

Creative Support Limited

Creative Support - Northampton 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

Creative Support Northampton Services is a domiciliary care service providing the regulated activity of personal care in people's own homes and supported living settings. At the time of our inspection 2 people were receiving personal care in their own homes and 3 people were receiving personal care in a supported living setting.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People using the service had a good quality of life. They told us they were happy with the support they received from the staff who fully supported them to lead fulfilling lives. Personalised risk assessments gave clear strategies for staff to follow in keeping people safe, whilst enabling people to be as independent as possible. People were involved in managing risks and in taking decisions about how to keep safe.

Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe. Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were supported to understand their rights and explore meaningful relationships. People knew how to raise concerns and were confident they would be dealt with properly.

Right Care

The registered manager and staff team ensured people had full access to healthcare services. People's support plans were personalised, and people were supported to express their individuality. The staff team were caring and dedicated to the people they supported.

People told us staff were friendly and caring. People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue educational and leisure interests. A relative said, "Nothing is ever too much, they deserve to get praise for everything they do."

Right culture

The culture of the service was warm and caring and the registered manager and staff valued the people they supported and knew them well. The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. People were supported to follow their cultural beliefs.

The registered manager had the specialist skills, knowledge and experience to perform their role and had a clear understanding of people's needs. Systems and processes were in place and effective in continually assessing, monitoring and driving improvement of the service. A range of scheduled quality audits took place to continually monitor all aspects of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 04 December 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good published on 29 November 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support - Northampton Services on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 - Northampton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care and a supported living service. It provides personal care to people living in their own houses and flats and 'supported living' settings, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to

speak with us. We also needed to be sure the provider or registered manager would be available to support the inspection.

Inspection activity started on 14 November 2022 and ended on 16 November 2022. We visited the location's office on 14 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people receiving care from the service and 1 relative about their experience of the care and support received from the service. We spoke the registered manager, the service director, the support coordinator a team leader and 2 support workers.

We reviewed 5 people's care records and medication records. We looked at 3 staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from the risks of abuse.
- Staff received safeguarding training and knew how to recognise and report any concerns of abuse.
- Staff helped people to understand safeguarding, to recognise signs of abuse and what to do if they felt they or others were or at risk or had experienced any form of abuse.

Assessing risk, safety monitoring and management

- Staff were skilled in recognising signs when people experienced emotional distress and knew how to support people to keep them safe.
- The service assessed, monitored and managed safety well. People lived safely and free from unwarranted restrictions. Personalised risk assessments were in place that gave clear strategies for staff to follow to keep people safe, whilst enabling them to be as independent as possible. One staff member said, "When we see a person becoming distressed we pick up on body language, and aim to reduce sensory stimulus to help calm the person."
- People were involved in managing risks and in taking decisions about how to keep safe. Such as, using household electrical equipment, irons and cooking equipment.
- In the event a person went missing vital information was readily available to assist emergency services to search for the person as soon as possible. This helped keep people safe through formal and informal sharing of information about risks.

Staffing and recruitment

- The service had enough staff available to support people to carry out their choice of day to day activities. Staff told us there were always enough staff deployed to support people's individual needs, wishes and goals. We observed during the inspection the numbers and skills of staff matched the support needs of people using the service.
- The registered manager told us staff candidates were welcomed from a diverse range of backgrounds, bringing transferrable skills and experiences to benefit the lives of people using the service. This ensured the service had a diverse staff team from differing backgrounds, ethnicities, sexual identities, genders and experiences to meet people's needs
- Records showed that Disclosure and Barring Service (DBS) checks were carried out on all staff. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who had received training on the safe administration of medicines and followed the systems to administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately. People's medicine records contained relevant information including any allergies.
- People received support from staff to make their own decisions about medicines wherever possible.
- The staff understood and followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with the STOMP principles.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training on preventing the spread of COVID-19. This included the correct procedure for putting on and removing personal protective equipment (PPE) and correct handwashing procedures.
- Staff were provided with ample supplies of PPE, such as disposable gloves, aprons and face masks.

Learning lessons when things go wrong

- Staff recorded accidents, incidents and near misses. Effective systems were in place to closely monitor incidents and prompt action was taken to mitigate the risk of repeat incidents.
- Staff told us they discussed incidents or accidents to reflect and learn from them. Lessons learned were shared within the staff team and with appropriate healthcare professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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's needs were assessed before the service took on their care and support. The person and those important to them were fully involved in the assessment process. This included the person making several visits to the supported living setting to get to know other people and the staff team to ensure they felt safe and supported throughout the transition process.
- People had care and support plans that were personalised, holistic and reflected their needs and aspirations. Care plans outlined people's goals and how these were going to be met.
- The senior team regularly conducted visits to seek feedback from people to check the support received from the staff was effective.
- People, those important to them and staff reviewed the support plans regularly together. One person showed us their activity file containing pictures to record their choice of activities.

Staff support: induction, training, skills and experience

- The staff recruitment and selection processes considered the individual needs and preferences of people using the service. For example, the recruitment of male or female workers where individuals had expressed a preference. □
- People were supported by staff who had received training appropriate to their roles and responsibilities. All staff completed induction training that included the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training that included e-learning and webinars via online platforms. Staff confirmed the training they received provided them with the knowledge that was relevant to the needs of the people they supported.
- Staff told us, and records showed they received regular supervision meetings and annual appraisals.

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were given guidance and support from staff to eat healthily.
- People told us they had full choice on what they wanted to eat and drink.
- Staff supported people to draw up their own menu plans and go food shopping. Each person had individual well stocked fridge freezers.
- A relative spoke of how the staff supported their family member to get a new microwave. Staff also supported their family member do a big food shop to stock up the cupboards in time for Christmas. They

said it had taken a great weight off their mind.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health passports which were used by health and social care professionals to support them in the way they needed. People were supported to attend annual health checks, and other healthcare appointments such as dental, optician and chiropody appointments.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff worked well with other services and professionals to support people to lead healthy lifestyles. A staff member told a person had been supported by the service and a healthcare specialist to have some dental treatment completed.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. During the inspection we observed staff consistently asked people for their consent and supported them to make their own choices and decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The service promoted a culture of inclusion, diversity and equality. Staff received training on equality and diversity that was embedded in supporting people's protected characteristics. The organisation had been recognised as a Diversity Champion, and staff followed the organisations zero-tolerance stance on discrimination towards staff and people using the service.
- Staff had awareness and appreciation for diversity, around people's culture, ethnicity, gender identity and sexual orientation. The registered manager told us the organisation had adopted the HALO code, which reinforces a culture where all black and minority ethnic staff feel empowered to be themselves, to wear natural or protective hairstyles and wear cultural or religious headwear.
- People were supported to follow their cultural beliefs, for example they helped a person follow their cultural in celebrating the Chinese New Year. The person was supported in making paper lanterns which they shared with their housemates, in celebration of the new year.
- Staff had supported a person to choose and electronic monitor to use at night if they needed staff assistance. The person was fully involved in the process, of choosing which monitor they wanted. Staff said, the monitor had reduced the person's anxiety at night, improving their sleep and quality of life.
- Throughout the inspection we observed staff supported people to make choices and express their views. One person said the staff listened to them and they felt respected, the person showed us a personalised easy read picture library, which they said they used with staff to help them make daily choices.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were friendly and caring. One person said, "The staff are very good. I like them." Throughout the inspection we observed staff treated people with warmth and kindness, respecting individuality.
- People had the opportunity to try new experiences, develop new skills and gain independence. Staff supported people to pursue educational and leisure interests. One person said, "I like going to college, I enjoy watching films, listening to music, dancing and playing golf. This person showing us their room which they had decorated with their favourite sparkly wallpaper.
- We observed staff fully respected people's rights to have privacy, and treated people with dignity and respect. People had staff assigned to them as a keyworker. Staff took the keyworker role seriously, ensuring they really got to know the person they supported to enable them to lead fulfilling lives. One staff member said, "It's very important as a keyworker we get on well with each other, we work very closely in supporting people to develop their life skills and independence as much as possible."
- Staff ensured people's right to privacy was respected. We observed staff always knocked on doors and

asked people for their consent before entering bedrooms. Information was only shared with people's consent and with relevant agencies involved in their care and support.

- People were supported to have freedom and take positive risks if appropriate.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised. For example, staff had supported a person with the help of an occupational therapist to look at equipment to support the person with their posture. The person was fully engaged throughout the process in choosing the equipment, which provided comfort and support and reduced the risk of skin damage.
- People were fully supported to follow their religious, ethnic, and gender identity. Staff receive dignity themed supervision sessions to discuss ways to ensure all people had equal opportunities and their protected characteristics were fully respected.
- People were supported to understand their rights and explore meaningful relationships. A relative told us how the service had supported their family member to remain living with a lifelong friend and how important this was to both people to stay together.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified at the initial assessment stage and described in people's individual support plans and communication passports.
- People were provided with information in easy read and large print formats. The staff worked with a speech and language therapist and a person they supported in creating a communication book. The service worked with advocates and specialist communication professionals to ensure information provided for people met with the AIS.
- People's support plans had detailed information regarding their communication needs. Staff told us they read the support plans, before providing support for people and worked alongside experienced staff on 'shadow' shifts to get to know people's individual methods of communication. We observed staff communicated with people in their preferred way. Staff were skilled in actively listening and responding to nonverbal communication.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and were confident they would be dealt with properly.
- A complaints policy was in place that was available in large print and easy read versions.
- The registered manager took all concerns or complaints seriously. Records showed they were followed the

complaints policy and were open and transparent in sharing the outcomes of investigations. They used the process to continuously drive improvement of the service to ensure lessons were learnt.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life care. We saw end of life support documentation was in place, which recognised the importance of respecting people's end of life wishes.
- Records showed that staff had received end of life training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a highly motivated registered manager and staff team. The whole of the staff team was committed to delivering a service with person-centred values, promoting independence and social inclusion.
- The registered manager was passionate about ensuring people had choice and control over their lives and this was apparent throughout the inspection.
- A relative said, "The staff are absolutely brilliant, they deserve to get praise, nothing is ever too much." Staff spoke very highly of the registered manager and the management team. They told us they felt fully supported by the registered manager, team leaders and their peers. One staff member said, "I believe [registered manager] is the best manager I have ever had, they are a fantastic role model, they are extremely passionate about the care of the people we support. I have even nominated [registered manager] for an award."

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

- The registered manager had the specialist skills, knowledge and experience to perform their role and had a clear understanding of people's needs. The registered manager had recently received a recognition award for dignity in care, as part of the organisation's annual registered manager awards programme.
- Systems and processes were in place and effective in continually assessing, monitoring and driving improvement of the service. The service was subject to audits both internally from local and senior managers and the organisation's quality team. Management meetings took place weekly and monthly to cascade and share information regarding best practice procedures and to discuss and reflect on issues within services.
- The quality of care people received, and the staff support systems were closely monitored by the registered manager and the provider. A range of scheduled quality audits took place to continually monitor all aspects of the service.
- The registered manager was aware of their role and responsibilities to meet the Care Quality Commission (CQC) registration requirements. Records showed statutory notifications of notifiable events were submitted promptly to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibility, and records showed this duty was followed by the registered manager.
- Staff knew how to follow the safeguarding procedures, including how to whistle-blow if concerns raised with the provider were not listened to or acted upon. The provider had appointed a speak up guardian and a whistleblowing hotline was in place to support staff and people to be able to raise any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings took place with people and staff and records showed suggestions and ideas were welcomed and acted upon.
- People and relatives were regularly asked about the support they received from the service and the responses were positive.
- The service had designed a newsletter, involving people using the service sending in their photos and achievements that was shared with other people using services within the organisation and people's family members.
- A staff recognition reward system was in place. Staff nominated their peers to receive an award. One staff member had won an award for promoting a positive warm and welcoming environment, ensuring people they supported felt comfortable knowing they could contact them. This had been particularly appreciated during the lock down period when people were at higher risk of feeling isolated.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the staff team had strong relationships with commissioning teams, social workers, local authorities and enablement workers to achieve good outcomes for people using the service.
- Staff consulted with external agencies, such as speech and language therapists, occupational health and community health teams, in response to people's needs.