

Creative Support Limited

Creative Support - Apsley Court

Inspection report

100 Wellington Road
Orpington
Kent
BR5 4AQ

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04 August 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Creative Support – Apsley Court is an extra care housing scheme. People using the service live in their own flats in a single adapted building. Not everyone who used the service at the time of our inspection received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Seven people were receiving personal care at the time of our inspection

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

People told us they felt safe and they were happy with the care and support they received. Staff were familiar with safeguarding procedures and where to raise any concerns.

People told us they received their support calls as planned and that there were always enough staff to support them. Appropriate recruitment checks were completed before staff started work.

Possible risks to people were identified and assessed and plans put in place to minimise risks occurring. Medicines were safely managed and administered.

Staff had received training on infection prevention. The provider had updated policies and processes in place to reflect current guidance on Covid-19 and developed initiatives to support staff during the pandemic.

People and their relatives said they were consulted about their needs and wishes and thought the service was well run. They told us any issues they raised were addressed. Their views about the service were sought through, spot checks and surveys.

There was an effective system to monitor the quality and safety of the service and identify learning to share with staff and understand where improvements might be needed.

The registered manager understood their role as registered manager. Staff were aware of their own individual responsibilities and told us they worked well as a team. Staff spoke positively about the registered manager and said she was approachable and supportive, and the way managed the service effectively.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (report published 31 October 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 18 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their management of medicines to ensure people received safe care.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from 'Requires Improvement' to 'Good'. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support -Apsley Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Support - Apsley 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. 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 team consisted of one inspector on the site visit and an Expert by Experience who made calls to people or their relatives. 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

Creative Support – Apsley Court 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 bought or 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

We gave a short period notice of the inspection to ensure people had given their advanced consent to a phone call from the inspection team.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and asked for feedback from the local authority who commission from the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

The Expert by Experience spoke with four people using the service and three relatives to understand their views. We spoke with the registered manager, area manager and one staff member at the inspection. We spoke with a further five members of care staff by phone following the inspection. This helped us understand how the service was being run and what it was like to work there.

We reviewed records, including three people's care records, three staff files and records relating to staff recruitment, training and supervision. We also looked at records relating to the management of the service, such as, accident and incident reports, medicine administration records (MARs), and daily records of support completed by care staff.

After the inspection

We requested some documents to be sent to us to review. This included some of the provider's policies and procedures, meeting minutes and audits.

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. People told us their medicines were administered when prescribed. One person commented, "The staff are aware when I am running out. They contact the GP and the local chemist delivers them. The service here is very good."
- People had a medicines record that detailed the individual support they needed with the supply and administration of medicines. Risks were identified such as the need for time specific medicines. Staff had guidance on possible side effects of medicines people were prescribed.
- People's medicine administration records were fully completed and included the stated times to administer as required medicines as well as guidance for staff on possible signs that might indicate their use. Additional monitoring checks through stock count down sheets had been introduced since the last inspection to ensure any issues were quickly identified.
- Staff had received training on medicines administration and their competencies were assessed and reviewed regularly.
- The registered manager told us the staff team had undertaken learning following the last inspection and worked to address the previous issues.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse or neglect. People and their relatives told us they felt safe using the service. One person told us, "I think the staff are really good. I'm happy here. I tell everyone." A relative remarked, "[My family member] is always very happy with the staff and the care received."
- Staff received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse may have occurred. Staff confirmed they would report any concerns they had to the registered manager. They were aware of the provider's whistleblowing policy and where to go if they thought they needed to raise concerns outside the service.
- The registered manager understood the procedures to report any allegations of abuse to the local authority and knew to notify CQC of any abuse allegations, in line with regulatory requirements.

- Accident and incident reports were reviewed for any patterns or learning. For example, a recent report identified the need for staff to add enough details in relation to action following falls.

Assessing risk, safety monitoring and management

- Risks to people were safely managed through risk assessments and staff had guidance on how to manage or reduce possible risks. For example, there were detailed risk assessments to manage falls and mobility safely. Risks such as choking or emotional risks such as isolation were identified, and staff had clear guidance to follow to minimise these risks. Staff knew the people they supported well and understood how to minimise risks.
- Staff knew how to respond in an emergency. They received first aid and fire safety training and attended a fire drill carried out by the housing officer. Fire drills for night staff had not taken place recently but were booked for later in the same month. People had fire evacuation plans to guide staff on how to support them to evacuate safely from the building.
- Staff were also aware of the provider's on-call system, which was available for use out of office hours, should they need additional support from a member of the provider's management team. Staff confirmed there was always someone available to give support and guidance.

Staffing and recruitment

- There were enough staff to meet people's support needs. People told us they usually received their support calls as planned. One person said, "Yes, they are always on time."
- Staff told us there were enough of them on duty to meet people's support needs. One staff member said, "The two of us on duty is quite enough to support people at the moment."
- The registered manager told us they would flex staffing levels if there was an increase in people's support needs.
- The provider followed all the required and appropriate recruitment checks to ensure staff suitability for their roles before they started work.

Preventing and controlling infection

- Staff protected people from the risk of infections through following safe infection control practice. Staff understood how to reduce infection risk to people and had received training on infection prevention, donning and doffing PPE.
- People and their relatives said staff followed safe infection control practice. One person said, "They always wear masks and gloves with a uniform tabard on." A relative remarked, "Oh yes the staff have to wear PPE. The staff do a temperature check you when you go."
- Covid-19 risk assessments had been completed to minimise risk to people and staff. Visitors to the office were temperature checked and screened and staff wore appropriate PPE and were able to work as far as practical in a socially distanced way.

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 requires improvement. At this inspection this key question has now improved to good.

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

Continuous learning and improving care

- The registered manager and provider worked to monitor and continuously improve the service. They had addressed the issues with medicines identified at the last inspection. There was a system of spot checks and audits to identify any issues and consider improvements and learning. For example, accidents and incidents were reviewed for patterns and learning and discussed at staff meetings.
- The provider carried out quality checks on different aspects of the service such as care planning and infection control. Where actions were needed this was identified.
- The registered manager attended local authority provider forum meetings to keep informed and up to date with relevant issues.
- The provider ensured staff were kept informed about changes in guidance in relation to Covid-19 or other aspects of the service.

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

- Staff worked to achieve good outcomes for people. People and their relatives were happy with the way the service supported them or their loved one's. One person remarked, "This is a good place to be!" A relative told us, "The staff are brilliant, and kind and the manager is great."
- Care plans detailed how staff supported people to meet their needs and encouraged them to be as independent as possible.
- Staff were positive about the way the service was run by the provider and registered manager. One staff member said, "We work well together, we are a good team, we have a good manager and Creative Support supports us well. We are all in sync with each other to look after people well."

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

- The registered manager was aware of her responsibilities as a registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating. They understood the duty of candour and the requirement to be open in informing people's relatives where appropriate when any incidents or accidents had occurred in writing.

- People and their relatives were positive about the way the registered manager ran the service. One person commented, "I know her very well. She's very good, she knows us all and manages things here very well." A relative said, "The manager is lovely, brilliant. If I've ever been unsure about anything she has been great and gives good advice."
- Staff told us they had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours. They were clear about their roles and positive about the way the registered manager managed the service and had led them through the difficulties they had experienced during the pandemic.
- The registered manager said the last year had been difficult due to the pandemic: but they felt well supported by the provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff worked in partnership with people, families to ensure people's care needs were met. People and their families told us they were consulted and involved in decisions about their care. They said staff were responsive and contactable. One relative commented, "They are easy to reach. You can leave a message on their landline if they're not in the office or phone their mobile which always gets answered."
- The service worked in partnership with local authority and health professionals to address people's needs and to communicate changes in people's care needs. For example, the registered manager had sought the support of a translator and worked with the family and local authority to ensure people's needs were met.
- People's views about the service were sought informally, as well as more formally through spot checks and annual surveys. People and their relatives told us if they had any issues these were acted on. One person commented, "Yes if there's an issue, the manager sorts it out straight away." We saw the result of the last survey were all positive.