

Creative Support Limited

Creative Support - Birmingham, Sandwell and Staffordshire

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 4 August 2016 and was announced. The service was last inspected in January 2014 and was meeting all the regulations in the areas we looked at. Creative Support delivers both a supported living service and domiciliary care service that provides personal care and support to people with a learning disability or a mental health condition who live in their own homes. At the time of our inspection the service was supporting 13 people.

There was a registered manager at the 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.

Staff knew how to recognise potential signs of abuse and how to raise concerns should they need to. Risks to people had been assessed and measures had been put in place to reduce the risk to the person. Staff had received training to enable them to provide safe and effective care to meet the needs of the people they were supporting.

Information was available to staff about how to support people with their medicines and all staff had been trained in how to administer medication. Checks had been carried out to ensure people had received their prescribed medicines safely.

We saw that safe recruitment and induction processes were in place to ensure there were enough staff employed who were suitable to support the people who used the service.

The registered manager and staff we spoke with were knowledgeable of, and acted in line with the requirements of the Mental Capacity Act (2005). Staff we spoke with told us how they sought consent from people before supporting them. People confirmed this happened. Staff spoke enthusiastically about the people they were supporting and had a good knowledge of the person's likes and dislikes.

We found that care plans were very comprehensive and were reviewed with people regularly.

We found that people were supported to be as independent as possible. We saw examples of how staff supported people on a daily basis to retain their independence and how they helped people to achieve their aspirations and goals. People we spoke with said that they had control of their own lives.

There was a complaints procedure in place with a comprehensive policy that had been made available to staff and people. Where concerns were raised we saw that the registered manager had acted promptly and taken appropriate action. There were effective systems in place for monitoring the quality and safety of the service.

Staff supported people to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People were supported to access the local community and they told us they were taking part in activities that they enjoyed and wanted to do.

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 ●

Staff knew how to recognise and report the signs of abuse and how to minimise risks of harm to people.

Risk assessments were comprehensive and were reviewed when people's needs changed.

People received their prescribed medicines in a safe and timely way.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the knowledge and skills to meet their needs.

People were supported to access healthcare professionals when needed and had their nutritional and hydration needs met.

People's rights were protected as they had control over their lives. The service understood their responsibilities in relation to the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People were involved in their care. Staff respected people's wishes.

People were well supported with gaining and maintaining their independence.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in agreeing and reviewing their care plans and how they wanted support from staff.

Staff supported people to access the community and extend their social networks.

People felt they would be listened to if they complained.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the staff team with an emphasis on providing a good service for people.

There was good leadership and management in place.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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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.

The inspection took place on 4 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service and we needed to ensure that care records were available for review had we required them. The inspection team consisted of one inspector. This was the first ratings inspection for this service. The service offers personal care to people who live in homes with their own tenancies. People who used the service had a range of learning disabilities and some people also had mental health concerns. The amount and type of support required varied a great deal between the different people who used the service. Some people had intensive 24 hours packages of care while others were supported for a much shorter period of time. People also lived in different styles of private accommodation ranging from their own apartments to small houses that they shared with other people.

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. We used the information to help us form our judgements about the service.

As part of the inspection we looked at the information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to

help us to plan the areas we were going to focus on during our inspection. We also contacted the local authority who commission services from the provider for their views. We used this information to plan our inspection.

During our inspection we spoke in the providers' offices to three people who used the service and two care staff. We also spoke with the registered manager, and two senior care staff. We looked at records including two people's care plans, medication records, three staff files and training records. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. As part of the inspection we spoke with one relative, one healthcare professional and two people on the telephone.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included, "I feel safe at home,," and "The staff keep me safe in the kitchen." A relative told us, "They look after [my relative] well and he's kept safe." People told us they knew the staff who came to provide their care and felt that staff would take appropriate action if they were at risk of harm. A staff member told us in detail about a recent safeguarding matter and how the service had protected the person by taking immediate action. They told us, "They were very supportive to me, and I was impressed with how the company dealt with the [safeguarding issue]."

Staff we spoke with displayed a good understanding of safeguarding procedures. The staff we talked with demonstrated a good knowledge of the signs of abuse and what to do if they suspected someone was being abused. They knew how to report their concerns to the registered manager and or external agencies such as the Care Quality Commission or the Local Authority. Staff told us that they had received training in safeguarding to support their understanding. Records we looked at confirmed this. The registered manager had a good understanding of their responsibilities in maintaining the safety of people. They had notified us, and acted appropriately in relation to any concerns they had about people's safety which included any incidents of potential abuse or serious injury to people.

People had risk assessments and support plans in place that ensured they received appropriate care which helped to protect them from the risk of harm. These were individual to each person, and were regularly reviewed. Staff we spoke with knew about people's individual risks and actions they would take to keep people safe while not restricting their freedom. We saw that plans were in place to manage emergency situations. In the event of a fire, emergency evacuation plans were available for each person which detailed whether people needed equipment to mobilise, and what support they needed.

Records confirmed that there were procedures in place to record when accidents and incidents had occurred. These had been analysed by the registered manager and we saw that appropriate steps had been taken to reduce the likelihood of similar incidents happening again in the future.

Due to the nature of the service, people received an agreed number of support hours from staff. We found that there were sufficient numbers of adequately trained staff to provide the level of care and support that had been agreed. People told us that staff did not rush when they supported them. One person said, "The staff do understand me, I like them." People also said that staff usually visited them on time and notified them if they were delayed. The registered manager told us the service ensured that only a small number of regular staff went to people's homes to provide care. Staff confirmed that they had been introduced to people before they started offering them support.

We spoke with staff about their recruitment and they told us that checks had been completed before they were employed. One member of staff told us, "We employ good staff to keep people safe, we are supported really well with any safeguarding or any concerns." The staff recruitment records which we looked at showed that recruitment checks were in place which ensured staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks were carried out for all the staff. The registered manager also requested

and checked references of the staffs' characters and their suitability to work with the people who used the service. This made sure that people were supported by staff that were safe to work with them.

People's medicines were managed safely. One person told us they were supported to administer their medicines independently. This person told us, "The staff just watch me taking my medication." We saw detailed risk assessments relating to people and their medication.

Staff said they supported people to have their medicines from monitored dosage systems (blister packs) to minimise the risk of errors. The blister packs were delivered to people's homes directly from a community pharmacy. Records showed that all staff had received training in administering medication and had checks by the registered manager to ensure they were competent to administer them safely. One member of staff said, "I have had the medication training and we get observed doing the medication." Where medicines were prescribed to be administered on an 'as required' basis, there were instructions for staff which provided information about the person's symptoms and conditions which would mean that the medication should be administered.

All information was recorded on the pharmacy produced Medicine Administration Records (MAR) charts and any errors were reported as incidents to the registered manager who had a system in place to make sure the likelihood of the same error happening again was reduced. Senior staff told us that the registered manager carried out regular audits of the MAR charts to ensure that people received their medicines as prescribed. We saw a sample of these audits that confirmed this.

Is the service effective?

Our findings

People told us that staff had received the right training and had acquired the skills to meet their needs and that they were happy with the way staff cared and supported them. One person told us, "My carers are brilliant, they are reliable and helpful." We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found that the staff were qualified and supported to undertake their roles well. A newer member of staff told us that they had to read all the policies and procedures and the care plans of people they were supporting to ensure they could provide support that was appropriate. Staff told us that they spent time getting to know the person and worked alongside more experienced workers before they began to provide care. One staff member told us, "I did shadowing for seven days and read all the care plans first."

We spoke to staff about the supervision they received. One staff member told us, "I get supervisions and observations and there are meetings." Records showed that staff received regular supervisions and staff told us that they felt supported by the registered manager. Supervision enabled the registered manager to assess the development needs of their staff and to address training and personal needs in a timely manner. The registered manager described how the service undertook observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed. Records and conversations with staff confirmed this happened.

New staff completed the Care Certificate or had their existing skills and knowledge cross referenced to it. The Care Certificate is a nationally recognised set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. This meant that staff had the core skills and knowledge before they began supporting people. A member of staff told us, "The induction is really thorough." Staff told us that they received on-going training. A member of staff told us, "The training the company provides is really good." We saw training was provided on key areas important to the staff member's role, for example in areas such as safeguarding and food and hygiene. The registered manager had a system in place to ensure staff training was regularly renewed.

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 whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were unable to make specific decisions we saw that mental capacity assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved contributions from the person, their families and other appropriate professionals.

Care staff we spoke with demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) and DoLS and confirmed they had received training in this area. Some people and their support staff came into the office to meet us and we saw that staff were very aware of the need to gain people's consent and agreement at all times. We asked staff how they sought consent from people, and they told us that they always asked the person what they wanted to do. In care records we saw that people had not always signed their own consent forms. In some cases a relative had signed these forms without the correct authorisation to do so. Following our visit we received information that processes had been put in place to address this issue.

All the people we spoke with were happy about the choice and availability of food and drink. In houses that were shared by a small number of people weekly meetings were held to discuss the food choices for that week. People told us they were supported to make their own choices and advised of healthy eating options. We looked at how the service supported people with a healthy diet. Where needed, some care plans detailed the support each person required in respect of food and drink, for example some people needed a diet that was suitable for people living with diabetes. Staff and people told us that they were advised about what a healthy food choice was, but that they decided what they wanted. One person said that they sometimes chose to buy a takeaway when they did not want to cook that day. Care plans also included people's preferences and people living in their own apartments told us that they went out to do their own shopping and were supported to cook what they chose. We saw that the service supported people to eat healthily, but that people were also supported to make their own decisions.

We saw that every person had a specific health care plan that detailed any health concerns, and promoted well-being. People told us that they received timely health care including regular optician's appointments and hearing assessments and attended well man and well woman clinics. A health care professional commented about the staff and told us, "They seem very competent, they initiate contact when needed." Health action plans were looked at with people at their keyworker meetings to make sure people had regular health and well-being reviews. We saw that the service worked closely with other professionals and agencies in order to meet people's individual health care requirements.

Is the service caring?

Our findings

People told us they felt very well cared for. During the inspection we saw people and staff together and we noted that staff interacting with people with compassion and humour. One person said, "My carers are nice, they take me out everywhere and play me up sometimes, I like it." We saw staff respond to people in a timely, supportive and dignified manner. Another person said, "I like the staff, they are lovely and nice. It's kind and caring here." We saw that people were relaxed and appeared confident and happy in the company of staff. Other comments from people included, "I wouldn't change [the staff] for the world." A relative told us, "The staff are really nice and kind, kind and helpful." A senior member of staff told us that when one person was poorly and distressed, the staff member that usually supported them spent time with the person, after their shift had ended, and gave them the caring support they required. A person told us, "If I want to talk to [the staff], they are kind."

People consistently told us they were actively involved in making decisions about their care and were listened to by the service. One person said, "Staff listen to you and help you and nobody is rude to you." Records showed that people and their families, where appropriate, had been involved in expressing how they wanted to be cared for and supported. The registered manager said that people were involved in selecting staff that met their preferences with regards to gender and culture. This process made sure that people could build good relationships with the staff who supported them. One person told us they had chosen their staff, and said, "I met them first and tried them for a couple of weeks, and if I didn't like them, I got another carer."

People were supported to express views about their care on a regular basis. The service operated a key worker system and we saw that people met a staff member they knew every month and together they reviewed the persons care plans. This meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs. We saw records that showed the key worker reviews were person centred and detailed what changes the person wanted. Each person's communication style had been understood and we saw evidence of communication aids such as photographs, sign language and objects of reference being used to support people to express themselves and communicate their needs. This ensured people, could communicate well, were understood and were enabled to make decisions about their care.

People and the registered manager told us of the involvement people had in how the service was shaped. People expressed their views and were listened to when they took part in a service specific scheme known as SURE. As part of this scheme people assisted the service with the recruitment of staff. People also undertook quality audits and produced marketing materials. People told us they were paid and had training for this role. Separate from the SURE scheme, we saw that some people had attended formal training in relation to safeguarding and general health and safety. This course had been arranged and paid for by the service. This ten week course had promoted peoples independence skills. For example one person had commenced testing their own smoke detectors. People had also reported the course had improved their personal safety in the community.

We looked at how the service promoted people's privacy, dignity and independence. It was clear from talking with the staff that they knew the people they supported very well. People told us they were involved in their own care and made decisions about their day. Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. Staff could describe individual preferences of people and knew about the important things that mattered to them. For example, one member of staff described how a person liked their food to be prepared and what they enjoyed eating and doing when they became distressed. Staff told us and people confirmed that they gave people choices and involved them in making decisions about their care and daily lives. One person said, "I help with all the cooking and washing up and I clean my flat with [the staffs] help, the staff are very good."

The service looked for ways of maintaining people's dignity and privacy. One person said, "I have my own key and the staff knock the door and I let them in." Another person was supported with how much money they were spending by being assisted to add it up on their phone as they shopped. This helped the person stay in control of their spending and avoid embarrassment at the checkout. One person had recently moved from a very institutional setting into a supported living apartment. Staff described how the person said they did not expect to be given any privacy or choices. The person was initially shocked at being offered privacy and dignity. When, for example, staff had closed the bathroom door as they showered, or helped the person shop and cook their favourite food, the person was overwhelmed and very happy. The staff member said that the person had told them they were 'happy to find me again.' Another person told us, "They know it's my flat, and they do things how I like. They knock and wait to be called in."

The registered manager and staff consistently told us they positively promoted people's independence. One person told us, "They help us, but they help us do stuff ourselves so we can do it ourselves next time." One staff member said, "It's about trying to make people more independent, we really want that." Another staff member said, "The whole company is about supporting people to live their own lives, not how we want them to live." We found that the staff had positively promoted independence and choice with the people they supported. One person told us, "I'm keeping my independence here."

The service was creative in how it provided a holistic approach to peoples' care and support. There were many activities that the service had arranged for people to take part in if they wished. The registered manager was aware that people who live in their own homes in the community might experience increased levels of loneliness and isolation when staff were not with them. Consequently a specific programme of activities had been arranged to reduce the likelihood of people becoming socially isolated. These activities included therapeutic animal classes and seated activities for people with reduced mobility. People told us they enjoyed taking part in the activities that interested them, and were comfortable in declining to attend those activities they did not like.

We found that staff had a good understanding of confidentiality. One person told us, "[The staff] keep all my stuff confidential and talk to me privately." Staff could describe ways in which they kept people's personal information confidential. Staff spoke of the paper records being secure and written in a respectful manner and also of avoiding discussions about people in public places. We also noted that when a person and staff were together, the staff asked permission of the person before discussing any personal information. Staff promoted people's privacy and dignity.

Is the service responsive?

Our findings

People told us that they had been involved in the initial assessment of how they would be supported by the service and had then contributed to and informed the detailed care plans of how they wanted their support to be delivered. Care plans included descriptions of activities and personal choices, health issues and any support required for behaviours that might be considered challenging. One person said, "They do things how I like things to be done." The registered manager and staff told us they ensured that people were supported by staff of the same gender and culture wherever possible.

People's care plans were developed as staff got to know people and found out how they liked their support to be delivered. We saw that plans had been updated in response to changes in people's needs and behaviour on a regular basis, in the key worker meetings with people. Care plans contained instructions for staff about how people needed and preferred to be supported in ways which would enable them to be as independent as possible. It was clear from looking at people's records and talking to people that the service had a 'can do' attitude and made every effort to ensure people who used the service got as much out of life as they possibly could. In one instance, a person told us how the service had secured more staff hours for them so that they could be used to improve the person's social life.

People were encouraged to participate in the wider community. Staff knew the activities that people enjoyed and we noted that staff supported people to choose what they did each day. Records showed that people had engaged in activities they said they liked. The service had a wide range of activities available for people to take part in if they wanted to. These included International Women's day, Chinese New Year celebrations, and sports activities. One person told us, "I'm doing some volunteering in a charity shop, and now I want to get a job." We noted that the service listened to people and tried to facilitate their wishes if possible. For example, we saw that one person had extra staff support to enable them to enjoy being part of a local choir. Another person told us, "I went to Birmingham pride and I have joined an LGBT group now." A staff member told us, "I'm proud of all the trips and outings and activities people can do."

The service supported people to make and keep relationships. One person said, "[Creative Support] has opened up a network of friends for me." A relative told us that the service was very supportive and helped them keep in contact with their son.

People knew how to make a complaint. People we spoke with said they had no complaints, but would know how to raise a concern if they needed to. One person said, "I had a problem and the staff helped me sort it out with the manager." Staff told us, "[The managers] would listen to complaints, they would do something, and I've seen it happen," and, "I'd be listened to if I raised an issue. That has happened." People told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that the registered manager would make any necessary changes.

Information about how to complain was available to people and staff. The complaints information included a commitment to try and put things right and say sorry. The registered manager was aware of their responsibilities in relation to the duty of candour. We saw that the registered manager had responded

appropriately to a recent complaint. The registered manager also had a robust system for tracking complaints and making sure that they were responded to in a timely manner. The registered manager was aware of their responsibilities in relation to the duty of candour and made sure that actions were taken as a result of complaints so that the likelihood of the issue arising again was reduced.

Is the service well-led?

Our findings

People were supported by a service which was well-led. People were regularly consulted and involved in reviews of their care and support. One person said, "I think the company is well run." Members of staff said, "The managers respond pretty quickly if there's an issue," and, "The managers work as a team, they are really supportive and give me good advice." Another staff member commented, "I would have my relative cared for by this company." The registered manager was qualified and experienced in the provision of social care. We saw staff and people who used the service were comfortable approaching the registered manager and other members of the management team.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. The registered manager had informed us about any incidents and from these we were able to see appropriate action had been taken.

Staff were aware of the provider's philosophy and vision to promote people's independence and values. Staff described an open culture where staff felt they could raise and safely discuss issues which could impact on people's well-being.

There was a clear leadership structure which staff understood. Members of staff told us that the registered manager was supportive and led the staff team well. Staff were able to describe their roles and responsibilities and knew what was expected of them, and where to go if they needed further support. Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for.

There was a very comprehensive quality assurance system in place to make sure that any areas for improvement were identified and addressed. We saw effective monitoring of the service including accidents and incidents, complaints, safeguarding issues and medication records. There was a clear process for monitoring call times, including late or missed calls, and for undertaking spot checks with staff. Audits had also been undertaken by the provider via a central team within the company and we saw that the registered manager had responded appropriately to their suggestions for any improvements. We saw the registered manager conducted survey's with people within the service and their relatives every year. We noted that these surveys had been analysed and actions taken where needed.

Records were well maintained at the service were stored confidentially and located promptly. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Care records sampled had been regularly updated which enabled staff to provide a quality of care which met people's needs.