

Creative Support Limited

Creative Support - North East Lincolnshire Services

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

About the service: This service provides care and support to people living in five supported living houses individually located within the community, so that they can live as independently as possible. 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.

Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

Not everyone using Creative Support – North East Lincolnshire Services received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service supported 16 people when we inspected.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service: Staff were exceptionally motivated to provide person-centred care based on people's choices, preferences and likes. People were extremely well supported to do the things they wanted to and go where they wished. Staff dedication was highly praised by health and social care professionals. Any dissatisfaction in receiving the service was addressed and resolved.

People were safe from harm because the provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area. Any risks they experienced were also managed and their homes were assessed for safety. However, this was hindered by a lack of available communal space in some of the houses. Sufficient numbers of staff were employed and worked in the houses so that people's needs were met. People were safely supported with their medicines, keeping their homes clean and ensuring they had good food hygiene.

Staff were trained, skilled and well supported by the management team to do their job. We saw people had good relationships with the staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with told us staff were kind and caring. They said people were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

People had the benefit of a service that was positive, inclusive and forward-looking. There was a registered

manager in charge of the whole staff group and unit managers in each of the houses. The management team made lots of checks on how well the service was provided and documents held in the services office and the houses were secure to ensure confidentiality of people's information.

More information is in the Detailed Findings section below.

Rating at last inspection: Good (The last report was published 16 July 2016) Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Creative Support - North East Lincolnshire Services

Detailed findings

Background to this inspection

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

Inspection team: One inspector carried out this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type: The service is a 'domiciliary care agency' providing care to people housed under supported living arrangements (supported living houses). People with learning disabilities, autistic spectrum disorder or sensory impairment use the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection because we wanted to make sure someone would be at the services office to see us.

Inspection site visit activity started on 31 December 2018 and ended on 17 January 2019. We visited the office location on 31 December 2018 and 9 January 2019 to see the manager and office staff; and to review care records and policies and procedures. We also visited people in two of the houses on 9 January 2019.

What we did: Information had been gathered before the inspection from notifications sent to us since the last inspection. Notifications are used to inform us about certain changes, events or incidents that occur. We

received feedback from local authorities that contracted services with Creative Support – North East Lincolnshire Services and reviewed other information from people who made their views known to us.

The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

We spoke with two people, six relatives, the registered manager and three staff. We looked at care files belonging to four people who used the service and recruitment files and training records for two staff. We viewed records and documentation relating to the running and monitoring of the service and looked at records of complaints and compliments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. This was confirmed by conversations with staff and records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer incidents to the local authority safeguarding team.
- Notifications were sent to us of events and incidents the provider was legally required to send us.

Assessing risk, safety monitoring and management.

- Risk assessments were in place to reduce people's risk of harm. Staff monitored people's safety and reported any concerns to the office staff to act on and amend risk assessments and practice.
- People had detailed personal safety documentation for evacuating them individually from their houses in an emergency.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence. One person's family were concerned about the incidents the person had been involved in and said, "[Name] is sometimes harmed by another person in the house and this worries us. We have spoken with the registered manager about it and while we know action is taken we don't always know what the outcomes are, because of having to maintain confidentiality." We spoke with the unit manager about the management of these situations and their information helped us to assess that the service was dealing with incidents appropriately.

Staffing and recruitment.

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staffing numbers were sufficient to meet people's needs. Family members said there were sufficient staff to support people, but also expressed they thought changes in staff working for the organisation were too numerous to aid continuity. We found that staff turnover was what would be expected for a service of this size.
- Rotas were managed well by the unit managers in the houses.

Using medicines safely.

- The provider's systems made sure medicines were safely received, stored and administered to people.
- Where people had capacity, they were encouraged to manage their own medicines. People who did not have capacity were safely supported with their medicines by trained staff.
- Records were accurately maintained and family members confirmed people's medicines were well managed and they received them as prescribed.

Preventing and controlling infection.

- People were protected from the risks of harm by staff operating good infection control and prevention practices and following good food hygiene guidelines.

Learning lessons when things go wrong.

- The provider encouraged the registered manager and staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur.
- Records were maintained of, for example, the medicines errors that had occurred over the years and ways to prevent reoccurrence. Conversations with staff and viewing the records held confirmed lessons were learnt to avoid further errors.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had a comprehensive assessment of their needs carried out.
- People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.

Staff support: induction, training, skills and experience.

- People were supported by staff that had completed relevant training and qualifications to carry out their roles. Staff completed an induction and received supervision and an annual check of their performance.
- Staff confirmed the training they completed in conversations with us and we saw records to back up training and supervision was monitored, reviewed and documented.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were encouraged to assist with food planning and preparation and making healthy choices with their nutritional needs. Where anyone had specific dietary needs, these were managed well. For example, one person's choices were nutritionally unbalanced and their meals times were sometimes skipped. Family members were concerned for the person's health and had expressed this to the service. Where there were concerns around people's nutrition the staff had worked with health professionals to improve people's intake.
- People's food and fluid intake was monitored as was their weight. Professional advice was sought, when necessary.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked well with other agencies, health care professionals social service officers. Much was being done to make sure people were supported with health, social care needs and improving their environments.

Adapting service, design, decoration to meet people's needs.

- The houses were developed and designed in line with the values that underpinned Registering the Right Support and other best practice guidance. People with learning disabilities and autism could live as ordinary a life as any citizen.
- Efforts made by staff to develop the service in line with Registering the Right Support were on-going, although some work was needed to make sure people's properties were suitable, safe and secure for them to live in. These required 'best interest' meetings to make these decisions. Work was underway to find solutions to the fact the provider had identified one house was lacking communal space and another

experiencing insufficient water pressure to meet people's demands.

Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to maintain healthy lifestyles and attend health appointments.

Staff were persistent in ensuring people received the health care they required and the correct diagnoses for their ailments. One person was misdiagnosed until staff researched their past medical history with family.

This led a health care professional to say, "The unit manager and staff are always very proactive with people's health and raise concerns quickly. Relying on a staff team who know the people they support, it is always a relief to find my patients are from houses managed by Creative Support. Staff know people exceptionally well."

- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.

Ensuring consent to care and treatment in line with law and guidance.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found people were only restricted with their liberty to make sure they were safe, following 'best interest' decisions made by a multi-disciplinary team of professionals.
- A healthcare professional commented, "The unit manager (of one of the supported houses) has great knowledge of the Mental Capacity Act, is not afraid to challenge medical teams appropriately and always acts in the 'best interest' of the service users."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People received the care and support they needed from caring staff. Relatives said, "I am pleased with the level of care and support [Name] receives from all the caring and kind staff" and "[Name] is treated very well by the staff."
- In one of the houses we visited we observed staff worked in a way that required a low arousal approach for people with severe autism. This was because people did not need more information and activity than they could process and manage. Conversations were measured and thoughtful. Staff tended to follow people to provide the support they needed and did not over-encourage them to join in with other experiences to broaden their horizons or share time with one another. We were told this was because of people's need to maintain calmness. They were still encouraged to be independent in their choice of movement and activity.
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to improve their abilities and lifestyles.
- The registered manager had received many complimentary comments about the wealth of knowledge staff held and their dedication to understanding people. Some included, "I could not believe the change in [Name], their mobility, speech and how well they are looking" and "Staff are helpful, informative and [Name] looks well cared for and happy."
- Where people had specific diverse needs, staff were aware of these and respected those differences, while maintaining an equality in delivering the service to people. For example, people whose faith and culture was important to them were supported with prayer and nutritional needs if they expressed them. People with a learning disability were encouraged to make choices from healthy food options.

Supporting people to express their views and be involved in making decisions about their care.

- We observed people leading the way in how they wanted their care and support delivered. They made choices about bath times, pastimes, what they wanted to eat and when.
- People expressed their likes or dislikes for foods, conversation and occupation and staff respected these.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. Independence was fully encouraged. For example, we saw one person preparing to go out for the day, another was late up, having breakfast and taking their time getting dressed, while others had already chosen their activity and some had already gone out.
- People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. One relative said, "[Name] is treated with dignity and respect in a positive and

reassuring manner. Their progress has been amazing, which brings comfort to me, they have been extremely well looked after."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff had the skills to meet, as well as an understanding of, people's social and cultural needs, diverse values and beliefs. Staff did more than what was expected of them in responding to needs. Relatives of people who used the service told us staff responded well to meeting people's learning and physical disability needs. They said staff had excellent knowledge of people's diagnoses and specific behaviour. Relative's said, "Staff know my family member so well and what they really like to do" and "Staff understand the complexities of [Name's] condition."
- People's support needs were very well documented. Support plans were devised with input from people and relatives and based on people's lives, goals, skills, abilities and how they or their relatives preferred to manage their health.
- A healthcare professional told us, "The experiences I have had with Creative Support have been positive. I would state they are one of the better local care providers regarding contacting the community learning disability team for advice and support and in my experience, they have followed our team's advice to the benefit of the service users they support. The care staff appear to be committed and have a genuine interest in the wellbeing of the person they support and have evidenced a good knowledge of the person and their needs."
- Another healthcare professional said, "I am particularly impressed with how open the staff are to the support provided by the intensive support team and how dedicated they are to keep trying in often difficult situations, demonstrating a rare approach that gives people the best chance to live a happy and safe life in their own home."
- Staff were determined and dedicated to providing a highly responsive service. Other professionals and corporate appointees said about one unit manager, "I have never met or had the privilege of working with someone so determined to make things work no matter how difficult the challenge, nor seen a more dedicated member of staff in all my 25 years' experience." It was said about two other unit managers, "[Name's] enthusiasm, knowledge and experience are clear to see, their service is so well managed" and "Staff at the service and manager are doing a fantastic job in difficult circumstances." Another health care professional said, "The unit manager (and staff) at the house are the best I have worked with. [Name's] physical and mental health has improved beyond belief and this is down to the hard work of everyone there."
- Over a three-year period one person had improved their physical strength, mobility and dexterity, social skills and interaction with others and independence with eating, personal hygiene and taking medicines. They no longer needed intensive support or were reliant on a wheelchair, but self-cared, walked with an aid only and had become a confident individual. All this was achieved through regularly assisting the person to follow a detailed occupational therapist and physiotherapist plan. They had achieved a specific goal in relation to inclusion in family life.
- Another person was helped to fulfil a long-standing ambition to relive their childhood memories;

schooling, a bond with a teacher, a special environment, and come home from the experience with photos they were unaware of from their past and new photos as a lasting memory of the trip. Staff organisational skills ensured the right transport was acquired and the person learned over a period to overcome a fear and financial difficulties to make it possible to go on the trip of a lifetime.

- Over a period of a year one person's quality of life around health, socialising and participating in activities and pastimes improved immensely. They had experienced adverse reactions to medication, which meant they were unable to take part in community activities. They were supported to source an alternative and manage the change in medicines.
- One person was now almost entirely independent with their personal hygiene routine. They were assisted through use of pictorial communication methods to communicate their wishes, which improved meeting their needs. They took pride in their appearance, showing off new clothes and staying clean shaven and were predicted to become completely independent in personal hygiene and grooming in the coming weeks.
- Another person enjoyed outings and accessing the community but was very unsafe in any type of transport due to their anxieties. They put themselves and others at high risk of injury. They were taken through the 'best interest' route for having their vehicle adapted and fitted with appropriate equipment for safe use and gradually assisted to become familiar with it. Staff persistence in bringing about these changes meant this person could now travel anywhere to access daily activities and community life without putting anyone or themselves and at risk.
- The changing of a person's routine enabled them to reduce their destructive tendencies and meant they could also undertake a family holiday. Staff included them in regular trips to the recycling plant and provided daily woodworking activities, which helped change their behaviour.
- One person's anxiety for finding meaningful work was reduced. The person's anxiety prevailed following several failed attempts at voluntary work in the community. One staff member introduced them to looking after and walking a dog daily and taking it to vet's appointments, which they found meaningful and rewarding. After their success with the dog the person said, "I love spending time with the dog and he loves me too." A social care professional said, "Your staff member is amazing, they clearly know the people really well and is a credit to your staff team. If we could clone them I would strongly recommend we did."
- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. One person's clothing and possessions were photographed and placed on drawers and cupboards to show where they were stored. This greatly aided their independence. Some staff used Makaton (sign-language) to communicate with people.
- People had amazing opportunities to take part in activities in the community. Staff supported them with college courses, sport events, holidays, day trips and trialling energy foods. One person, whose social worker thought it was impossible, was now getting out into the community on a daily basis.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints. They told us they were listened to and related some concerns they had already shared with and were being investigated by the registered manager in collaboration with social service officers. The registered manager acted on complaints in an open and transparent way and shared feedback with complainants where this was not a breach of other people's confidentiality. They used complaints received as an opportunity to improve the service.
- People, and particularly their relatives knew how to feedback to the registered manager about their experiences of care and the service provided a range of accessible ways to do this. These included, regular telephone conversations with relatives, complaint procedure and pictorial leaflets with information or forms to complete.

End of life care and support.

- We were told there had been very few recent incidents of people coming to the end of their life while being supported by Creative Support – North East Lincolnshire Services. Information we received showed people would be sensitively supported and provided with the equipment, medical intervention and medication they needed for a peaceful death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. This was dedicated, friendly, open and transparent. Staff were signed up to the service's culture and demonstrated the values through the support they gave.
- People and their relatives were involved in discussions about their care and while relatives told us they had not always experienced good communication with staff in the past, they said this had improved greatly and everyone now understood each other's expectations for sharing information.
- Staff had received some internal quality awards over the last two years, with one unit manager being awarded a gold and one team of staff being awarded a silver. These were for promoting person-centred care and engagement with people.
- We were told by the registered manager there were satisfaction surveys for people to complete. Although the relatives we spoke with had not received a survey from the service, the evidence of their use was found in a twelve-month plan for meeting the Care Quality Commission's (CQC) five questions. The plan showed an action to review the results of the satisfaction survey and produce a 'You said, We did' report. However, the progress column for this action contained no details about surveys. The registered manager said that surveys had not been issued last year because they were being reviewed. Relatives had made their views known in telephone conversations or by speaking with staff when they visited.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Staff were clear about their roles, having been given information on induction and through training and were introduced to other staff and people who used the service while shadowing other staff members. Staff ensured people were empowered to maintain independence and lead as normal a life as possible.
- The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service or to people while being supported by staff.

Continuous learning and improving care.

- The service was quality assessed using an internal quality audit tool aligned with the five CQC domains, which showed a range of ratings could be scored. Internal audits showed the service consistently achieved its targets. An action plan was produced to address any shortfalls.

Working in partnership with others.

- The staff and management worked well with the Clinical Commissioning Group Intensive Support Team (IST). One of their consultants had commented, 'Creative Support have a long history with IST. I'm particularly impressed with them.' We were told by the registered manager they maintained very good relationships with IST staff, seeking advice to help provide the best possible support to people.
- The service worked well with the National Autistic Society in respect of designs and models for living environments for people with autism. This was to inform the service what would be required to ensure the premises met the needs of people, particularly at two of the supported living houses. Staff had been made aware of a lot of innovative technology around, for example, assistive telephone applications that operated people's curtains and doors.
- The service had its own 'positive behaviour support' team. It helped staff utilise people's specialist support plans in a way that meant people were encouraged and supported to achieve their best. It helped people learn to manage their behaviour for positive results.