

Creative Support Limited

Creative Support - The Houghtons

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Creative Support - The Houghtons is a care home registered to support up to six people with physical and learning disabilities. The accommodation is provided in a one-level, bungalow style premises which provided easy access for people using wheelchairs. At the time of the inspection, six people were living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Relatives told us people lived in a caring and supportive environment. Staff were kind and caring, and motivated to provide care in a way that ensured people were happy and content. One relative said, "On the whole, [person] gets good care, and I'm quite pleased." However, improvements were required in how staff supported a person with complex health needs. More staff needed to be trained to support the person effectively.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections.

Detailed care plans ensured staff had information to help them to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. They understood people's individual communication methods and they ensured they gave people information in ways they could understand. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The provider had systems to assess and monitor the quality of the service. The manager and staff were motivated to provide the best service they could for people and their relatives. The manager was aware of the concerns raised about the quality of one person's care and they were keen to take steps to improve this.

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

Rating at last inspection:

This service was registered with us on 30/04/2019 and this is the first inspection.

Why we inspected:

We inspected the service early because of the requires improvement rating from the last inspection with the previous provider.

Follow up:

We have found evidence that the provider needs to make improvements. Please see the Effective and Well-led sections of this full report. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Creative Support - The Houghtons

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 one inspector.

Service and service type

Creative Support - The Houghtons is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was 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 reviewed information we had received about the service since it was registered with CQC. This included information sent to us by the provider or shared with us by the local authority. 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.

During the inspection

People had complex needs that meant they were not able to tell us about their experience of the service. We observed how staff interacted with and supported people in communal areas of the service. This helped us understand the experience of people who could not talk with us.

We spoke with four staff including two care staff, one senior care staff and one of the provider's registered managers who supported us with the inspection. This was because the manager of the service was away at a conference. We spoke with one relative and a further two relatives by telephone.

We reviewed a range of records. This included care records for two people and six medicines records. We looked at two staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found and information shared with us by the local authority. We looked at further quality assurance records and evidence that a variety of food was ordered and delivered regularly.

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

- Relatives told us people were safe. One relative said, "It's safe. I never worry about [person]."
- Staff had been trained on how to safeguard people, and there was guidance for them on how to report concerns. Staff told us they would report any concerns to the manager. One staff member said, "We report things appropriately." They gave us an example of when they followed guidance to report unexplained bruising to a person so that this could be investigated.
- The manager reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and recorded to guide staff on how to support people safely. People had various risk assessments in relation to their medical conditions, mobility, nutrition, and medicines.
- Staff told us they knew about people's support needs and they supported them to remain as safe as possible. They had access to people's care plans and risk assessments.
- Staff completed regular health and safety checks of the premises to identify and minimise hazards that could put people at risk of harm. An external contractor was checking people's slings on the day of the inspection. This was to ensure these were still safe to use when supporting people to move. Other checks were also carried out to ensure the risk of a fire was reduced. This protected people from harm.

Staffing and recruitment

- Staff told us there was enough staff to support people safely, and records we looked at confirmed this. The provider covered staff vacancies with agency staff who had worked at the service before and they knew people. One staff member said, "There is a very good staffing ratio here and we have enough staff. The delegation of roles is good, and we are able to do other jobs like cleaning, cooking and laundry too."
- Relatives commented about the use of agency staff, particularly at weekends. However, they had not found this put people at risk. There was an ongoing recruitment programme to cover current vacancies, and a new staff member was due to start soon.
- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.

Using medicines safely

- Prior to the inspection, there were concerns about how medicines were managed. There had been medicine errors reported to us and the local authority. At this inspection, we found the provider had improved their systems to ensure medicines were received, stored, administered and disposed of safely.

- To reduce the risk of people's medicines being missed, staff now checked medicine administration records (MAR) when people had been given their medicines to ensure nothing was missed. Staff told us this had been effective in reducing errors, and records we looked at confirmed this.
- Staff involved in handling medicines had been trained, and their competence to give people their medicines safely was checked.

Preventing and controlling infection

- The service was clean and offered a pleasant environment for people to live in. There were cleaning schedules for staff to follow, and they were also responsible for the laundry. There were stocks of cleaning detergents and staff said they knew how to use these.
- Staff had been trained on how to reduce the risk of the spread of infection. They told us they followed infection control measures when cleaning the service, handling food or supporting people with personal care. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons. They used these when required.

Learning lessons when things go wrong

- There were systems to manage incidents and accidents that may occur at the service. Staff recorded when these occurred, and they also reported this to the manager. The manager reviewed these records and where necessary, put systems in place to reduce the risk of recurrence. For example, systems put in place to check MAR meant that medicine errors had been greatly reduced.
- Information about incidents was shared with staff through handover meetings and staff meetings. Specific issues were addressed with staff during individual supervision meetings. All this ensured staff learnt from incidents and accidents, and that they always worked in a way that protected people from harm.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- One relative said their family member did not always receive good and effective care to meet their complex needs. They had complained to the provider and raised safeguarding concerns when they found care had not always been provided properly. They also said the service sometimes ran out of items the person needed daily. They told us they had worked closely with the manager to improve things, but mistakes were still happening. Although the person had not been harmed, there was a risk that improper care could result in them being in pain. The manager told us they would check staff competence to ensure they provided consistently effective care to the person.
- Other relatives told us they were happy with how staff supported people with their care needs. One relative said, "I'm always quite happy, [person] has good care."
- People had care plans that detailed what support they needed, and staff told us they followed these. Senior staff checked care plans regularly to ensure these continued to reflect people's care needs.
- The service was purpose-built to meet people's needs. It was on one level, and there were wide enough doorways and corridors for people to be supported to move around in their wheelchairs. People were also able to access the garden, and there were ceiling hoists tracks in some of the bedrooms to support people to get in and out of their beds.

Staff support: induction, training, skills and experience

- One relative told us there were not enough staff trained to effectively support their family member with complex health needs.
- Staff told us there was always a staff member on each shift trained to support the person. However, they said more staff should be trained as some of the trained staff had left the service. The manager acknowledged that more staff needed to be trained, and they told us they planned to train all staff by the end of October 2019.
- Staff said the quality of their training had improved since the provider took over the service. They said they now completed more face to face training, and they found this more effective. One staff member said, "Training is good, and we can ask for additional training if needed."
- Staff told us they received regular supervision and they felt supported in their work. Everyone said senior staff and the manager were approachable and very supportive. One staff member said, "Supervision is very good and informative. It's a mixture of praise and support to improve."

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

- Prior to the inspection, the local authority had dealt with concerns that there might not be enough food stocked at the service. We saw evidence that a variety of food was ordered and delivered to the service on a weekly basis. Because of this, we had no concerns about the amount and quality of food provided to people.
- Staff told us there was enough and varied food for people to eat. Food was ordered according to what was on the menus and staff bought some food items from local shops if needed. One staff member said, "There is enough food and drinks. [People] love their food because they eat it all. We have good cooks here."
- Relatives said they always found food to be good. One relative said, "I think [people] are very well fed, they are very well nourished."
- We observed the food people ate appeared well cooked and appetising. Staff supported people to eat in a respectful and caring manner. People had drinks given to them throughout the day and staff helped those who needed support to drink.
- Where people had specific eating and drinking guidelines developed by health professionals, these had been added to their care plans so that staff knew about them and followed them. Some people also had adaptive cutlery and utensils to promote their independence in eating and drinking.

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

- Records showed staff supported people to access health services such as GPs, community nurses, dentists, and specialist doctors. Relatives also told us some people had health professionals who were regularly involved in their care, and the service supported this.
- Staff told us they supported people to attend external appointments if required. They kept a record of health appointments so that they were not missed. People had 'communication passports' to help other professionals involved in their care to understand their individual communication methods. This was particularly important if people were in hospital without the support of staff who knew them well.

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).

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. We found these were met.

- Where required, DoLS applications had been made to the relevant local authorities. People had valid authorisations that supported staff to provide care in the least restrictive way.
- Mental capacity assessments showed that people had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did

this to promote people's rights to accept or refuse support. Although most people did not speak, staff told us they had got to know people well and they understood their different communication methods. One staff member said they had got to know what the sounds people made meant. They told us the sound one person made meant they were happy, and they would communicate differently if they were unhappy or fed up.

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

- Relatives told us staff were kind and caring. One relative said, "[Person] is well cared for and always looks nice when I visit." Another relative said they found staff nice to people.
- We observed staff were friendly when they spoke with people. Some of the staff had supported people for many years and they knew their likes and dislikes very well. For example, staff always positioned a person's wheelchair by the window because they enjoyed looking outside.
- One relative told us their family member had a very good relationship with two staff members, although they found all staff were good in how they interacted with them. One person said a certain word every time a specific staff member came into the lounge. This was their way of acknowledging the staff member's presence and the staff member reciprocated this. This showed they had a good relationship.
- Staff told us they always treated people as individuals and fairly. They said they respected people's differences by ensuring the support was personalised to each person's preferences. For example, staff respected that people had different tastes in how they dressed, what they enjoyed eating and how they enjoyed their recreational time.

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

- Most people could not speak, and they used other methods to communicate their needs and choices. Staff understood how people communicated. They said they worked with people to ensure their needs were always considered in the way staff supported them.
- Staff worked closely with people's relatives who helped people to communicate their needs and choices. Relatives told us they were involved in making decisions about their family members' care. One relative said, "I visit regularly, and I am involved in some discussions about [person]'s care. I sometimes bring up issues that might need improving." Staff told us they always valued relatives' involvement in people's care.
- Some people also had social workers who helped them to make decisions about their care. There was information about an independent advocacy service that could also help people to make decisions. This was important because most people did not always have the mental capacity to understand what support they needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were always respectful in the way they supported people because they promoted their privacy and dignity, particularly when providing personal care. Staff told us it was always important that they supported people discreetly in communal areas and they provided personal care in private. We observed that people's bedroom doors were always closed when staff were supporting them.
- Staff helped people to remain as independent as possible. They told us they assessed what people could

do for themselves and they ensured they continued to do this where they could.

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 not always met.

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

- Relatives said people received personalised care to meet their needs. People had good care outcomes because staff supported them quickly, particularly when they needed support with personal care.
- People were not independently mobile, which meant they spent a lot of time sitting on their wheelchairs or specialist chairs. It was proof of staff's good care that none of the people had developed pressure ulcers. Staff told us they always used people's prescribed topical creams to ensure they had appropriate treatment to protect their skins.
- Most people were not able to tell staff when they needed support, but staff were very good at knowing when people needed help. We observed staff providing timely support to people.

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 take part in activities they enjoyed. Some people enjoyed watching TV in the lounge, while others preferred spending time in their bedrooms. One person was enjoying taking part in an arts and crafts activity with staff.
- Staff told us most people took part in activities outside of the service. Some people liked to go out for a drive, one person swam regularly, others liked going to the cinema. The provider booked external activity providers to visit the service. For example, on Tuesdays an external service facilitated a session to help people with their movement. Staff said this has improved people's mobility.
- Relatives told us people took part in different activities. One relative said, "[Person] goes out to the pictures and things like that. [They] went to Cadbury World recently." They told us the person would like to go swimming, but specialist pools were not always available. We spoke with the manager about this. They said they would check if the person could go to the same place another person already goes to, but there was a long waiting list the last time they checked.
- A compliment from another person's relatives said, "We would like to say how happy we were to hear [person] enjoyed a day out at the Harry Potter World. It was especially nice to see [person] out socialising with another [person] and two staff. We would like to say thank you to all involved in organising the trip."

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.

- Most people could not speak and were not able to read. They needed to be given information in different ways to help them understand this. People had some information about their care and support plans in easy read and pictorial formats.
- Staff also used people's different communication methods to interact with them. One staff member said, "We can use sign language with one person and another person can speak a bit." They also used few words when speaking with people so that they could understand what was being said to them.
- Relatives with legal authorisation, normally dealt with forms and records they needed to complete or sign on behalf of their family member.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. There was an easy read complaints and compliments policy. Complaints received by the service had been dealt with appropriately.
- Relatives told us they would speak with staff or the manager if they had concerns. They said the manager was responsive to concerns raised and they normally dealt with these quickly.
- Staff told us they knew when relatives raised issues because these were discussed with them during shift handovers and team meetings. This helped them to improve their practice.

End of life care and support

- The service supported people at the end of their lives if this support was required.
- People's relatives were quite involved in their care and would communicate people's wishes.
- We discussed with the manager the need to continue to review people's records to ensure these clearly reflected how they wanted to be cared for at the end of their lives. This would ensure people received effective and dignified 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- More work was necessary to ensure people received consistently good and effective care to meet their complex needs. More staff needed to be trained to meet one person's specific health needs, and staff competence assessed to ensure they provided effective care.
- There was not always accessible information to show how people were supported to use their allocated one to one hours. Two relatives told us they always found it difficult to account for how people spent this time. The manager told us this information was recorded in the staff rotas, people's activity plans and the daily records. The specific paperwork they had introduced to record this did not work, so they had introduced a new record which would show this information a lot clearer. The local authority also wanted to see that people were supported to use this additional support, especially to pursue their hobbies and interests. The new way of recording this needed to be embedded by all staff.
- Staff were respectful in how they supported people and it was evident that they knew people's needs well. Information about people's needs was appropriately shared during shift handovers, and care plans provided detailed information for staff to follow.
- Staff showed they were motivated to provide very good care to people, and that people and relatives were happy about. One staff member said, "I get such a boost from knowing I got someone to smile, laugh or giggle. Staff here give 110% to ensure [people] get the support they need."

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

- The manager had started the process to register with the Care Quality Commission. The manager and staff were clear about what they needed to do to provide good care to people. Staff said they were well supported in their roles and they had good guidance from the manager. One staff member said, "I feel valued and I have a good relationship with the managers. Everyone is approachable, and we get good guidance."
- Overall, relatives said the service was good. They said staff did their best to provide good quality care to people.
- The provider had systems to assess and monitor all aspects of the service. The manager and senior staff carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed, and that they provided good care. They knew they needed to employ more staff so that they reduced the number of agency staff working at the service, and they were acting on this. This was important to promote continuity of 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; Continuous learning and improving care

- The manager was familiar with the standards of care required by the local authority and the regulations. They told us they ensured staff were supported to provide care in line with these expectations.
- The manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority.
- The provider had systems to facilitate continuous improvements. At the time of the inspection, the provider's senior manager was in the process of assessing the service against five areas: Support and care delivery; staffing; safety; finances; and atmosphere (physical environment). They told us they would produce an action plan if they found any shortfalls, with timeframes to complete these as soon as possible.
- The service was also being monitored by the local authority following concerns being raised about the amount of food stocked at the service, and other issues identified during visits by local authority representatives. The manager was working on an action plan to deal with the shortfalls found. They were confident they would improve the service quickly.

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

- Staff said they spoke with people's relatives regularly to involve them in discussions about their family members' care and to seek their feedback. Relatives we spoke with confirmed this. Some relatives visited the service regularly and they said they spoke with staff or the manager if they had comments or suggestions about things that might need improving.
- Staff had weekly team meetings, and this had recently been changed to monthly meetings because it had been decided that weekly ones were too frequent. Staff said the meetings were useful because during these, they discussed various issues relevant to their roles. They found these supported good information sharing and learning.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The manager understood the need to work closely with the local authority. This was because they needed to regularly check that people consistently received the support they required.