

Creative Support Limited

# Creative Support - Sutherland Court

## Inspection report

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Date of inspection visit:  
03 April 2019  
05 April 2019

Date of publication:  
03 May 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Creative Support - Sutherland Court provides care and support to people living in specialist 'extra care' housing. At the time of the inspection 41 people were using the service.

People's experience of using this service:

- The provider had safeguarding policies and procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.
- People were receiving their medicines as prescribed by health care professionals.
- The provider had procedures in place to reduce the risk of the spread of infections.
- Assessments of people's care and support needs were carried out before they moved into the service.
- Staff had received training and support relevant to people's needs.
- People were supported to maintain a balanced diet.
- 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 support this practice.
- Staff treated people in a caring and respectful manner.
- People had been consulted about their care and support needs.
- People were supported to participate in activities that met their needs.
- No one currently using the service required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The provider had a complaints procedure in place. People told us they knew how to make a complaint if they were unhappy with the service.
- The manager had effective systems in place to assess and monitor the quality of the service.
- The service worked in partnership with health and social care providers to plan and deliver an effective service.
- The provider took people's views into account through satisfaction surveys and meetings. Feedback from the surveys and meetings was used to improve on the service.
- Staff enjoyed working at the service and said they received good support from the registered manager and the management team. Management support was always available for staff when they needed it.

At our last inspection of the service 23 and 24 January 2018 we found improvements were required in relation to medicines records, staffing numbers, people's care records were not always up to date and the provider's checks and audits were not always consistently effective in identifying issues and driving improvements.

At this inspection we found that improvements had been made in these areas. The provider had taken steps

to make sure medicines records were completed correctly, staffing numbers were meeting people's needs, people's care records were up to date and reflective of their needs and the provider's checks and audits were effective in identifying issues and driving improvements.

Rating at last inspection: Requires Improvement (Report was published on 14 March 2018).

Why we inspected: This was a planned inspection based on previous rating.

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 - Sutherland 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:** A single inspector carried out this inspection.

**Service and service type:** Creative Support - Sutherland 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. People using the service live in 50 one or two-bedroom apartments located in a single apartment block within the London Borough of Bromley. Not everyone using the service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 inspection site visit activity started on 3 April and ended on 5 April 2019. This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be present and to ensure people's consent was gained for us to speak with them for their feedback.

**What we did:** Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information

about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection planning.

During the inspection we spoke with five people to gain their views about the support they received. We looked at five people's care files, staff recruitment and training records and records relating to the management of the service such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager, the quality manager and four members of staff about how the service was being run and what it was like to work there.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of the service on 23 and 24 January 2018 we found improvement was required in the way that medicines were managed at the service. Medicine Administration Records (MARs) had not always been correctly completed by staff and did not demonstrate that people had received their medicines at appropriate intervals. At this inspection we found the provider had taken steps to make sure that medicines were managed safely.

### Using medicines safely

- People had individual medication administration records (MAR) that included details of their GP and any allergies they had. MAR's seen confirmed that people were receiving their medicines as prescribed by health care professionals.
- There was guidance in place for staff on when to offer people 'as required' medicines or pain relief and systems in place to ensure people received their medicines at appropriate intervals.
- Training records confirmed that staff responsible for administering medicine had received medicines training and had been assessed as competent to administer medicines by senior managers.
- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

At our last inspection we found that staffing levels did not always meet the planned allocation on each shift. At this inspection we found the provider had taken steps to make sure that staffing levels consistently met people's needs.

### Staffing and recruitment

- One person told us, "I think there is enough staff when I need them. Whenever I use my pendant to call them they come almost right away." Another person told us, "I have never noticed any problems with staffing numbers. The staff attend to me when they are supposed to." A third person commented, "I have never had a problem with staff not coming or arriving late. I need two staff to help me and they are always on time."
- Staff told us the staffing levels at the service was meeting people's needs. A member of staff said, "We have enough staff. We have some regular bank and agency staff. If we get stuck due to unexpected sickness the registered manager or care coordinators help out."
- The registered manager told us staffing levels were arranged to meet people's assessed needs. They said they would increase staff numbers if there was an emergency or if people's needs significantly changed.
- The registered manager told us the same bank and agency staff were used as they were familiar with people and their routines. They told us two new staff had recently been recruited to work at the service. These appointments would reduce the use of bank and agency staff.
- Robust recruitment procedures were in place. We looked staff recruitment records and found these included completed application forms, employment references, evidence that a criminal record checks had

been carried out, health declarations and proof of identification.

Assessing risk, safety monitoring and management.

- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, choking, moving and handling and skin integrity.
- Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling.
- Where people had been assessed as being at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had personal emergency evacuation plans in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.

Systems and processes to safeguard people from the risk of abuse.

- One person told us, "I feel safe, there is never anything to worry about. The staff are terrific and there's always someone here to look after me."
- There were safeguarding adult's procedures in place. The registered manager and staff understood these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authority safeguarding team and CQC if they needed to.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- At the time of this inspection a safeguarding concern was being investigated by the local authority and the provider. We cannot report on the safeguarding investigations at this time. However, the CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

Preventing and controlling infection.

- The environment was clean, free from odours and had infection control procedures in place. We saw hand wash and dryers in communal toilets and staff told us that personal protective equipment such as gloves and aprons was available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents.
- The service learned from incidents, accidents, near misses and mistakes. Investigations were carried out when required and systems were in place to help identify any trends or patterns, which could mean changes to service provision or delivery.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

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

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Where people lacked capacity to make specific decisions for themselves, they 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.
- Staff demonstrated an understanding of the MCA and how it applied to their roles. The registered manager told us that where people lacked capacity to make specific decisions for themselves, they would work with them, their relatives and health and social care professionals where appropriate to make sure any decisions were made in the persons best interests.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- We saw initial assessments of people's care and support needs were held within their care records. These assessments were used to draw-up individual support plans and risk assessments.
- Nationally recognised planning tools such as the waterlow score was being used to assess the risk of people developing pressure sores.
- We saw that people's support plans and risk assessments had been kept under regular review to ensure their needs were appropriately met.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and annual appraisals.
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included dementia awareness, safeguarding adults, moving and handling, food hygiene, health and safety, deaf and blind awareness and equality and diversity amongst others.

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

- Where people required support with eating and drinking we saw this was recorded in their care files.
- Most people's main meals were catered for by an on-site restaurant operated separately from the service. One person told us, "The food in the restaurant isn't bad. I like seeing my friends there."
- The registered manager told us that information about people's dietary requirements, for example allergies or special or modified diets had been shared by the service with the restaurant to ensure the meals they received met their assessed needs and preferences. This ensured that people were able to maintain a safe diet.
- Some people said staff or family members cooked for them. One person said, "The staff will cook lunch for me if I want it. My partner usually brings me something in every day. The staff always make sure I have plenty to drink."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "I get to see the GP and other health care professionals whenever I need to."
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's [SALT] and district nurses.
- A visiting SALT told us the registered manager had contacted them to reassess someone's needs. Any advice they gave was followed by staff. They said staff kept good records and there was always staff around to support them when they visited.

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

- Sutherland Court provides care and support to people living in specialist 'extra care' housing. People lived in their own flats located in a single building. One person told us, "I like living here. It's well looked after and clean and I have everything I need."
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical needs were met. For example, wheelchairs and hoisting equipment.
- A local authority moving and handling assessor told us the registered manager contacted them right away if they had any concerns about people's mobility support needs. They trained staff how to use moving and handling equipment safely and any guidelines they provided to staff were followed. They said, "The registered manager and staff are always here to support me when I come here. I have no concerns at all about the service."

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that staff knew people very well and communicated with them effectively.
- People had been consulted about the care and support they received. One person told us, "I didn't think I would like it when I came here but the staff made sure I had all the things I needed. They asked me lots of questions when I came here and it's all turned out good." Another person said, "I have a care plan and the staff follow it, the staff know what to do. I know what's in my care plan because we talked about my needs when I moved in. I had a lovely impression of this place when I visited and knew I wanted to come here."
- Care records were person centred and included people's views about how they wished to be supported.

Ensuring people are well treated and supported; equality and diversity

- People's care files included their life histories, preferences and their likes and dislikes. Staff knew the level of care and support they needed to provide to people. For example, one person's care plan directed staff to make sure their glasses were clean and they had access to their hearing aids and headphones so they could see and hear well.
- People were supported to maintain personal and family relationships, attend church services, clubs and other activities that met their needs.
- Training records confirmed that staff had received training on equality and diversity and inclusion. Staff said they were happy to support people to do whatever they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their flats. When providing people with personal care they explained to the person what they were doing as they went along and by asking if they were happy to continue.
- We saw staff providing support to people in a sensitive way. They responded to people politely, allowing them time to respond and also giving them choices.
- Staff said most people were able to do things for themselves. Where required they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

At our last inspection we found that people's care records were not always up to date and accurate. At this inspection we found that people's care records were up to date and reflective of their care and support needs.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with moving and handling and with eating and drinking. Staff understood people's needs and they were able to describe people's care and support needs in detail.
- People were supported to partake in activities that met their needs. The provider employed an activities coordinator. We saw an activities plan was displayed throughout the service. Activities included coffee mornings, afternoon tea, bingo, arts and crafts, pampering sessions and visits to cafes and places of worship.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people and their relatives could understand.
- One person told us, "I would tell the staff or the registered manager if I had to complain and I am sure they would deal with it."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard [AIS]. The AIS sets out a specific, approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.
- People's communication needs were identified, recorded and highlighted in their care records. We saw evidence that the identified information and communication needs were met for individuals.

End of life care and support.

- None of the people currently using the service required support with end of life care. The registered manager said they would liaise with the GP, the multi-disciplinary team of professionals and the local hospice in order to provide people with end of life care and support if and when it was required.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be

respected.

# 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. The service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. □

At our last inspection we found that the provider's checks and audits were not always consistently effective in identifying issues and driving improvements. At this inspection we found that the provider's checks and audits were operating effectively. They had identified issues that required improvement and action had been taken to make these improvements.

Continuous learning and improving care.

- The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular medicines, staff files, health and safety, pull cord testing, infection control, incidents and accidents checks and audits were being carried out at the service.
- Quality check audits were carried out with people in their flats. These checks covered people's care files, call times, medicines records and the safety of the environment. They also recorded people's comments about the service they were receiving.
- Unannounced spot checks were also carried with staff to make sure they supported people on time, they administered medicines and completed medicine records correctly and they had completed all of the tasks recorded on people's care plans.

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

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed the provider's website.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us management support was always available to them out of hours when they needed it. One member of staff told us, "There is an on call system in place evenings and weekends in case we need help or advice. The registered manager is also very supportive. If there is ever a problem here she's here like a flash even on her days off. She works long hours and is very dedicated."

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

- The registered manager sought people's views about the service through resident's meetings and

satisfaction surveys.

- The most recent 'residents meeting' [March 2019] was very well attended. Areas for discussion at the most recent meeting included clarifications on call times, plans for supporting a person to their place of worship and how a tea and coffee kitty was spent.
- We saw completed surveys that included positive comments about the service and care people were receiving. The survey identified some areas where improvement was required and we saw action had been taken to make those improvements. For example, some people were unsure of who to go to make a complaint. An easy read version of the complaints and compliments procedure and complaints form was made available to people and displayed on notice boards at the service.
- Records showed that regular team meetings were held to discuss the running of the service with staff. Areas for discussion at the most recent meetings [January and March 2019] included medicines, the importance of equipment and infection control checks and an incident reporting demonstration. The meetings also discussed and followed up issues raised by people using the service. For example, where one person had requested an appointment with an occupational therapist an urgent appointment was made and a review was carried out.
- A member of staff told us that they felt listened to by the management team. For example, they suggested to the quality manager that catch up meetings could be held at the beginning of each day to discuss what needed to be done at the service. These meetings were now taking place at the service.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.
- An officer from the local authority told us they visited the service in February 2019. The provider was compliant in all areas they had looked at and had continued to make improvements to the service.
- A health care professional told us, "The registered manager and staff are always there to support me when I need them. I have no concerns at all about the service."
- The registered manager told us and a local pharmacy representative confirmed they were currently working to enhance medicines systems for managing people's medicines by making it easier to monitor.