

Creative Support Limited

Creative Support - Chorley Service

Inspection report

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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

This inspection took place on 13 and 14 September 2017 and was announced. The provider was given 48 hours' notice of the inspection because the location provides a community based service and we needed to be sure someone would be in at the office.

Creative Support – Chorley Service supports people who have a learning disability in their own home and provides personal care in line with a 'supported living' model. Supported living is a way of supporting people in their own home with their personal care or support arranged separately with a specialist provider.

People who use the service have their own tenancies and receive their support from staff employed by Creative Support. The service also has an outreach programme providing support to people living with their family or carer. At the time of the inspection 28 people were receiving support from the service.

At the last inspection on 23 April 2015, we rated the service as overall "Good" but found there were shortfalls in the administration of medicines. During this inspection, we found the necessary improvements had been made in this area and the service was meeting all the current regulations.

Since the last inspection the registered manager had retired and a new manager had been appointed who was going through the process of registration. The manager had moved from another service run by the provider and was familiar with the Chorley Service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found the provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Staff had access to a whistle-blowing procedure and said they would use it if they needed to. Appropriate recruitment checks were carried out before staff started working at the service and there were enough staff to meet people's needs. Risks to people using the service were assessed, reviewed and managed appropriately. People received their medicines as prescribed by health care professionals.

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. People consented to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the associated Code of Practice. Staff had been trained and understood their responsibilities in relation to MCA.

People told us they liked the staff and that they were kind and caring. We observed that staff treated people with respect and promoted their dignity. People were supported to communicate their views about how they wanted to be cared for.

People's nutritional needs were met. Staff helped people to purchase and prepare their food and people told us they enjoyed the choice of food that was available to them. People were supported and encouraged to participate in activities.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people.

People had their individual needs assessed and their care planned in a way that met their needs. People received care that reflected their preferences and choices.

Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People and their relatives had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure the service was of good quality and met people's needs.

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.

There were safeguarding adults' procedures in place to protect people from harm and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Relatives and the manager told us there was always enough staff to support people and observations during the inspection supported that there was sufficient staff to meet people's needs.

People's medicines were managed appropriately and they received their medicines as prescribed by health care professionals.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Creative Support - Chorley Service

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This announced inspection took place 13 and 14 September 2017. The inspection team consisted of one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In planning the inspection we looked at other information we held about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required by law to send us.

During the inspection we visited two houses where the service provided care and support for five people. We spoke with six people who used the service, a relative, five members of staff and the manager. We also spoke with a representative of the registered provider.

We looked at five people's care records and medicines administration record (MAR) charts for people using the service at the time of our visit. We also reviewed five staff recruitment records and other records relating to the management of the service including health and safety and quality assurance systems.

After the inspection, we received feedback from two healthcare professionals involved in the care and treatment of people at the service.

Is the service safe?

Our findings

At our comprehensive inspection on 23 April 2015, we found that arrangements for the administration of people's medicines required improvement. At this inspection on 13 September 2017, we saw improvements in this area. We considered five medication administration records (MAR) for people using the service and saw that people were receiving their medicines as prescribed by health care professionals.

Medicines were stored securely in line with people's needs and preferences and their medicines records were clearly set out and easy to follow. They included individual MAR's for people using the service, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff administering medicine had completed training on the safe administration of medicines. We checked the balances of medicines against the MAR's for two people at the two houses we visited and found these records were up to date and accurate. The service also had a policy on the safe disposal of medicines that were no longer needed.

We saw that the service had a policy on medicines that were 'required when needed', commonly referred to as PRN. Staff said they were aware of signs people used when they required relief from pain and may need PRN medicine. There were clear records in individual care plans describing how people communicated their needs on these occasions. Any request for PRN medicine had to be authorised by a senior member of staff and records were kept of their use to ensure that dosages were kept within safe limits. A member of staff said, "I am aware of the issues with overdosing on painkillers such as paracetamol and we are all strict about making sure this never happens."

A member of staff said, "I have had a lot of training in relation to medicines and recently had a refresher." Records showed that senior staff carried out regular checks to make sure that people had their medicine as prescribed by doing monthly audits and staff were assessed as to their competency to administer medicine annually. The manager said, "I am looking to take over the reviews of things related to medicines as I see that this is an important part of the area of responsibility a manager has."

Although some people could tell us they were happy with the service, many people were unable to communicate their views about the care they received. However, we observed that staff treated people well and a relative told us that they were happy with the service and that their family members were safe. They said, "I know by the way they are that they are safe and happy." A healthcare professional said, "I have no concerns about the service. It is a safe and homely environment."

There were processes to protect people from unsuitable staff. We found that robust recruitment procedures were in place. We looked at the recruitment records of five members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and interview notes that covered explanations for any breaks in employment. Each file contained evidence that criminal record checks had been carried out, two employment references, health declarations, proof of identification and right to work. This meant that suitable people were

employed to care for people who used the service.

The manager told us she was the safeguarding lead for the service. This meant that the service had a designated and trained first point of contact for staff who had concerns about the safety and well-being of people. The service had a clear policy for safeguarding adults from abuse and a guide for staff to follow if they suspected abuse or other safeguarding concerns. The manager and staff demonstrated a clear understanding of the types of abuse that could occur in a community setting and they had received training in safeguarding adults and the process for reporting concerns. They told us the signs they would look for, the different types of potential abuse that could occur in a care setting and what they would do if they thought someone was at risk of abuse. All staff had received training on safeguarding adults from abuse and this was reviewed annually. In addition, staff told us they were aware of the organisation's whistle-blowing procedure and how they would use it if they needed to.

One member of staff said, "I wouldn't hesitate in raising concerns and we are all encouraged to do so. We all have a duty to ensure people are safe and escalate any concerns."

The manager and a relative told us there was always enough staff on shift to meet people's needs. When staffing was raised with staff at two individual homes they supported this and one member of staff said, "There is always enough staff even when we support people with activities outside the home." We also saw there were sufficient staff to support people during the inspection.

We found assessments were undertaken to assess possible risks to people using the service. We saw risk assessment documentation had been completed and was present on the five care files we considered and the manager told us that they were completed for each person using the service. The assessments included individual risks to people who used the service and others, medicines and risk of deterioration of mental health. The risk assessments included information for staff about action to be taken to minimise the chance of the risk occurring such as spotting the signs of deterioration in behaviour and which health care professional to speak to for guidance. The assessments we looked at were reviewed on a monthly basis and were up to date.

The staff were responsible for maintaining the cleanliness of people's properties and we noted the two houses we visited were clean and tidy. Potentially harmful cleaning products were locked away.

We noted that accident and incidents that occurred at people's houses were appropriately recorded and reviewed by the manager and any trends and patterns were investigated and acted upon to prevent reoccurrence.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People we spoke with were unable to express their views about the staff's skills and abilities to meet their needs. However, a health care professional said, "I have found that the staff are knowledgeable and have a professional attitude."

The provider organised training for the staff that was relevant to the needs of the people using the service. There was an induction programme in place for new staff, which included time with senior staff and shadowing when supporting people. Staff were also provided with supervision and regular training. A member of staff said, "The training is thorough and organized. It includes all manner of skills." Another member of staff said, "We all have annual appraisal and supervision throughout the year." We noted that staff had attained accredited qualifications in health and social care.

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. Any application to do so must be made to the Court of Protection. The service had not made any applications to the Court of Protection but we checked whether it was working within the principles of the MCA.

People's capacity to make decisions about their care and treatment was assessed and where appropriate best interest decisions had been made on people's behalf. Consent to care and treatment had been recorded in people's support plans. Arrangements had been made for people to be supported by a relative or advocate to help them to understand situations and make decisions. This meant that the staff understood the MCA and supported people to make decisions for themselves.

People were supported to have enough food and drink of their choice. During the inspection, we visited two houses where a total of five people lived. Staff were responsible for supporting people with their dietary requirements as well as the purchasing and preparation of food. We noted that the daily menus were varied and the home's fridges contained plenty of fresh food and fruit and vegetables. One person told us, "Staff make good food." In speaking with staff, we found they were knowledgeable about people's dietary needs including the risks and support some people required with their diets. We noted staff encouraged people to have a balanced diet and specialist support had been sought, as required, to support people.

The staff supported people to access healthcare professionals in order to maintain good health. People's

care records showed relevant health and social care professionals were involved in people's care, such as their GP, Community Nurses and members of the local Community Learning Disability Team. We saw people's changing needs were monitored, and any changes in their health needs were responded to promptly. A healthcare professional said, "I have received referrals from the service when there were concerns about food and hydration. Staff have always followed the advice I have provided."

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The people we spoke with told us that they liked the staff and we saw that staff and managers knew people well and had positive relations with the people they cared for. One member of staff said, "We treat people as if they are our own relatives and how we would expect to be treated. It's like an extended family." A relative told us that staff were understanding and supportive.

Support plans evidenced that people and their relatives were involved in making decisions about how they were supported. Information was written in ways that helped people to understand the support that was provided to them. The plans had been regularly reviewed and contained information about people's likes and dislikes.

People told us the choices they made were respected. One person told us, "I like to go out to do different things and the staff take me." Another person informed us about the things they liked to do during the day and in particular, where they liked to go to spend their time and what music they enjoyed. They told us the staff had listened to them to assist them to fulfil those choices. Another person spoke with us about how the staff respected them. They said, "The staff always call me by my proper name and help me with things."

One person explained to us that the staff supported them with their shopping. They enjoyed this one to one time and in particular the planning of the shopping as well as going to the shops to purchase their food. This meant people were involved in their own care planning and making choices.

During the inspection we saw that staff protected people's dignity especially when providing personal care and support. People we spoke with indicated to us that they felt comfortable with staff and had developed good relationships staff members.

When we visited people's homes we noted that information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away securely to ensure only authorised people had access to the records.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Before people started to use the service the manager assessed their support needs. People, their family and other professionals were asked, as appropriate, about the support required to determine if the service could provide that support. The manager said, "Before starting the service, we seek the opinion of other professionals and consider reports and assessments to consider if we can provide a complete service for the person." A person's relative told us they felt involved in the planning process of their family member's support.

People's support records were kept up to date with staff writing information in the daily notes describing matters that occurred during the day and this included details of the person's intake of food and drink. We noted that where appropriate this information was transferred into the support plan. We saw that the plans focused on the needs of each person and took into account their choices and preferences.

Support plan reviews were conducted every three months or where required following a change in a person's needs or circumstances. We noted that this had occurred in one of the five plans we considered as a result of the person's increasing confidence in performing household chores in their home. This meant the support plans were regularly reviewed to ensure that the support provided was recorded and responsive to the person's needs.

One person told us that the staff supported them with their shopping. At the time of the inspection the person was helping with administration duties at the main office of the service. They said they enjoyed this one to one time and the planning of the shopping as well as going to the shops. This meant, where appropriate, people were involved in their own care planning and making choices.

There was a complaint's policy and procedure. These details and how to make a complaint were provided in a comprehensive information pack to people when they first began to use the service. The pack was produced in an easy to read format with the use of pictorial aids. Within the past 12 months there were two complaints that had been raised by people's relatives. We noted that these had been proceeded with consistent with the service's policy and this involved acknowledging the complaint, investigating within the timeframe specified and a providing detailed written response to the complainants.

We saw a number of compliments about how people had been supported from a number of sources. The person we met at the main office said, "I have no complaints, they are brilliant."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The previous registered manager had retired from their post. A manager had been appointed who was in the process of registering with the Care Quality Commission to manage the service. This meant the provider had taken reasonable steps to ensure a registered manager managed the service. We noted that during the registration process a senior representative from the provider had overseen the service and was present at the time of the inspection. They said, "Following the registered manager's retirement, I have been active at this service and supported the new manager with the processes."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a notification. The CQC had been notified by the service of significant events in a timely way by submitting the required notification. We had also been informed about lessons learnt by the staff and actions taken to improve the service for the people regarding the auditing of medicines following the last inspection in April 2015. From consideration of minutes from meetings, including staff and management meeting, we saw evidence of the lessons learnt. This meant that we had been able to check that appropriate action had been taken.

All of the staff we spoke with told us that the service was well managed and that the manager and provider representatives were considerate and approachable. One member of staff said, "The manager is very hands-on, a good listener and helps in planning improvements." Another said, "The manager has an open-door policy, is very supportive and a good leader."

The manager had provided supervision and support to staff and provided opportunities for them to develop their skills. We saw that training was provided and staff were encouraged to seek additional relevant training for their development and to support people with their needs. A member of staff said, "Recently I've been encouraged by management to take an additional qualification because of the specialist needs of people." This meant the registered manager was managing and developing staff to provide appropriate staffing and support to people.

The manager had an open door policy and was clearly well known to the staff and people at the houses we visited. Staff told us that they saw the manager regularly and that they would often visit their place of work when they were on duty offering support and encouragement. Staff told us that the manager had taken time to get to know the people using the service as well as the staff.

There were systems in place to monitor and review the quality and effectiveness of the service. These included the completion of regular audits and checks of areas such as medicine administration and support plans as well as seeking feedback from people and healthcare professionals. We noted that in addition to these management checks, the provider conducted thorough checks twice yearly and these included medicines, environmental and care planning audits.

