Creative Support Limited

Creative Support - Bolton 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

Creative Support – Bolton Service supports people with Autism Spectrum Condition (ASC) and challenging behaviour, in their own home, providing personal care in line with a supported living model. People who use the service have their own tenancies and receive their support from staff employed by Creative Support.

This inspection took place on 25 July 2018. The provider was given 48 hours' notice of our intention to visit. This was because we needed to ensure there would be someone present at the office to facilitate the inspection.

We were assisted throughout the inspection by the registered manager and three project managers. 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. The registered manager at Creative Support – Bolton Service had been registered since October 2011.

We spoke with a number of people during the inspection including relatives, staff and community professionals. People who used the service had limited means of communication and were unable to share their experiences. People who used the service relied on families or advocates to support them with decision making.

The service was last inspected on 18 May 2017 and was announced. The service was rated as Requires Improvement.

At the last inspection we found procedures were in place to manage people's medicines safely. However, these had not always been followed, which had resulted in some errors being made with medicines on several occasions. Arrangements for the safe recording and administration of people's medicines required improvement to ensure people were protected from the risk of unsafe medicines management.

This was a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that medicines management had improved and systems were now safe. The service had sought advice around medicines management from a healthcare professional external to the organisation and had incorporated a new system for auditing medicines.

Mandatory training had been completed by all staff.

There were systems and processes in place to protect people from harm. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.

The service had developed positive working relationships with health and social care professionals which led to joint working to expand people's communication skills.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

People's needs were assessed before using the service and on an ongoing basis to reflect changes in their needs. Clear and well thought out arrangements were in place for people moving into the service which helped to significantly reduce possible anxiety about this change.

There were enough staff so people could take part in the activities they wished and be supported in meeting their individual needs. People had access to activities that were important and relevant to them, both inside and outside their home. People were protected from social isolation because of the support and range of opportunities offered by staff.

We observed positive relationships and observed the management team and staff interacting with people in a caring, good humoured and friendly manner. Management and staff demonstrated insight and understanding of people's personal preferences and needs.

The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance; these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

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 had improved and was safe.

There were effective systems in place for managing medicines.

Staff understood how to keep people safe from harm, and when allegations of abuse were made these were thoroughly investigated.

People told us that they felt safe and there were enough staff to meet their need

There was an effective system in place for the recruitment of staff.

Is the service effective?

Good

The service had improved and was effective.

Staff were well trained and people felt confident in their abilities.

Capacity and consent issues were considered, and where people were deprived of their liberty the correct authorisation had been applied for.

There was good liaison with health care professionals.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring and compassionate manner.

Staff agreed that this was important and spoke kindly about the people they supported.

People's privacy and dignity was respected, and personal information was securely stored.

Is the service responsive?

Good

The service was responsive.

The service had systems in place for receiving, handling and responding appropriately to complaints.

People contributed to their care reviews and were consulted on service provision.

Care plans reflected people's needs and how they would like their care to be delivered.

Where possible, people were encouraged to voice their opinions about the quality of their service, and their views were taken into consideration.

Is the service well-led?

Good

The service had improved and was well-led.

Systems to monitor the safe storage and administration of medicines had improved.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of service provision, and the service had developed good systems to audit the quality of care provision.

The manager and registered provider understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Creative Support - Bolton 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 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 inspection took place on 25 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one assistant inspector. At the time of the inspection the service was supporting ten people to live in their own homes.

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 which improvements they plan to make. We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about events which the service is required to send us by law. We used this information to decide which areas to focus on during our inspection. We contacted the local Healthwatch organisation and the Local Authority Commissioning team to obtain their views about the provider. No concerns were raised about the service.

During the inspection we spoke with the service director, the registered manager, the positive behaviour support practitioner (PBS), six members of staff and five relatives. We spent time at the office and looked at care records, staff recruitment, staff training and supervisions and records about the management of the service.

We also contacted several health and social care professionals after the inspection visit. They had no concerns to share about the service.

We visited all the supported tenancies to meet people using the service and talk to staff. We looked at medication records for four people and inspected how medicines were managed at each supported tenancy.

Good

Is the service safe?

Our findings

Medicines management systems were safe. The service had sought advice from a healthcare professional external to the organisation and had incorporated a new system for auditing medicines.

We looked at the medication policy and the systems for ordering, administering, storing and disposing of medicines. All staff had been fully trained in all aspects of medication, six monthly observations of practice were undertaken to check the competency of staff and training was refreshed regularly. Medicines were stored safely in a locked cupboard.

We found one minor recording error on one medicines administration record (MAR) sheet but found that medicines had been given safely as prescribed. We checked stock levels of various 'as required' medicines and found that the amount in stock matched the appropriate documentation. This showed that the service was keeping accurate daily stock records.

We saw that one person using the service was prescribed medication for agitation and found that they were rarely given these medicines because staff were supporting them to manage their behaviour in alternative and proactive ways. When the person was given this medicine, the staff followed procedures to ensure that the medicine was given in line with policy and a full justification for it's use was recorded. Staff had contacted a manager for the appropriate authorisation.

Staff promoted safety, they asked us to present our identification on arrival and sign into the visitor's book.

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. A policy was in place that staff could refer to if they needed to report an incident. One staff member told us, "I know what to do if I have concerns, I wouldn't hesitate to report any safeguarding issues to [named registered manager]".

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This approach helped to reduce the risk of abuse.

Risks to people and the service were managed so that people were protected. Accidents and incidents were recorded and reported promptly to the managers by staff. The manager would then investigate the accident or incident, take any further necessary action and record the information. We saw that any incidents were discussed daily at each staff handover.

Risk assessments were reviewed following an accident or incident and care records confirmed that these were reviewed annually as a minimum. One person's care plan showed that they had been identified and

assessed as at risk in relation to mealtimes, moving and handling, use of mobility vehicle, behaviour management, fire safety, and the management of finances. The risk assessments we saw put the least restrictive measures in place possible to keep people safe. The registered manager said, "We assess the risks and carry out a thorough assessment to keep people safe, both within the home and when accessing the local community, these are reviewed regularly as things can change."

We looked at four care records and found that they were regularly reviewed and stored securely, whilst being accessible to staff. This meant that the service looked at ways to minimise any risks to enable people to live their lives in a safe way with the least possible impact.

We looked around the tenancies and found them all to be very clean and decorated accordingly. One tenancy was due to be decorated within the next few months. There were systems in place to ensure the prevention and control of infection was managed effectively. We saw that staff wore personal protective equipment such as aprons and gloves to prevent the spread of infection. We saw that monthly infection control and necessary repairs audits were undertaken to identify any areas for improvement. Infection control guidance was in place for staff regarding prevention and control and we saw this was followed.

We looked at the equipment and facilities at the service and found that the environment was safe for the people who lived and worked there. The water supply was tested regularly to prevent legionella, and safety checks were carried out on the supply of gas and electricity and firefighting equipment. The building was well maintained and we saw that health and safety checks had been carried out in line with the policy. Staff had been trained in fire safety. Each person had a personal emergency evacuation plan (PEEP). PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, so they could be evacuated safely in the event of a fire. Fire drills took place on a regular basis so all staff had practical knowledge of knowing what to do in the event of an emergency. A fire safety risk assessment was in place for each tenancy. These safety checks meant that people were kept safe in the event of an emergency.

There were sufficient staff rostered to provide people's care safely. The registered manager told us there were a number of drivers in each service who were available to maintain people's trips and their activities. Staff recruitment records contained evidence of proof of identity, a health declaration, a criminal record check, full employment history, and satisfactory evidence of the applicant's conduct in previous employment. Appropriate recruitment procedures were in place for people's safety.

We saw that each tenancy had an individual business continuity plan that contained plans should there be an emergency that meant people had to find alternative accommodation at short notice.

Good

Is the service effective?

Our findings

All staff had received mandatory training in areas relevant to their role such as: moving and handling; epilepsy awareness, medication, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), dysphagia and fire safety. Staff confirmed that a staff induction programme was in place. Staff told us they felt prepared to carry out their role. One staff member told us, "We do all the basic training, and some specialist courses. I recently did a dysphagia and safe swallowing course as one person has difficulty with swallowing and requires adaptions to food and drink."

Staff were supported to develop knowledge and skills to help them in their role. We saw that the office had computers for staff to use to access their online learning. The registered manager told us, 'We encourage new starters to come to the resource room and develop their portfolio. Staff at all three tenancies are working towards accreditation with the National Autistic Society."

People received care and support from familiar, skilled, consistent staff, who arrived on time. A relative told us, "There seems to be a settled staff team who know [name] really well." Staff were aware the importance of treating people equally and respecting their diversity and human rights. Relatives said people were treated fairly and equally. Staff had received appropriate training, were knowledgeable and made themselves accessible to people and relatives.

People joining the service had their needs assessed thoroughly. Compatibility between housemates was an important consideration during the assessment. The registered manager told us, "We have to consider the impact on existing tenants when we are planning for a new person to move in and we work at a pace that suits the individual and the people that already live at the home." A relative told us, "The transition period for [name] was well planned and the service did not rush us, it was a careful process."

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required. Staff received regular monitoring by senior staff to ensure they were competent. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff demonstrated they understood their responsibilities for supporting people to make their own decisions and we saw this was done. For example, people were asked before support was provided and choices were offered at meal times and regarding activities. One person told us, "I always talk people through what I am doing with them and give

them as much choice as possible."

People's care plans contained health, nutrition, diet information and health action plans. These included nutritional assessments that were completed and regularly updated and fluid charts that people were given responsibility for updating with support. Staff monitored people's weight, if required and they observed, checked and recorded the type of meals people ate. This was to encourage a healthy diet and make sure people were eating properly. One person had restricted themselves to a limited diet and staff had worked hard to incorporate other foods into their diet. Staff had also encouraged the person to visit restaurants to buy food which was a positive outcome for that person.

Staff told us that any health concerns were discussed with the person, their relatives and their doctor as appropriate. Nutritional advice and guidance was provided by staff and there was regular communication with the local authority health care teams who reviewed nutrition and hydration. Other community based healthcare professionals, such as district nurses and speech and language therapists were available to people. People had annual health checks and records showed that referrals were made to relevant health services when required. One person had recently been visited by the optician and prescribed some spectacles. This appointment had not been possible before moving to the service, however the staff had worked hard to encourage the person to cooperate with the process.

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to people's communication needs, this information had been included in people's support plans where a need had been identified, and a communication passport put into place. Communication styles, such as gestures, behaviour and facial expressions were recorded which indicated people's mood or well-being, for example if they were in pain, hungry or anxious. This enabled staff to take the appropriate action such as providing pain relief.

Regular team meetings were held and staff contributed to the agenda. We looked at the minutes from the meetings and saw that the teams discussed; communication, behaviour, risk and best practice in relation to the mental capacity act, alongside more practical issues such as, activities and holidays. Handover meetings were held daily as staff crossed over at the start and finish of their shifts. We saw that staff shared valuable information and recorded what was discussed, to ensure optimal communication and consistent support for those living at the service.

Staff told us they had regular one to one supervision meetings with the registered manager. One staff member said, "I just had a supervision recently. [Registered manager] asked about issues relating to the people I support. If I need help with anything. I can request a supervision if I need one." Staff supervision records showed it included discussions about safeguarding, the Mental Capacity Act 2005, the staff rota, health and safety and issues relating to people who used the service.

Good

Is the service caring?

Our findings

Relatives we spoke with told us staff were kind, caring, professional and knew their loved ones well. Staff spoke about people with genuine empathy and compassion and demonstrated a commitment to ensure they received good care and, were helped to overcome any difficulties they had.

The registered manager and staff worked to ensure people were involved in planning their care and support. The support provided to people was based on their individual needs. Staff told us they took people's wishes and needs into account and offered them as much choice and variety as possible. Relatives were invited to annual reviews to contribute to care planning.

Creative Support delivered person-centred support using a new review process called the 'opportunity, choice and wellbeing review.' We spoke to the service's positive behaviour support practitioner who told us, "We believe that relationships with people are at the heart of wellbeing. We also know that good physical and emotional health, having opportunities to do and learn new things, being able to express who we are and having a sense of home are important to people's quality of life. We want to look at and plan services alongside our service users and families with these elements clearly in mind. Our review process is driven by the people we support and incorporates information that is important to them. It then translates this into a person-centred action plan that can support meaningful change." We saw that this fresh, positive approach to planning enabled staff to monitor people's progress and meant people could meet goals that were achievable and continue to develop at their own pace.

People's homes were decorated and furnished to reflect people's personal tastes. People were able to have items of importance to them in their bedrooms to reflect their personality. One person had an interest in wrestling so had personal living space that was decorated to reflect his interests. Another person had bedroom that was hand painted with a jungle theme. Staff used the animals in the jungle painting to communicate with the person. Consideration was given to people's sensory needs, for example, plans were underway to build a sensory garden for one person using the service. Other people required minimal décor to ensure they were not over stimulated and to ensure their safety and the safety of staff and visitors.

We observed that the structure of the day was determined by people receiving support. People were supported to get up when they were ready. Staff showed us that although people had a suggested schedule of activities these were flexible, and staff altered the programme for the day in response to how people were feeling.

People were involved in making decisions about their care as far as possible. Decisions were documented and reviewed regularly. When people were unable to make decisions for themselves, these were made in their best interests following the correct processes and in consultation with the person's representative. The registered manager had a good understanding when people may need additional independent support from an advocate. Advocacy information was available for people if they required support from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. For example, an advocate was utilised when a person moved from one

property to another because this was a major life decision.

We saw from daily records that people had developed positive relationships with consistent staff who knew them well. We met one person with two of their staff. The person clearly felt very comfortable with the care workers who had worked with the person over a number of years. The care workers understood how the person communicated and were kind and compassionate in their approach to the person, for example, asking them if they were OK and recognising what the person wanted. They described how the person's behaviours had changed over time and felt that this was due to the care and support which had been provided. We were told that consistency in their approach to the person's support had resulted in many positive changes for the person.

People were treated with dignity and their privacy was respected by staff who provided personal care. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner. The feedback we received confirmed the information in the provider information return (PIR) and assured people that their privacy and dignity was maintained consistently.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One relative commented: "They seem to get him to do as much as possible for himself." Staff demonstrated empathy in their discussions with us about people. One staff member commented: "I really enjoy my job. It's about making positive changes to people's lives."

Two relatives told us that they had raised concerns about staff who spoke English as a second language and the barrier that this potentially created when trying to communicate with their loved ones. The registered manager told us that in response to this issue they interviewed all agency staff and ensured that they would be able to communicate effectively with people using the service. We saw that people had communication passports to help staff understand what people are asking for and which responses they are seeking.

Good

Is the service responsive?

Our findings

People and their relatives were consulted about the activities they wanted to do. Staff made sure people had understood what was being communicated to them and asked people what they wanted to do, where they wanted to go and who with. People could not always communicate their preferences so activities were discussed by staff during person-centred reviews and team meetings. Staff were able to anticipate which activities people enjoyed doing based on previous experiences and supported people to try new activities.

People were encouraged to explore their hobbies and interests. One person's care file features their love of car manuals. Another person was being supported to engage in gardening to benefit from some exercise and was growing a tomato plant to encourage healthy eating. People using the service had access to motability vehicles which gave them the freedom to explore the local community and beyond. One person enjoyed trips to Blackpool. These excursions were unplanned to avoid the person becoming unnecessarily anxious.

The assessment process identified if people's needs could be met by the service. The local authority referred people and provided assessment information. Creative Support also requested information from any previous placements. The service shared all available information with staff to identify if people's needs could initially be met and then carried out its own pre-admission needs assessments with the person and their relatives.

People, their relatives and other representatives were fully consulted and involved in the decision-making process before moving to the service and people already receiving a service were also consulted. The organisation had a policy and procedure in accordance with this. People were invited to visit as many times as they wished before deciding if they wanted to live at the home. They could stay overnight and have meals to help them make a decision. Staff were aware of the importance of considering people's views as well as those of relatives so that the care provided could be focussed on the individual.

People's care plans were individualised and person focused. They recorded people's interests, hobbies, health and life skill needs and the support required for them to be fulfilled. They were focussed on the individual, contained people's 'social and life histories' and were live documents that were added to when new information became available. People's needs were regularly reviewed, re-assessed with them and their relatives and re-structured to meet their changing needs. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with their keyworker that were underpinned by risk assessments and daily notes confirmed that identified activities had taken place. There were also positive behavioural support plans in place to help people manage their emotional wellbeing. The care provided was focussed on people as individuals and we saw staff put their person-centred training into practice.

Some people had access to iPads and other technology to entertain themselves and enable them to research opportunities for other activities.

Care plans were in place which set out how to support people in a personalised manner. They covered people's needs in relation to health and wellbeing, personal care, dressing/undressing, mobility, finances, eating and drinking, mental health and emotional wellbeing, communication and hobbies and interests.

The service had a complaints policy in place which included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were aware of who they could complain to. Relatives told us they would talk to the registered manager. The registered manager told us the service had not received any complaints since the last inspection and we found no evidence to contradict this.

Although the service did not provide end of life care, people were supported to stay in their own home for as long as their needs could be met with assistance from community based services, if needed.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered since 2010.

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.

The staff felt part of a supportive team and told us managers were approachable and listened to them. Staff told us the service was well-led, open and honest. One staff member told us, "I feel supported by both my project and registered manager as they appreciate my work by noticing the effort I put into my job." Another staff member said, "I have regular meetings with my manager and they are willing to listen to ideas about how we improve the support that people receive."

We saw that the service had received many compliment cards from family members and people who used the service. One card read, "I am delighted that [Name] is getting out and about a lot more and happy too that their health has improved." Another compliment read "[Name] has come on in leaps and bounds since last year. Absolutely happy with the support given, it's fantastic, they have made significant steps forward, especially taking part in community activities."

The service encouraged open communication between the staff team. A staff member told us the team was "always supportive of each other." We viewed the team meeting minutes which showed that staff had regularly met to discuss people's individual needs and to share their experiences. In one of the meetings discussions took place around good practice required in relation to medicines and care planning. Staff told us they felt able to speak up if they had any concerns and were confident it would be dealt with as necessary.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required. A professional said, "[Name] looks really healthy, I am so pleased to see how well they look. This is the best thing that has happened to them. I am so pleased to see them making real headway in their activities."

Staff followed data security procedures to ensure that information was shared on a need to know basis. We observed people's records being kept securely and only accessed by authorised staff members. Staff understood their responsibilities and followed procedures for sharing information safely. The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and according to our records these were sent to CQC in good time.

Data management systems were used to monitor the quality of provision. Staff carried out daily, weekly and monthly audits to review the services being provided for people. These included water temperature, fire safety and medicines checks. Staff told us that any issues identified were reported to the registered manager for taking actions as necessary, for example if they saw equipment was broken. Records showed the registered manager undertook monthly audits to monitor and review the service's performance. Any concerns identified were communicated to the staff team and action taken.

Family meeting took place every three months so that the service could capture feedback to improve the quality of the service. A relative told us, "If I ever ring the office with an issue, I can be sure that [registered manager] will sort things out and get back to me."

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.