

Creative Support Limited

Creative Support Leeds Service

Inspection report

1a Hall Lane
Cookridge
Leeds
West Yorkshire
LS16 7NJ

Tel: 01132611600

Website: www.creativesupport.co.uk

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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

We inspected Creative Support on 28 and 29 March 2017. Both visits were announced. Our last inspection took place on 26 January 2016 where the service was meeting all the requirements of the Health and Social Care Act 2008.

Creative Support provides personal care and support to people living in their own homes in a supported living environment.

At the time of our inspection there was a registered manager in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe receiving this service. There were effective systems in place to ensure people's safety who used the service, whilst also encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

Staff received supervisions in the service; however these supervisions differed in standard and content throughout. This was dependent on the coordinator who had completed these. We spoke to the registered manager who told us this would be looked into and addressed at the next staff meeting.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in supporting people's medicines management. We spoke to the registered manager on the importance of ensuring when people were away from their home that the records indicated this.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke positively of their training and said this prepared them well for their role. The registered manager told us they were recruiting staff at the time of inspection to ensure consistency for people.

People's needs were assessed, and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs and aspirations.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions.

Health, care and support needs were assessed and met by regular contact with health professionals. People

were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in their home and in the community and received the support they needed to help them stay in contact with family and friends. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people living who used this service. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

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.

We saw robust safeguarding procedures were in place and staff understood how to protect people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Good ●

The service was effective.

Staff told us they received good training and support through supervisions which helped them carry out their role properly. We spoke to the registered manager in relation to the content and standard around staff supervisions.

Staff could describe how they supported people to make decisions, and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act 2005.

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

Is the service caring?

Good ●

The service was caring.

People had detailed support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had access to activities in the community and their home whenever they chose. They were also supported to maintain friendships and family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and feedback was acted on by the registered provider who identified areas for learning and improvement.

Accidents and incidents were monitored by the registered manager and the registered provider to ensure any trends were identified and acted upon.

Creative Support Leeds Service

Detailed findings

Background to this inspection

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

The inspection took place on 28 and 29 March 2017 and both visits were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out on the first day by an adult social care inspector, an inspection manager and an expert by experience with a background in care of younger adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector carried out the inspection on day two.

At the time of our inspection there were 15 people using the service. During our inspection we spoke with three people who used the service and five staff included the registered manager and service director. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at three people's support plans.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People we spoke with all told us they felt safe with the staff that supported them. One person said, "I am happy and feel safe with my staff." Another person told us, "I could speak to staff if I felt unhappy and they would listen and do something to help me feel better." A third person said, "I feel safe at home and I am happy with the way things are."

We saw positive interaction between staff and people who used the service throughout our visit; people were observed laughing and having appropriate banter with the staff. Staff said they treated people like they would like to be treated and any untoward practices would not be tolerated and reported to the registered manager. They said they would have no hesitation in reporting any concerns and felt confident to do so.

There were procedures in place in relation to safeguarding to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as 'whistle blowing'. Staff were familiar with the provider's safeguarding and 'whistle blowing' procedures.

Risks were identified were appropriately assessed, managed, reviewed and in assessments in people's support plans. We saw positive risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, cooking, cleaning and going out into the community. The positive risk assessments were also linked to the support plans and activity involved in care delivery such as personal hygiene. The risk assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

Through our observations and discussions with the registered manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the service. People who used the service said they were enough staff available to them if and when they needed support. The registered manager told us how the service covered staff sickness and also planned annual leave with the support of existing staff and support staff. We were told on occasions the service received support from agencies who had completed an induction before they started at the service.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines and records for people as well as systems for the storage, ordering, supporting administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely in people's bedrooms and there were adequate stocks of each person's medicines available with no excess stock. Staff had received training in the safe management of medicines. Staff were responsible for

either prompting people or observing them taking their medicines. This was recorded on the person's medicine administration record (MAR). During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the MARs for the people who used the service and saw there were no gaps in recording which showed they had been taken as prescribed. However, we did speak to the registered manager regarding the importance of keeping records when medicine was taken out of the service when people were out in the community. The registered manager said they would ensure a record would be kept of this in future.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced.

Is the service effective?

Our findings

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with had knowledge of the MCA and understood their responsibilities. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff's comments included; "We assume people have the capacity to make their own decisions and if not anything agreed has to be in their best interests" and "It's all about giving people the right support to make choices and respecting their decisions to do that."

Care and support plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for someone in relation to their medication.

Records showed that arrangements were in place which made sure people's health needs were met. Each person had a care plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change.

People had a balanced diet and enough to eat and drink. People we spoke with were positive about the food and menus. One person said, "Food is lovely, I choose what I like". Another person said, "You can choose if you don't want what's on the menu or I go out."

We observed that some menus which were in picture format to help individuals choose foods they may enjoy which included snacks to choose from. One staff member told us an individual would go and pick up bread to show that they wanted something to eat, and they would then be supported to choose something.

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am impressed with the training. I get what I need to help me do my work." The training record showed staff were up to date with their required training. Where updates were needed they had been identified and booked to ensure staff

practice remained up to date. Training included safeguarding, medication, moving and handling, first aid, mental health, mental capacity and autism.

Staff said they received one to one supervision. All staff had completed an annual appraisal in 2016. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. However we saw differences in relation to the standard and content of staff supervisions which was dependent on the senior staff member who completed these. We spoke to the registered manager who told us they would look into this and ensure a more thorough standard agenda.

Is the service caring?

Our findings

People who used the service told us staff were kind and treated them or their family member well. One person told us, "Staff listen to me and support me to choose things for myself; they will help me when I need help." Another person told us, "I wouldn't change anything; all staff are really nice and support me."

Our observations showed that people had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for and their personal appearance was well maintained.

Staff we spoke with said people received good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves or if they were supporting their own family. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names. Throughout our inspection, we saw staff respected people's privacy and dignity by knocking on doors.

Staff said they found the care and support plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word and pictures to enable them to make choices.

People and their relatives were involved in developing and reviewing care plans. One person told us their family member came and had meetings with the registered manager about their care. We saw evidence of family being involved in review meetings; these were recorded in the care plans.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People were supported to maintain their independence. We saw people were involved in household tasks such as doing their own laundry and cooking.

We observed people's rooms were individualised; for instance one person liked shiny things; in their room and bathroom there were lots of shiny plastic shapes on the walls. Another person enjoyed games, and on their walls were posters of super heroes and other games, an x box with lots of games and dvds. Staff knew people's interests and supported them in these.

Is the service responsive?

Our findings

The care and support records contained a clear assessment of the person's needs made before they started to receive care within the service. This included information on how they would like to be supported with their personal care, medicines and general day to day needs and support. Records showed how people who used the service, their families and other professionals had been involved in the assessment.

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the support plans for four people who used the service. The support plans were written in a person-centred way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

All staff spoken with said they found the care plans useful. They said they gave them enough information and guidance on how to provide care and support people needed and wanted. Comments included; "The care plans have good information and are easy to follow", and "I have no problem with the care plans. It has all the information I need."

We looked at daily notes that recorded the care and support delivered to people. Overall, these showed that needs and preferences were being met.

People told us they did wide and varied activities in and out in the community. One person told us, "I can go out by myself sometimes and really enjoy being independent." A second person told us, "Together with my staff I am working on independence, I go to the pub and 10 minutes later staff follow and I enjoy this and it seems to be working."

Most people were out for the day doing activities; two people were at Autism First which is a day centre, one person was at school, two people had gone to college and then another person had gone home to visit family. One person had gone out in the community with staff and one person had staff support them to the dentist.

Staff knew people very well. When one person came close with their hand outstretched and shaking their head, staff were quick to redirect them and explained that the person may have hit us. Staff knew the risks and were very professional and caring in avoiding any incidents and were quick to point out that the risks were documented in a care plan.

People told us they had a lot of freedom and control over their lives. They said they got up and went to bed when they liked and most people were fairly independent doing their own washing and some cooking. One person said, "I come and go as I please, get up and go to bed when I want."

We saw the complaints policy was available and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they

needed to raise any complaints. The complaints policy was in a format accessible to people who used the service.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised any concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. One member of staff told us, "I would go straight to my senior or manager if I needed to complain."

We spoke to people about if they had a complaint what they would do. One person said, "I can go to the staff or Manager if I am unhappy about anything that I am unhappy about and then to Head Office if I am still unhappy." One person told us, "I have no complaints and do not want to change anything. They continued to say, 'I am happy and feel safe with my staff.'" Another person said "I can speak to staff if I felt unhappy and they would listen and do something to help me feel better."

There was a complaints file in the service with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately in accordance with the provider's policy which was reviewed in February 2017.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place.

People who used the service spoke positively of the staff and management team. One person told us, "The manager is lovely; I feel I can go to her with any problem and if I've got any concerns it gets resolved."

The registered provider had recruited a new manager to support the service on a full time basis. The current registered manager supported two services at the time of inspection. The service manager told us, "We feel it is important for the new manager to be supported. The registered manager will support the new manager for six months to make sure there is a really good handover period and it also gives the new manager time to get to know people and staff well."

We observed a clinical meeting on the first day of inspection. Discussions included activity plans and the importance of these and improvements which could be made in relation to paperwork across the flats. Opportunities were also given for staff to raise any concerns or issues they had in relation to the people they supported. The meeting was proactive and informative which involved problem solving and further lessons learnt.

We looked at team meetings which were completed monthly. Areas discussed included wellbeing of staff, health and safety, risk assessments, medication and any other issues. There were also themes of the month which included medication, finances, privacy, dignity and safeguarding.

Staff told us they felt listened to and described the management team as approachable. Staff told us there were regular team meetings. Staff said communication within the service was good and they received information such as their rotas in a timely way.

People who used the service their family and friends and outside professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in January 2017. The service had a poor response back from these. The registered manager told us they were looking into this by sending letters out to all families and professionals to see what they would like in relation to correspondence to enable them to have their say about the service.

The registered manager sent out a newsletter to all families, staff and people who use the service. The last newsletter was completed on January 2017 which included information on the service, staffing, introduction of the team and any suggestions which could support the service to improve.

We saw the registered provider had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the registered manager. This included audit of accidents, falls, complaints monitoring, medication, care and support plans, satisfaction surveys, CQC/safeguarding notifications and a dependency tool. The service had maintenance checks in place and at

the time of the inspection these were all up to date and evidenced throughout the maintenance file. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

The provider had a development plan which had been completed on 17 January 2017. This included safeguarding, accident and incidents, health and safety, environment, training, weekly activities, communication and compliments and complaints. In relation to this eight staff had been identified of needing safeguarding training. This had been actioned by the registered manager and the staff had been placed on this training.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified.