

Creative Support Limited

Creative Support - Whitby 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 

Overall summary

This inspection took place on 16 October 2015 and was announced. When we last inspected the service on 29 November 2013 we found no breaches of regulations.

Creative Support –Whitby service is registered to provide personal care to people with a learning disability in the Whitby, moors and coast area. The service is one of a group of services provided by Creative Support Limited

which is a not for profit organisation with charitable status. Creative Support – Whitby service provided supported living services for 18 people on the day of our inspection but only three of those required personal care. All three people lived in accommodation managed by a housing provider.

Summary of findings

There was a registered manager employed by this 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.

People at this service demonstrated how safe they felt through their verbal and non-verbal communication and their reactions to staff. They were supported in their own homes but staff took steps with regard to people's health and safety to make sure they remained safe. Accidents and incidents had been recorded.

Each person had a very detailed care and support plan written in the first person which explained how staff could best support them. There were associated risk assessments completed. When people required support to take their medicines, staff had been trained and were competent to do so.

Staff had been recruited safely and there were sufficient staff to meet people's assessed needs. The service had a bank of staff to provide support for unexpected absences or other events. They received training through the company training academy and where specialist training was required the service used health professionals or external trainers. Staff were supported through regular supervision.

Staff were working within the principles of the Mental Capacity Act 2005 and recognised where the deprivation of liberty safeguards may be appropriate for people they supported.

People were supported to engage in activities which were meaningful to them and encouraged them to be part of the local community. People's views about the service were sought and acted upon.

In order to maintain the quality of the service a service performance review was completed regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. We saw that people felt comfortable and safe when with staff.

Care plans described the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There was sufficient staff who had been recruited safely. They understood what was meant by safeguarding and had been trained in safeguarding adults.

Good



Is the service effective?

This service was effective. People were provided with care and support by staff that encouraged them to live as independently as possible. They had good access to health and social care professionals.

Staff were trained and well supported in their roles, which in turn meant that people who used the service had access to staff who understood their role and were competent.

Staff followed the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) when they cared for anyone who lacked the mental capacity to make their own decisions.

Good



Is the service caring?

This service was caring.

We observed staff to be kind and caring. Staff were respectful when speaking with people, listening to them and maintaining their dignity. People appeared well cared for and were smartly dressed.

Staff communicated with people in a way that they understood.

Good



Is the service responsive?

This service was responsive. Care plans were person centred and reviewed regularly.

There were very detailed descriptions about people's care needs and how staff should support those needs. These were written from the perspective of the person receiving care.

People who used the service were supported to engage in meaningful activities to support their wellbeing.

Good



Is the service well-led?

This service was well led by a manager who was registered with the Care Quality Commission.

The manager was able to answer all of our questions during the inspection.

A service performance review had been completed to check the quality of different areas of the service. This identified any areas for improvement

There had been a consultation with people who used the service which had identified areas for change which the service was committed to improving.

Good



Creative Support - Whitby Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 inspection took place on 16 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living service for adults and staff are often out of the office during the day; we needed to be sure that someone would be in.

The inspection was completed by one inspector. Prior to the inspection we reviewed all the information we held

about the service which included statutory notifications made by the provider. Notifications are a requirement on the provider to give CQC information about certain events which affect the service.

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.

During the inspection we looked at the care and support records for two out of the three people who received personal care at this service and we met and spoke with those people. We interviewed the support worker providing support for those people and spoke with another support worker, a senior support worker and the registered manager.

We contacted the local authority commissioners and asked for their views about the service. They had no current concerns.

Is the service safe?

Our findings

Two people who used the service spoke with us whilst supported by staff. One person told us that they felt safe. A support worker told us, “I feel that people are safe.” We observed that the people we spoke with were comfortable around the staff by their interactions which were both verbal and non-verbal and their body language.

The rotas showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. Whenever people went out or to activities they required two people. It was clear from rotas we looked at that two people worked during the afternoons and at other times to facilitate activities. To accommodate unexpected absence the service had a bank of staff to call upon. Staff had been recruited safely with checks carried out by the Disclosure and Barring service (DBS) and they had two references in place. The DBS checks assist employers in making safer recruitment decisions by ensuring that prospective staff members were not barred from working with people who require support.

Staff told us that they had undertaken training which helped them identify how to safeguard people and we saw evidence of this in training records. They told us that they were aware of how to report any incidents of potential or actual abuse. One support worker told us, “I would report anything to the senior support worker but if it involved them I would report the incident to the manager.” There had been five safeguarding alerts made by the service to the local authority since the last inspection. The local authority is the lead agency in investigating any matters where people may be at risk of abuse. All of these alerts were made appropriately and had been dealt with appropriately by the service.

When we looked at people’s care and support plans we could see that the risks to them and others had been identified, and management plans with clear guidance for staff were in place. In one person’s case there had been some behavioural issues. The service had worked with the learning disability service to identify triggers for the behaviour and there was guidance in the support plan for staff. This enabled both staff and people who used the service to be kept safe.

There was a personal monies record for each person which recorded people’s weekly monetary allowance and any spending with receipts. This had been recorded clearly and was checked by staff at every handover to reduce the risk of financial abuse.

Medicines were being managed safely and policies and procedures followed. The medicines for each person were kept in the person’s own cabinet. They were supported to take medicines by staff and these were signed for on the medicine administration record (MAR). If people went out for the day and took medicines with them staff would check the medicines out and when they returned count them again, applying the correct codes to the MAR.

Medicine errors or near misses had been recorded and investigated by the service and if necessary safeguarding alerts had been made to the local authority and notifications made to CQC. This was important in safeguarding people, in order for the service to learn from these incidents and in the prevention of further incidents. Staff were trained in the administration of medicines and had regular competency checks. Medicine audits had been completed weekly. The recent audits had not identified any current practice issues.

Accidents and incidents had been recorded. The most recent service performance review identified one accident with no follow up action required. There was a health and safety policy for the service and within that were individual policies and procedures for activities such as manual handling and infection control. In addition there was a fire risk assessment for the main building. On the day of the inspection a fire alarm had been activated as a practice and one of the people we spoke with gave a detailed account of how they had followed the evacuation procedure which corresponded with the actual fire instructions. This showed that information had been given to people to ensure their safety.

There was a commitment on the part of the provider to maintain the health and safety of people who used and worked at the service and they took additional precautions within each person’s home. These included visual checks of electric appliances and the checking of fridge temperatures to ensure that people were not placed at risk.

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. Staff were well trained in areas which were relevant to people's day to day care. Staff received regular supervision from senior staff to support them in their roles and this was recorded. We also saw that staff had received practice observations from senior staff to ensure they were competent to carry out their role.

Creative Support ran their own training academy for staff with only specialist courses being presented by outside trainers or health professionals. They had a programme of induction for new workers and an ongoing training programme which meant that staff had the appropriate skills and knowledge to start working with people who used the service.

Staff were able to tell us about people's health conditions, demonstrating their knowledge of people, and there was clear written information in care and support plans for staff to refer to. There was evidence that people had good access to appropriate health services. For example, people received support from the NHS learning disability service. We also saw that one person attended appointments with a psychiatrist and their GP. There was evidence of good practice advice and guidance informing care planning which meant that staff had access to the most up to date information to inform their practice. For instance one person had guidance about positive behaviour support from the learning disability service. One person told us, "I went to the doctors with (staff) to have my eyes checked" and staff told us they had visited the hospital and podiatrist.

Staff assisted people in planning their weekly menus using picture boards and magazines and then took them shopping where they could also choose food items. Food was prepared and cooked by staff as the people we met were unable to do so themselves. Staff monitored the amount of food people ate and we also noted that weights were recorded. This meant that staff could identify if someone was becoming malnourished and take appropriate action.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. 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. We checked whether the service was working within the principles of the MCA and found that they were.

We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. We saw that two people who used the service were the subject of an order by the Court of Protection but no one currently had their liberty restricted. The registered manager told us that they were considering an application via the local authority to the Court of Protection for an authorisation for one person. This meant that people were protected because the service was aware of its responsibilities relating to the MCA and DoLS when working with people in the community.

We saw that capacity assessments had been completed where necessary. Where it had been identified that a person lacked capacity a best interest decision had been made on their behalf with the involvement of health and social care professionals and families. For example one person had a best interest decision in place about where they should live. We noted when we looked at care and support plans that consents had been sought where possible. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

People had tenancy agreements and Creative Support – Whitby service held a spare set of keys. The housing service, although separate from Creative Support was in the same building so any issues could be dealt with quickly. Within people's homes adaptations had been made where they were appropriate. For instance the service used sensor mats to alert staff when people got up at night. This meant that staff could respond to their needs immediately they heard them get up without having to keep going into their room to check on them.

Is the service caring?

Our findings

We observed that staff were caring and kind to people. People who used the service were relaxed with staff. It was clear to us that people who used the service and the staff knew each other well.

We saw from people's care and support plans that they were supported to do activities which would enhance their social lives where appropriate. Our observations indicated that people who used the service were able to spend their day as they wished. One person told us their routine for the week saying, "Monday bakers, Tuesday and Thursday (day centre) and Wednesday pub." They told us about the activities they took part in, such as cricket and shooting. They requested that we visit them earlier as they were going out on the day of inspection in the car demonstrating that they were making their own decisions about the time they went out. They had their own car and staff who were designated car drivers took them wherever they wished to go. This supported people to be as independent as possible.

Diaries were kept for each person which recorded their daily activities. People who used the service contributed to the diary in whatever medium they wished. For example one person had added drawings to their diary.

We saw people being spoken to by staff in a respectful manner. Staff had close relationships with people and we watched them communicate with people skilfully in a way which encouraged interaction. There was a family type feel to the flat we visited and we saw that people who lived there were comfortable with the staff presence.

People looked well cared for and they were dressed smartly. We saw from the detailed care and support plans and our observations that people were treated as individuals. Staff were supportive of people finding ways to meet their needs or wants. They involved the person in every aspect of their care and explained things to them in a way that they understood.

We saw that any information provided to people was presented in an easy read format, sometimes with pictures. This meant that people who used the service were more likely to understand the information they were given. A recent service user consultation had identified that people would appreciate the re-launching of the newsletter. This had been identified as an action by the service and showed that they listened to the views of people who used their service.

Is the service responsive?

Our findings

Care and support plans were person centred and individualised. Areas of need had been identified and associated risk assessments carried out. There were clear management plans for staff to follow where there had been a risk identified. Reviews were carried out every six months where the support plans were re-evaluated.

Some of the people received a high level of support which required staff to be present 24 hours a day. Telecare was used to alert staff at night if people were leaving their room to ensure that staff could respond to people's needs immediately. Telecare is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living independently, while minimising risks such as a fall.

Each care plan we looked at clearly outlined what was important to the person. 'My person centred care plan' included what was important to the person, what was important for them, what people liked and admired about them, who was in their life, their background and what staff needed to know to successfully support them. The care plans clearly reflected the person's wishes and preferences.

For instance in 'My Communication' for one person there was a detailed assessment by the speech and language

therapist. Using that information and knowledge of the person, staff had written the care plan outlining what happened during communication, what it meant and how staff should respond. This meant that staff had detailed knowledge of how to communicate with people. The care plans were written in the first person allowing the persons voice to be reflected.

People who used this service were supported to access the local community, avoiding social isolation. For example, two people told us they were going out later for lunch. We saw recorded evidence of a variety of activities undertaken by people in the community and at home with staff support. Their individual interests were supported, with one person telling us that they enjoyed cricket at a local day centre. People were taken out shopping, for coffee and for lunch on a regular basis. We saw these activities had been recorded in the persons care records.

The service responded to complaints in line with their policy and procedure. There was a guide for people who used the service who wished to complain. This was a pictorial guide which meant it was easier for people to understand. There was a complaints policy and procedure which staff had signed to say they had read and understood. There had been four complaints and ten compliments to the service recorded. Some of the complaints were from people who used the service which showed that they understood the information provided to them on how to complain.

Is the service well-led?

Our findings

During the inspection the registered manager of the service was present and was able to answer our questions in full. In addition a senior support worker was available to answer questions. They were both able to tell us about the people who used the service and show us all the documentation that we requested. They had maintained good records and had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

We found the registered manager to be open and helpful during the inspection. They showed us the policies and procedures for the service and following the inspection sent us their policies on MCA/DoLS which were being updated on the day of our inspection. We saw from these policies that the service was working within their own guidelines. Other policies and procedures covered all aspects of running the service such as safeguarding people from abuse, medicine administration, handling money, incident and accident reporting and others. In addition there was a business continuity plan which identified the key risks to the business and highlighted how the service would respond in an unexpected emergency.

The registered manager also told us that a business plan was being developed for the North East which included the Whitby service. The registered manager would contribute to that plan as part of a wider management team which meant that it was more meaningful to individual services because the service managers had a voice and could give

their own and their teams perspective and ideas. The provider promoted team work through staff awards and under the leadership of the registered manager Whitby service had received the team of the month award in 2014. This award recognised the commitment of staff.

The service used information gathered from people who used the service, families and staff to continually improve the service. A consultation with people had been carried out between October 2014 to February 2015 and actions had been identified. Where people had highlighted areas for improvement these were noted and had been addressed. For instance one person had said that they would like the newsletter to be reinstated and another had said they would like a service user forum. Some people had not been aware of the out of hours number and so to promote awareness posters and leaflets had been developed and were sent to each area office.

The service had an effective quality assurance system. Audits had been completed as part of the quality assurance at the service in the form of a service performance review. This looked at all areas of service provision and identified whether or not it was satisfactory, or had shortfalls. Actions required were recorded as part of the review. The most recent review identified that the medicine policy needed to be put into new corporate format. It also identified whether staff had completed necessary training. For instance 100 percent of staff had completed an induction but only 72 percent had completed food hygiene training. This meant that the registered manager could identify where improvements should be made and take action immediately to improve.