

Creative Support Limited

Creative Support - Burnley Personalised Services

Inspection report

173a
Manchester Road
Burnley
BB11 4HR

Tel: 012824509539






Date of inspection visit:
06 January 2020
07 January 2020

Date of publication:
28 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Creative Support - Burnley Personalised Services is a domiciliary care agency that is registered to provide personal care to people living in their own homes. At the time of the inspection, one person was receiving a service from the agency. 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.

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

Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. However, the provider had failed to notify the local authority of allegations of abuse. This meant the allegations had not been investigated in line with established procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The staff carried out risk assessments, however, the assessments did not always provide staff with information about how to manage specific risks. People were protected from the risks associated with the spread of infection. Staff were not supporting people with the administration of their medicines. The provider had a recruitment procedure, however, they had not recruited any new staff since the service had been registered.

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. People's needs were assessed prior to them using the service. The provider had arrangements for the induction of new staff and provided regular training updates for existing staff. Staff felt well supported by the management team. People were supported to access healthcare services, as appropriate.

A person and their relative told us staff were kind and caring. People and where appropriate their relatives had been consulted about their care needs and had been involved in the local authority's care planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a commitment to providing dignified and compassionate support. People were supported and encouraged to pursue activities of their choice. People and their relatives had access to a clear complaints' procedure.

Whilst the provider had established quality assurance systems, they had failed to identify safeguarding adults' procedures had not been followed appropriately. The management team were committed to the ongoing development of the agency and assured us the necessary improvements would be made to the service.

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

Rating at last inspection

This service was registered with us on 09/01/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the agency first registered with CQC.

Enforcement

We have identified one breach of the regulations in relation to the failure to report allegations of abuse to the local authority at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Creative Support - Burnley Personalised 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 a short period notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 6 January 2020 and ended on 7 January 2020. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since it was registered and sought feedback from the local authority. The provider was not asked to send us a provider information return. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We visited the office and spoke with the registered manager, the support coordinator, the unit business manager and two members of staff. We also spoke with one person using the service and one relative over the telephone.

We reviewed a range of records. This included one person's care records and associated documentation. We looked at the staff training records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us a draft care plan and risk assessment document.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes to protect people from the risk of abuse were not always effective. On receiving information about allegations of abuse, the provider carried out an internal investigation, however, they failed to inform the local authority in line with safeguarding vulnerable adults' procedures. As a result, the local authority were unable to determine what action was needed to help and protect the person and ensure the person achieved resolution and recovery.

The failure to ensure safeguarding concerns are appropriately reported is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager confirmed a safeguarding alert had been raised retrospectively.
- Staff had access to appropriate safeguarding policies and procedures and had completed training, which was refreshed at regular intervals.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were not always assessed and recorded. Whilst people were supported by staff who knew them well, risk assessments did not always provide staff with current information about how to manage specific risks. The registered manager agreed to address this shortfall.
- The registered manager had carried out a series of service level risk assessments, which were reviewed on an annual basis.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances, such as bad weather.
- The provider had systems to learn lessons when things went wrong. There were appropriate forms to record any accidents and incident. Any learning was discussed with the staff team.

Staffing and recruitment

- A person told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. A relative confirmed the staff were punctual and had not missed a visit.
- The registered manager managed the staff rotas to ensure the planned visits were flexible and in line with people's preferences. Staff confirmed they had sufficient travelling time between each visit.

- The provider had a suitable recruitment and selection procedure which would be followed in the event new staff were required. There had been no staff employed during the last 12 months. This was because staff had previously been employed by the provider.

Using medicines safely

- The provider had established a set of medicines policies and procedures and staff had received training. However, at the time of the inspection, staff did not handle or manage people's medicines.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure. Staff were provided with personal protective equipment, including disposable gloves and aprons.

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.

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 when this is in their best interests and legally authorised under the MCA.

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.

- The registered manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and a person using the service confirmed this approach.
- People had signed consent forms to indicate their agreement to the care provided. There were no restrictions placed on people's liberty.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs.
- The registered manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. There were established processes to ensure appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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

- The provider had systems to ensure people received care which met their individual needs. The management team completed an assessment prior to a person receiving a service. This helped to ensure people's needs and preferences could be appropriately met.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and

ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

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

- People were supported to eat and drink in line with their needs and preferences.
- Staff carried out risk assessments and monitored people if they were at risk of poor nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. A person and their relative felt staff were competent and well trained.
- The provider had arrangements to provide new staff with induction training, which included the care certificate, where appropriate. This is a nationally recognised qualification for health and social care workers. The provider's mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager and support coordinator monitored staff training to ensure staff completed the training in a timely manner.
- Staff were provided with one to one supervision with their line manager. This facilitated discussions around work performance, training needs and areas of good practice. The support coordinator had developed a schedule for 2020 to ensure all supervisions were carried out at regular intervals. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was ongoing and relevant.

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

- People's rights were promoted, and person-centred care was delivered. A person and their relative expressed satisfaction with the care provided and made complimentary comments about the staff team.
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care during reviews of their local authority care plan. This meant they were able to make decisions about their care.
- A person told us the staff understood their individual likes and dislikes and accommodated these when delivering their care.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- A person told us they were treated with dignity and respect by their current staff and where possible staff helped them to maintain their independence.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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; End of life care and support

- People received personalised care to ensure they had choice and control over their lives. However, at the time of the inspection, the provider relied on the care plan written by the local authority. This meant the plans did not cover all the tasks carried out by the staff and were not always reflective of current needs.
- The registered manager acknowledged this shortfall and agreed to explore ways of how an additional care plan could be added to the local authority plan. Following the inspection, the registered manager sent us a copy of a draft care plan and risk assessment document, which was due to be discussed with the person using the service.
- Staff understood people's needs and it was clear people were supported in line with their preferences. Staff completed records, which documented the care people had received, in a detailed and respectful way.
- The provider used technology to help with the operation of the service. The staff had access to an application on their mobile telephones, which allowed them to log the times of their visits and make notes. Computer-based systems were used to store and analyse information as well as plan staff rotas.
- At the time of our visit, there was no one in receipt of end of life care. However, the registered manager explained people's end of life wishes would be discussed, as appropriate.

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 were supported to follow their interests and take part in activities which were socially and culturally relevant to them. A person told us they enjoyed partaking in their planned activities.

Improving care quality in response to complaints or concerns

- The provider had arrangements in place for recording, investigating and resolving complaints. The registered manager confirmed they had received one complaint in the last 12 months.
- People had access to the complaint's procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with in a timely manner.

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 as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst the provider had established systems to monitor the quality and performance of the service, these were not always effective.
- The provider had failed to identify that vulnerable adults' procedures had not been followed appropriately. The provider had also not notified CQC of an allegation of abuse. Services that provide health and social care to people are required to inform the CQC of important events. This meant we were unable to effectively monitor the service provided. The registered manager submitted a notification following the inspection.
- The registered manager carried out a series of audits and completed regular management reports. They were based in the service for two days a week, one of which was used for direct care with people using the service.

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; Continuous learning and improving care

- The management team were open and responsive to feedback. Following our inspection, they sent us updates of the actions they had taken. They also agreed to consider their failure to follow the safeguarding adults' procedures under the duty of candour.
- The registered manager was open when lessons could be learned and told us they were committed to making ongoing improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The management team promoted a positive culture which had achieved good outcomes for people, although at the time of the inspection people's current care needs were not fully reflected in their care plan.
- Staff confirmed they felt everyone was well supported and they described how much they enjoyed their work. Staff knew people well and were knowledgeable about their needs and preferences.
- The provider had developed a set of organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were familiar with the key policies.

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

- People were encouraged to be involved in the service, and consideration had been given to their equality characteristics. The provider had invited to people to complete a satisfaction questionnaire in November 2019. The results had been analysed and published for the organisation as a whole.
- The registered manager and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.
- The registered manager attended various meetings and forums within the organisation and in the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the Regulation was not being met:</p> <p>The provider had failed to operate a safe and effective system to safeguard people from abuse. (Regulation 13 (1) (2) (3)).</p>