

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Creative Support - Harrow Service

Ewart House, 9 Richards Close, Harrow, HA1
2BE

Tel: 02088634660

Date of Inspection: 29 September 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Safety, availability and suitability of equipment ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Creative Support Limited
Registered Manager	Mrs Sheetal Shaikh
Overview of the service	Creative Support, Harrow service is part of an extra care housing scheme that is registered to provide personal care to people in their own homes. The scheme provides care at two different locations, Watkins House and Ewart House.
Type of service	Extra Care housing services
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, is the service effective, is the service caring, is the service responsive, is the service well led?

During the inspection we spoke with nine people who used the service, four members of staff and the registered manager.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see evidence that supports our summary please read the full report.

Is the service safe?

Those using the service told us that they felt well supported and safe being cared for by the service. We saw interactions between staff and those using the service and saw that they were conducted in a caring manner.

Staff were clear about their roles and responsibilities and felt well supported by management staff. The management team had systems in place to support workers.

Staff understood their role in safeguarding the people whom they supported and reporting any concerns they had to the manager. We saw there was appropriate and concise advice available for staff to refer to if they had safeguarding concerns. We also saw that this was available out of hours and staff knew senior support was available if required.

The service had systems in place to identify assess and manage risks relating to the health, welfare and safety of people who used the service.

Equipment used by the staff to care for people was appropriate for their needs. Staff we spoke to had received training on how to use each piece of equipment prior to use.

Is the service effective?

Risk assessments had been carried out where necessary. Care plans had been regularly reviewed with involvement from people and those who were important to them.

We saw minutes from staff meetings and saw that staff communicated between each other. They were guided by an effective system of documentation that ensured that there was continuity in the care that was delivered.

Is the service caring?

People took part in a variety of activities of their choice. Staff made sure that people were supported to take part in activities. Where people took part in activities without direct support or supervision we found that these were assessed appropriately for their risk.

We saw that staff communicated with people who used the service in a warm and friendly manner. We saw staff deliver care as people wished it to be delivered and promoted independence as much as possible.

Is the service responsive?

People received individualised care that was responsive to their interests and preferences. People's care and health were monitored closely, this included health screening that was appropriate. Written notes about people's health and care were completed by staff.

People's health, safety and welfare were protected and equipment to meet their care needs was provided if they required it.

We saw clear documentation that demonstrated that when people's needs changed, alterations were made to the way they were cared for.

Is the service well-led?

The service had an experienced team who led the service. Monitoring checks of the quality of the service were carried out. Staff meetings took place regularly so staff views about the service were taken into account.

Those using the service felt the manager was approachable and would resolve issues if they arose.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who used the service informed us they were satisfied with the care provided. One person told us they felt the staff were "Very good people, they are very co-operative." Another person told us they had had a good experience of the service and said "This place has changed my life around, this has been the best year I've had in many years."

We saw there was respectful interaction between staff and people who used the service. We noticed that staff always rang doorbells before entering people's flats and asked permission before they entered people's rooms. We noticed that call bells were answered quickly by staff.

People's needs were comprehensively assessed, and their care was delivered in line with their individual care plan. During our visit we viewed the files of eight people, and saw each contained an assessment by staff to ensure care was provided in a way that supported people to live as independently as possible. We noted that the documentation contained people's photographs and comprehensive assessment of their needs. We also noted that these care plans were updated regularly.

We saw that there was a system in place so that staff were informed of changes to how people's care was to be delivered and they had to document that they had reviewed and understood the changes to care. When we spoke to staff they understood this process and they felt it worked well. Those using the service told us that care was appropriate for their needs.

Care and support was planned and delivered in ways that ensured people's safety and welfare. We saw the provider had assessed risks individually for each person and had put in place plans to reduce the likelihood of adverse events occurring. The risks identified were comprehensive and included fall prevention, personal hygiene and social isolation.

Risk assessments included an identification of the risk, the action required to reduce the

risk and what whose responsibility it was to ensure this action took place.

We saw that these risks were not only considered by staff but that opinion was also sought from outside health professionals such as hospital consultants and other health professionals. We saw that every care plan included a summary of the care people had received if they had been to hospital. We also saw that people were supported to attend appropriate health screening including hearing and eye tests so that any problems were addressed proactively.

We were told by people using the service that care was provided to suit their needs; one example of this was the way that staff had changed the time they helped a person out of bed to allow them to pray at a time of their choosing.

During our visit, people told us they were supported to undertake activities within communal areas of the building and also in the community, which included exercise classes, attending places of worship and a film night held in a communal area. We saw a board outlining the activities in the lobby of the building. When we spoke to those using the service they confirmed these activities were taking place.

On the day of our inspection we saw that people were being supported to undertake gardening and one person told us 'I'm looking forward to the bingo that's happening later. Another person commented that the activities were "a really nice way to make friends and get to know people".

The provider had planned for foreseeable emergencies. During our visit we viewed emergency evacuation and fire safety plans. Staff had received training in first aid and there was a list of emergency contact numbers for staff to use if required. The service also had a first aid kit available and staff were able to give examples where they had summoned the emergency services when required.

People were cared for in spacious self-contained flats. People were very positive about their rooms and more than one person described their rooms as 'lovely' and one told us "if feels really light and airy and we have a nice view".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw staff interacting with people who used the service; there was a rapport and strong relationship relationships?

We spoke with people independently of staff and they told us they felt well cared for one person said the staff were "very good". We discussed escalating a problem and talking to a senior manager. One person told us 'XX is really nice and very approachable'.

Staff received training in safeguarding people. Training documentation showed that all staff had received not only training regarding the safeguarding of adults but also children who they may come into contact with as visitors to the service.

When interviewed, staff were aware that they had to report allegations or incidents of abuse to their manager or senior staff. They were also able to provide examples of what constituted abuse. Junior members of staff were clear on how to access senior advice both within working hours and out of hours.

Staff were aware they could also report abuse to the local safeguarding team or the Care Quality Commission. The service had a policy and procedure for meeting the Mental Capacity Act 2005. We saw that staff had received training in this act and its application to their work.

We examined the provider's safeguarding policy and found that it was up to date and contained useful information covering all common forms of abuse and safety. Staff told us that they would use a variety of tools to document any concerns of abuse. This included a body map to document any physical signs or injuries.

The care plans we looked at had clear documentation of how people wished to have their finances administered. This meant that their financial arrangements were clear and less likely to be open to abuse as a result.

People using the service felt they were safe one told us "The staff are very kind, I feel very safe here" another said "it's a very safe place; you need a fob for entry which is really

good".

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

On the day of our inspection more than one person using the service required equipment to support their mobility or independence, such as a hoist. We saw that these had been checked regularly and were being used in accordance with the manufacturer's guidance. Staff told us that they were not allowed to use a new piece of equipment unless they had been trained to do so and we saw documentation that demonstrated that this was happening.

We spoke to the manager about their process for ensuring people were cared for using the correct equipment. They told us that if equipment was required it would be organised through the GP or more generally the occupational therapy team.

We saw that as people's care needs changed so equipment was ordered to respond to their needs, one example of this was a person who had had an electric wheelchair ordered they told us "the staff organised it all, it's been really good".

We also saw that when equipment was ordered and it was clear after a trial it was not suitable it was changed. One example of this was a person who had a bespoke bed made to suit their needs. We saw this had been organised by staff.

The provider had a comprehensive health and safety policy which covered the safe use of equipment such as mobility aids, stair lifts and televisions. This was available for staff to access throughout the day and night.

We examined the policy for ensuring that all equipment was tested in line with manufacturers' guidance. We saw that equipment had undergone portable appliance testing (PAT). We examined three portable appliances chosen at random on the day of our inspection and found stickers that demonstrated that this testing had taken place.

Staff felt that they had enough equipment and that it was suitable for the tasks they were being asked to perform one told us "we never have any problem".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had systems in place to ensure that the quality of care provided to people who used the service was of a high standard. Quality audits, conducted by an independent auditor were occurring on a regular basis. We reviewed the last audit. This included looking at aspects of care including consent forms, dignity of service users and people's involvement in planning care. We saw that where issues had been identified action plans had been drawn up to address the issues promptly.

There was a documented plan for what action would be taken to resolve the issue. The provider may find it useful to note that there was no timescale documented and no way of knowing if the issue had been resolved.

We found that staff were aware of the providers' incident reporting system and that they understood their role in reporting incidents. Deadlines were then set for the manager to investigate the incident. Staff were clear on their role in reporting incidents and told us that these were discussed in staff meetings. We confirmed this when we looked at minutes taken at staff meetings. Staff we spoke to confirmed they had had untoward incidents discussed with them.

We saw that when a serious incident had occurred the manager had taken reasonable action to investigate thoroughly ensure that it was not repeated. We also saw that learning from the incident had been shared with other staff members.

The manager conducted a series of unannounced spot checks in addition to formal supervision and appraisals of all staff. Staff we spoke to said that these were happening and that they found them helpful.

We saw the results of the latest quality audit by the provider. This took the form of a survey for people using the service and their relatives. More recently, the manager had conducted a random sample of people using the service. The results of this survey had been very positive one of the comments made had been 'overall the level of care and support was excellent'.

People using the service told us they had been encouraged to attend residents meetings. We examined minutes from these meetings and saw that topics discussed were diverse and included food, staffing and activities.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

We spoke to the provider about the complaints process and policy and examined the provider's complaints policy. We found this was clear and explained the policy for managers and explained the process for investigating complaints.

The policy included advice on different action to take depending if the complaint was oral or written and set out clear deadlines on how complaints should be investigated and timeframes for investigation. The policy identified a response had to be completed within a month of the complaint which ensured those making a complaint had a response quickly and issues identified could be resolved efficiently.

We found the advice given to staff was also clear and concisely written. The advice included emphasis on not apportioning blame. We also saw evidence staff had been told to document the incident quickly. When we spoke to staff about the complaints procedure they were clear on their role and the importance of escalating any concerns to the registered manager.

We saw that complaints made to the service were logged effectively and in such a way that themes could be identified. We reviewed complaints that had been received during the last year. We found that action had been taken in each case to ensure that the chances of repeated similar problems were reduced. One example of this was a complaint that identified that staff were not always based in the office to answer the phone. The manager had organised for cordless phones to be purchased and we saw that staff had been informed of this during a staff meeting.

Those using the service told us they had never had to make serious complaints one told us "we've only had minor things but they (the staff) have been really good about it and sorted it out".

Every person we spoke to told us that they felt confident the senior care staff would address any concerns they had. One person told us "I've never had a problem, but I've no doubt they'd sort it out".

We saw complaint leaflets were available in communal areas and staff told us they would bring them to people if they wished to make a complaint and could not access them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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