- People's basic care needs were met. People's care plans were clear about the support they needed and records showed this was provided. Plans were reviewed yearly with people to ensure they still met their needs and the provider requested additional time from the local authority when required.
- People told us that staff understood their needs well and did everything they needed to. This wasn't reflected in people's plans which lacked detail on people's preferences and dislikes.
- Keyworking was not always effective. People had allocated keyworkers but in most cases keyworker meetings were not regular and established. People's goals and aspirations were not considered or reviewed.
- People had access to activities in the service. This included gardening and music based activities. There were also regular outings into the community.

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 meeting the AIS, as people's assessments did not flag when people needed information presented to them in accessible formats or what the service needed to do to ensure this took place.

Improving care quality in response to complaints or concerns

- People told us they knew how to make complaints and that the manager would act.
- In response to a recent complaint the registered manager had met with the team to discuss the concern and the actions she would be taking to ensure the issue was resolved.
- For some older complaints the registered manager had met with families and promised to undertake further investigation, but it was not always clear what action was taken as a result.

End of life care and support

- No-one using the service was currently receiving end of life care.
- Staff had experience of supporting people at the end of their lives. Care workers told us of how they had worked with palliative care nurses and other local services to support the person up until the time of their death.

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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care workers told us there was a positive and supportive culture in the staff team. All staff members told us that they felt well supported by managers.
- Processes were not followed to engage staff with people's support plans and risk assessments. Care workers had signed a document to say they understood the contents of a plan. This had been photocopied and the person's name changed for other people using the service, falsely indicating that staff had read and signed other people's plans. The provider agreed this was wrong and they would take action regarding this
- The service was displaying their rating from their previous inspection and met their responsibility to inform CQC of serious incidents.

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

- Managers carried out regular audits of the service. This included audits carried out by the registered manager and a recent audit by the new regional manager. This audit had detected issues relating to the detail of care plans and health action plans and had resulted in a clear action plan for developing the service.
- During the registered manager's absence staff were supported by a manager from another extra care service and the regional manager. Staff reported that this arrangement was working well.
- Staff were clear on who was responsible for carrying out safety checks of the service and when, and this was well documented by care workers.

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

- Staff were engaged through regular team meetings, which were used to discuss changes to people's needs and to explain the registered manager's expectations of care workers.
- People were engaged in the running of the service. There were regular tenants meetings to inform people of changes and any issues they should be aware of. There was a gardening club which enabled people to be involved in looking after communal areas.

Continuous learning and improving care

- Managers carried out 'instant' spot checks after people's visits to ensure that care was delivered safely and appropriately. There were also more detailed monthly checks carried on in people's flats.

- In response to audit findings, the provider was implementing new style support plans with more detailed information about people's life stories and preferences for their care.

Working in partnership with others

- The provider had worked in partnership with a local hospital to provide a detailed five-week course in understanding the needs of people with dementia.
- The service had good links with social services and promptly reported any concerns. The provider worked with social workers and other professionals involved to review the person's care needs.
- People were encouraged to participate in the community. The provider had links with several local organisations such as schools, music groups and community farms. The service worked closely with other extra care services in the area to share activities and provide more opportunities for people.