Creative Support Limited

Creative Support - Beardall Court

Inspection report

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Date of inspection visit:
21 September 2018

Date of publication:
09 October 2018

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 21 September 2018 and was announced.

Creative Support-Beardall Court provides support to eight people with learning disabilities, autism or associated related conditions. Personal care is provided to four of the people who use the service. People live in self-contained flats, so that they can live in their own home as independently as possible. Two of the four people who receive personal care receive outreach support as they live nearby in their own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning impairment using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe and were well cared for. They told us their privacy, dignity and confidentiality were maintained. There were sufficient staff hours available currently to meet people's needs in a safe and timely way, and staff roles were flexible to allow this. Staffing capacity was to be reviewed as some people's needs were changing as they were becoming more dependent.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal.

Staff knew about safeguarding vulnerable adults procedures. Staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe. Appropriate processes were in place for the administration of medicines.

People were supported to have maximum control over their lives and staff supported them in the least restrictive way possible; policies and procedures supported this practice. Staff knew the people they were supporting well and people were empowered to make meaningful decisions about how they lived their lives. People were supported to become as independent as possible whatever their level of need, to enable them to lead a more fulfilled life.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People were encouraged to maintain a healthy diet.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Records did not reflect the care provided by staff. We have made a recommendation about support plans being more person-centred with a system of more regular evaluation.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. People were encouraged and supported to go out and engage with the local community and maintain relationships that were important to them.

Systems were in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people or family members and their views were used to improve the service. Staff and people who used the service said the registered manager was supportive and approachable.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

Creative Support - Beardall Court

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 21September 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care and other professionals who supported people using the service.

During the inspection we spoke with two people who used the service, two support staff, the team leader and the registered manager. We reviewed a range of records about people's care and how the service was managed. We looked at care records for two people, recruitment, training and induction records for four staff, one medicines record, staffing rosters, staff meeting minutes and quality assurance audits the team leader had completed.

Good

Is the service safe?

Our findings

People told us they were safe and were well supported by staff. One person told us, "I do feel safe here." Staff told us they thought there were sufficient staff to support the number of people using the service. The team leader told us that people's needs were soon to be reviewed by the commissioners to ensure staffing capacity was sufficient to meet some of the changing needs of people. People lived on their own with staff support and a separate flat, on the same site accommodated the staff member who was also on-call during the day and overnight when they were not providing direct support. Different levels of support were provided over the 24-hour period dependent upon people's requirements.

Staff were introduced to the provider's safeguarding and whistleblowing (exposing poor practice) policies and received training during their induction. Safeguarding training was updated every two years and evaluated to check that staff had sound knowledge and understanding of how to recognise, prevent and report abuse. The team leader understood their safeguarding responsibilities and kept a log of allegations which had been reported. They had taken appropriate action to raise alerts to help protect people from suspected abuse from others. Tenant's meetings reminded people about safety issues to keep them safe and topics were discussed such as safety when out in the community as well as within the home.

Risks to people's safety had been identified and actions taken to reduce or manage hazards. Risk assessments were recorded in people's care records. They provided a description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, from the risk of epileptic seizures, bathing and cooking. Where an accident or incident did take place, these were reviewed by the team leader and the registered manager at head office to ensure that any learning was carried forward.

Records were available to show the properties lived in by the tenants were well-maintained and equipment was serviced. There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. People had access to emergency contact numbers if they needed advice or help when staff were not on duty.

Medicines were obtained on an individual basis, with some people managing these by themselves. Medicines were given as prescribed. People received their medicines when they needed them. Staff had completed medicines training and the team leader told us competency checks were carried out. Staff had access to policies and procedures to guide their practice. The management team also undertook periodic audits, and any shortfalls were identified and suitable actions put in place.

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. Records showed that the necessary checks had been carried out before staff began to work with people.

Good

Is the service effective?

Our findings

Staff were positive about the opportunities for training. They told us they were trained to carry out their role. One staff member told us, "There are opportunities for training" and "I'm doing a diploma in health and social care at level three."

Records showed that staff received induction, supervision and appraisal. This allowed new staff to be supported into their role, as well as for existing staff to continually develop their skills. Staff received an induction when they started work at the service to make them aware of the rights of people with a learning impairment and their right to live an "ordinary life."

Staff we spoke with told us they could access day-to-day as well as formal supervision and advice and were encouraged to maintain and develop their skills. One staff member told us, "I have regular supervision with the team leader." Another staff member said, "I do feel supported." Staff said they could also approach the registered manager or senior staff at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. For example, with regard to nutrition, mental capacity, personal care, epilepsy, mobility and communication.

Staff were involved in people's routine healthcare. Records showed that people were registered with a GP and received care and support from other professionals, such as the speech and language therapist and the occupational therapist.

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.

The team leader and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. Within the service one person did require constant support to keep them safe and applications had been made by the local authority to the Court of Protection. In a community living setting, the Court of Protection will consider an application to appoint a deputy to be responsible for decisions with regard to people's care and welfare and/or finances, where the person does not have capacity. Staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.

People told us that staff supported them with meal planning and preparation. One person told us how they

had been supported by their care worker to eat a healthy balanced diet and was proud to tell us of their weight loss and how this had benefitted their fitness. Staff had a good understanding of healthy eating for people and how they were to support them.

Good

Is the service caring?

Our findings

People appeared comfortable and relaxed with staff. There was a calm and pleasant atmosphere in the service. Staff interacted well with people. Camaraderie was observed amongst the people who used the service and they were supportive and caring of each other. One person told us, "Staff are kind and they do listen to me." Another person said, "I am very happy living here and staff are very good."

Positive and caring relationships had been developed with staff and people. Staff interacted with people in a kind, pleasant and friendly manner. Staff understood their role as an enabler to support people to learn skills and to be involved in all aspects of daily decision making.

Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them.

Records included important information about the person, such as next of kin, medical history, family history, likes or dislikes, and what was most important to the person. We saw these had been written in consultation with the person and their family members.

People were encouraged to make choices about their day-to-day lives. One person told us, "I like to have a long-lie in the morning." One person's care record stated, "[Name] has chosen their staff with support from staff and family." Staff used pictures, signs and symbols to help people make choices and express their views. Information was available for people in an accessible form. For example, an easy-to-read complaints procedure and tenant's meeting minutes were available in pictorial and symbol form to keep people informed and involved.

People used apps that had been programmed on their individual iPad to assist with their communication. Support plans provided information to inform staff how a person communicated. The information included signs of discomfort when people were unable to say for example, if they were in pain.

Staff were given training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

Staff respected people's privacy and dignity. People chose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Support plans advised when people may want some privacy or solitude. We saw staff knocked on a person's door and waited for permission before they went into their flat.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. The team leader told us a formal advocacy service was available and could be used when required.

Good

Is the service responsive?

Our findings

People were encouraged and supported to engage with a variety of activities and to be part of the local community. They were also supported to go on day trips and short trips away. Some people attended a day service during the week or worked as a volunteer. People followed their hobbies and interest and a number of organised social events took place within the service. Activities included walking, drives out, arts and crafts, meals out, bingo, cinema, concerts, choir, shopping, coffee mornings and going to discos. One person told us, "I'm practising for the talent show we are holding here" and "We talk about activities at the tenant's meetings."

Care and support was personalised and responsive to people's individual needs and interests. Individual meetings took place to review people's care and support needs and aspirations.

The team leader told us how they promoted a personalised service and how they enabled people to have more of a say about what they wanted to do with their lives. This involved making decisions about outings, menus and social events and activities.

Records showed pre-admission information had been provided by relatives, outside agencies and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. We advised the team leader and registered manager that the plans should provide more detailed guidance of how these needs were to be met. They should provide instructions for staff to ensure consistent care and support was provided to people. The registered manager told us that this had recently been identified and was to be addressed.

Support plans were up-dated as people's needs changed but a more regular system of monthly evaluation was not in place to show people's progress or deterioration over the month and to ensure that the care and support provided was accurate. We discussed this at inspection and the registered manager told us that it was being addressed. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information should be transferred to people's support plans and included as part of the monthly evaluation. This was necessary to make sure staff had information that was accurate so people could be supported in the way they wanted and needed.

We recommend support plans are more person-centred to provide detailed guidance to staff of how people's care and support needs are to be met. More regular evaluation of assessments and support plans should be introduced to ensure they accurately reflect people's care and support requirements.

Written information was available that showed people of importance in a person's life. Staff told us people were supported to keep in touch and spend time with family members. One person told us, "I go to my Dad's on Sunday for lunch."

People told us they knew how to complain. A complaints procedure was available. An accessible complaints procedure was available for people who may not read the written word.

Good

Is the service well-led?

Our findings

A registered manager was in place who had become registered with the Care Quality Commission in 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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 understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The culture promoted person-centred care, for each person to receive care in the way they wanted. There was evidence from observation, records and talking to staff that people were encouraged to retain control in their life and be involved in daily decision-making.

The registered manager was supported by a staff that was experienced, knowledgeable and familiar with the needs of the people they supported. Regular meetings were held where the management were appraised of and discussed the operation and development of the service.

The management team promoted amongst staff an ethos of involvement and empowerment to keep people involved in their lives and daily decision making. Tenants were kept informed and involved. They received training and were involved in regular health and safety checks of the premises with staff. A tenant representative attended a forum to represent other tenant's views. They were involved in the recruitment process and selection of staff. A regular newsletter was produced that advertised forthcoming events and reported on previous social events that had taken place. The newsletter was edited by one of the tenants.

Staff told us and meeting minutes showed staff meetings took place. Meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Meeting minutes were available for staff who were unable to attend meetings.

Tenants were involved in monthly meetings and safety, social events, training, activities and outings were discussed and the running of the service.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of checks. They included medicines, finances, the environment, health and safety, accidents and incidents, complaints, safeguarding and care documentation.

The provider monitored the quality of service provision through information collected from comments, compliments, complaints and survey questionnaires that were sent out annually to people who used the service and staff.