

Creative Support Limited

# Creative Support - Telford & Shropshire Services

## Inspection report

67 High Street  
Madeley  
Telford  
Shropshire  
TF7 5AU

Tel: 01952684273  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

Date of inspection visit:  
02 November 2016  
03 November 2016  
04 November 2016  
10 November 2016

Date of publication:  
19 December 2016

## 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

Our inspection took place on 2, 3, 4 and 10 November 2016 and was announced. At the last inspection on 4 December 2013 the provider was meeting all of the legal requirements we inspected. This was the service's first ratings inspection.

Creative Support Telford and Shropshire provides personal care to people with a learning disability within a supported living environment and in the community. At the time of the inspection the service was supporting 25 people.

There was a registered manager in place. 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 felt safe. People were supported by a staff team who knew how to keep people safe from harm and abuse. People's risks had been assessed and staff were working in ways to reduce these risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed by suitably trained staff.

People received care and support from a suitably trained staff team who had access to ongoing training and support to enable them to carry out effective care and support.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being followed. People had access to advocates where required to support them to make decisions about their care.

People who had support to eat and drink were happy with the support provided and were offered choices. People's specific dietary needs were catered for and specialist professional advice was being followed.

People were supported to maintain good health. Staff were able to recognise changes in people's health and well-being and knew how to report and respond appropriately.

People were supported by a staff team who were kind and treated them with dignity and respect. People were encouraged to maintain their independence and were supported and encouraged to maintain relationships that were important to them.

People's care and support was tailored to meet their individual needs. People were supported by staff who knew their needs and preferences well. People and their relatives were encouraged to be involved in the planning and review of care. People were encouraged and supported to follow personal interests and hobbies. People and their relatives knew how to complain. Complaints were investigated and responded to

appropriately and used to make improvements.

People and their relatives were happy with the care and support provided and would recommend the service. People and their relatives were actively encouraged to be involved in the design and delivery of the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

## 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.

People were supported by a staff team who knew how to keep them safe.

People's risks were assessed and staff were working in ways to reduce these risks.

People were supported by adequate numbers of staff who had been recruited safely.

People received their medicines as prescribed by suitably trained staff.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and support to provide effective care. People were enabled to consent to the care and support they received and the principles of the Mental Capacity Act were being followed. People were supported to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were supported by a care team who were caring and treated them with respect. People were able to make day to day choices about their care and support. People's privacy, dignity and independence was protected and promoted by care staff.

### Is the service responsive?

Good ●

The service was responsive

People's individual needs were recognised and met.

People were encouraged and supported to continue to follow personal interests and hobbies.

People and their relatives knew how to make a complaint and complaints were used as an opportunity to make improvements.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives were encouraged to be involved in the

development and delivery of the service.

The registered manager had systems and processes in place to monitor and analyse the quality of the service and information from quality checks was used as an opportunity to learn and make improvements.

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# Creative Support - Telford & Shropshire Services

## **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 2, 3, 4 and 10 November 2016 and was announced. We gave the provider 48 hours' notice of the inspection because it is a supported living service and we needed to be sure the registered manager was available to assist with the inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. We looked at the statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We sought information and views from the local authority who commission services with the provider and the local authority safeguarding team. We considered this information when we planned our inspection.

During this inspection we spoke with eleven people who used the service and four relatives. We spoke with four care staff, the development officer, one of the providers training and development assessors and the registered manager. We also spoke with one of the service directors.

We looked at four people's care records, four staff records and records relating to the management of the service. These included medication records, complaints, accident and incident records, and the provider's self-audit records.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe when being supported by staff. One person said, "I feel safe with them [staff]. They make me feel at ease". Relatives we spoke with also confirmed they felt their family members were safe. A relative said, "Staff have a good handle on [person's] care needs. Several staff work together to give [person] support. Yes [person] is very safe". People told us they knew what to do if they were concerned or worried about anything. One person told us, "Staff sit down with me and they listen and I can tell them if I am worried".

Staff we spoke with were able to describe signs of abuse and were confident to report any concerns they might have about people. The registered manager was appropriately reporting concerns to the local authority in order to keep people safe. Staff received training in keeping people safe and had specific one to one sessions with their line manager to discuss safeguarding concerns. The provider had systems in place to report allegations of abuse and protect people from harm.

People were supported by a staff team who understood the risks to people and how to reduce the risk of harm. Risks to people had been assessed and were regularly reviewed. Staff were working in a way to minimise these risks. For example people who required support in the community were being provided with this support. One person said, "They make sure I am safe when I go out, staff go with me". Individually tailored risk assessments were in place where people had identified specific health risks. For example a risk assessment and management plan had been completed for people who were at risk of seizures. These plans detailed how to keep people safe both during and after a seizure. There were also risk assessments in place to ensure people were able to engage safely in activities they enjoyed. Accidents and incidents were recorded and analysed. This information was being used to effectively manage risks and prevent them from re-occurring.

People received support from sufficient numbers of staff who had been recruited safely. A relative said, "The staffing levels are better with more permanent staff". The registered manager based staffing levels on the needs and dependency of the people they were supporting to ensure sufficient staff were available to provide care. They also had systems in place to manage staff absence. Staff were subject to pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People who required support to take their medicines were happy with the support provided and told us they received their medicines as prescribed. One person said, "They [staff] help me take tablets, I take them at the right times". People's Medication Administration Records (MARS) confirmed this. People received their medicines by suitably trained staff who had been assessed as competent by a senior member of staff. Regular spot checks were being completed on staff to ensure they were giving people their medicines safely and as prescribed. People's care records contained information on the medicines people were prescribed and what they were given for. Clear guidance was recorded in people's care records about medicines that were taken on an as required basis. These records provided staff with instruction as to precisely how and

when these medicines should be administered. Regular checks of medication were being carried out and appropriate action was taken where there were concerns over the safe administration of people's medicines. For example, further training and support was provided to staff where an error had been identified.



## Is the service effective?

### Our findings

People told us that they felt care staff were well trained and had the skills to support them effectively. One person said, "It's a good service and I think the staff are well trained". A relative said, "Yes they are well trained staff". Another relative told us how a senior staff member had, "Real ability". Care staff told us they felt they had the training and support they needed to carry out their role effectively. One staff member said, "Monthly training helps me to feel confident". Another staff member told us, "I did medicines training for managers I learned about yearly observations of competency, how to complete medicines supervision, and how to check staff understand what they are doing". Staff were given a full induction to the role which included the completion of the care certificate standards. The care certificate is a set of standards that should be covered as part of the induction for new care staff. Staff also engaged in regular ongoing training and professional development opportunities and completed nationally recognised vocational qualifications. Staff received regular support and one to one sessions with their manager where they could discuss their performance, raise issues and receive additional support if required. The registered manager told us how staff meetings were also used as an opportunity to recap on particular practice issues such as the application of the MCA. People were supported by a staff team who had the skills, knowledge and appropriate support to deliver care.

People were supported by staff who sought their consent to care and support. One person said, "They go through things with me and they listen and they will do things if I ask". Staff told us they always asked people for their consent before providing care and support and told us they respected people's decisions. One staff member said, "If they don't want to do something, that's fine. We respect them [people] and speak to them about everything".

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. Staff we spoke with had been trained in the MCA and had an understanding of how to apply the principles in practice. Assessments of people's capacity were completed where required, and in line with the MCA. Decisions made in people's best interests were documented and applied. People had access to advocates where necessary to support them to make decisions about their care.. We saw that the provider had made appropriate applications to the Court of Protection where it was deemed that a person was being deprived of their liberty. People's rights were protected as the provider was appropriately applying the principles of the MCA.

People who received support with food and drink told us they were happy with this support and were given choices. One person said, "They cook for me. They are nice meals and they make them nicely and I get a say in what they do". People were encouraged to eat sufficient quantities and maintain a balanced diet. One relative said, "They encourage [person] to eat and [person's] diet is more balanced". People's specific dietary requirements were identified and catered for. For example, staff could tell us about people who required a soft diet or the addition of thickening agents to fluids to avoid the risk of choking. One person had

a specific condition that required careful monitoring of food intake to manage their condition. We saw clear records in the person's care records of the food they were able to eat and foods that should be avoided or eaten in smaller quantities. These instructions were also recorded in pictorial form.

People were supported to maintain good health. One person said, "They [staff] help us to go to the doctors and they will go with us". Staff knew how to respond appropriately in the event a person's health or well-being deteriorated or changed. For example one relative told us, "[Person] has odd seizures, if they do the staff respond well". Another relative said, "They monitor [person's] weight and will get the doctor if they lose weight". Relatives told us that staff kept them informed of their family member's health and well-being. They told us staff were prompt in seeking medical attention if required. People had health action plans to ensure their health was promoted and these were updated regularly. People were supported to maintain healthy lifestyles for example by being supported to attend the gym or hydro pool sessions. These are sessions where people can do exercises in a warm water pool. People's care records contained grab sheets which documented key information about them in the event they had to be admitted to hospital. Healthcare appointments were recorded in people's care plans and contained any actions that were required to be completed to support people to maintain good health.

## Is the service caring?

### Our findings

People were supported by staff who were kind and friendly. One person said, "All the staff are kind". Another said, "The staff are polite and friendly". Staff we spoke with were passionate about working with people and wanted to make a difference to people's lives. People were involved in providing support to their peers. One person who was the service user involvement lead said, "I will call people and see if they are ok, want a chat or a visit".

People told us they were involved in making day to day decisions about the care and support they received. For example choosing what they ate and drank, how they preferred their personal care to be delivered and how they spent their leisure time. A relative told us how their family member was given choices about places they might like to visit. They said, "[Person] likes to go out for lunch, [person] choses where". Staff gave examples of how they provided people with choices such as what they wanted to wear, eat and drink.

People told us they were supported and cared for by a staff team that treated them with dignity and respect and promoted their privacy. One person said, "The staff knock on the door before they come into my room. They respect my room and they respect my things". A married couple being supported by the service told us, "The staff respect our privacy as a couple". A relative we spoke with said, "[Person] does need some personal care and they respect [person's] dignity and privacy as far as we are concerned". Staff gave us examples of how they acted in ways which respected people's privacy, such as closing doors when delivering personal care and being discreet when discussing personal matters. One staff member told us how they provided support with personal care in a way that respected people's privacy, where people were able to complete personal care independently. They told us how they talked to the person and encourage them from the other side of the door to the bathroom. Another person had an electronic system in place to alert staff when they were ready for them to provide personal care assistance. These processes ensured people's privacy was maintained.

People told us they felt supported in a way that kept them safe but encouraged and maintained their independence. People told us how staff supported them with daily tasks allowing them to do as much as they could for themselves. One person said, "Staff encourage me". One relative said, "It's very good. For [person] it's the whole package. [Person] has care and their independence". They went on to say, "[Person] can still have control in their own home, I could not wish for better". Staff told us they encouraged people to do what they could for themselves. One staff member said, "Anyone can live independently with the right support". One person told us how they had wanted their own flat. The service had worked with the person to source independent living accommodation and provide the appropriate level of support to enable the person to live independently. The person said, "I got my own place, I didn't think I could do it but I tried and it worked". The service was working with some people to enable them to gain more independence. The registered manager told us how they had managed to reduce the amount of staff support they required by completing observations of what the person was able to do for themselves and how they coped with everyday tasks. They told us how this had been successful for one particular person who was now living independently with very minimal support from staff.

People were supported to maintain relationships that were important to them. One person said, "Mum visits

and the staff make her welcome". Another person we spoke with told us how they were supported to visit family members and attend family gatherings and holidays. People we spoke with told us they were encouraged to develop and maintain friendships. They told us how they were supported to attend nights out and sleep overs at friend's houses.

## Is the service responsive?

### Our findings

People we spoke with felt they were supported by a staff team who knew their care and support needs and preferences well and respected them. One person said, "Staff know me well. They know me, my needs and how to meet them, and they do meet them". A relative said, "Staff have a good handle on [person's] care needs". People and their relatives told us the care provided was very personal to them. A relative said, "They [staff] put [person's] needs first". Care and support was provided when needed and was tailored to meet each person's individual needs. For example, one person told us how they were looking to find a job. They told us how the service was supporting them to achieve this by referring them to job coaching, which is support to assist people to improve their employability skills. They also told us how the registered manager had provided them with the opportunity to complete some voluntary work within the service as a service user involvement lead. This role involves people who use the service in the development and delivery of services. The person told us, "I feel I have a purpose, I have learned a lot from this role and I enjoy it, I'm looking at the possibility of an advocacy role". People were communicated with in a way which met their needs. Staff used non-verbal forms of communication where required to enable people to make decisions about their care and support.

People were cared for in a way that respected their personal preferences. For example people's preferences for a male or female staff member was provided. Staff were able to tell us about people's care and support needs and how they liked their care delivered. People's specific needs were taken into account in the recruitment of staff. People's care records indicated the type of staff they would prefer to support them. Staff interview questions were structured in a way to identify staff who would be best suited to support particular people. The registered manager said, "We try to match staff with people, if it's not working we will move staff around". They shared with us an example of where they had applied this to ensure the person was being supported by a staff member they preferred and had a good relationship and rapport with. People were supported by consistent staff. Staff told us this helped them to get to know people's needs and preferences more effectively.

People were involved in the planning and review of their care. One person said, "The staff speak to me about what I want". Another said, "[Staff] goes through my plan with me, [staff] listens to me". Relatives were invited to be involved in the review of their family members care with consent from the person. One relative said "We have been kept involved, they keep us in the picture, they keep me informed and that is what [person] wants". People's care records were regularly reviewed to account for people's changing needs. Care records contained details about people's likes, dislikes, personal history and preferences. Care records also contained information on what made a person happy or sad and what made a good day a bad day and staff we spoke with told us how they supported people in a way which made them happy.

People were supported to follow personal interests and hobbies. People we spoke with told us about various personal interests and hobbies that they were supported to continue to engage in. These included horse riding, nights out with friends, staying a friend's houses, and going on holidays. Risk assessments were completed to ensure people could continue to engage in activities they enjoyed in a safe way. The registered manager told us, "We risk assess each new activity people want to do to enable them to go. People should

not be stopped from doing what they want and enjoy just because there is a risk, it's about managing the risks".

People and their relatives told us they did not have any current complaints about the service. However they told us they knew how to complain and felt their concerns would be listened to and responded to appropriately. One person said, "I have no complaints, but I could complain if needed". A relative we spoke with told us how a complaint they had raised had been addressed promptly. Telephone calls to relatives were also completed to find out relative's satisfaction with the care their family member was receiving. The registered manager told us this enabled them to identify concerns or complaints promptly so they could be addressed. Complaints were appropriately investigated and responded to and were used as an opportunity to learn and improve the service.

## Is the service well-led?

### Our findings

All of the people and relatives we spoke with told us they felt the care and support provided was very good or excellent. People and their relatives also told us they would recommend the service to family and friends. One person said, "I would recommend it, it's very good". A relative described the staff team as, "Excellent".

People, relative's and staff knew who the registered manager was and felt they were approachable and personable. One relative said, "The registered manager is brilliant, she keeps us involved and she understands us".

The registered manager was keen to put people at the heart of everything the service did and took the opportunity to involve people in both supporting the development and the delivery of the service. We spoke to three people who were involved in developing the service. They told us how they were involved in a range of activities such as recruiting staff, chairing service user and family meetings, attending and delivering training, writing newsletters and supporting the development of the services business plan. One person said, "I have been involved in the business planning, I have been in meetings with the director and was able to discuss ideas and put suggestions forward". The registered manager told us how the person had been very helpful in assisting them to ensure people's individual needs were the focus of the business plan. They said, "We are very lucky to have [person] on board". One staff member who had left the service and returned told us, "That is why I came back, it's very service user led, it's lovely. The registered manager understands people's needs and wants. I've seen a marked difference since I returned its now more service user led, it's as it should be".

People and their relatives were provided with opportunities to provide feedback on the service. People and their relatives were encouraged to give feedback through a variety of means such as questionnaires, telephone satisfaction calls, meetings and informal discussions. People's feedback was important to the registered manager who used feedback as a means of improving the service. One person said, "I suggested developing the garden at the hub, I have been involved in planning and developing the garden as it needed freshening up". Staff were provided with information about feedback that had been received from people and their relatives to enable them to improve their practice.

The registered manager encouraged an open and transparent culture within the service. One staff member said, "It's an open culture, staff are encouraged to raise concerns". The registered manager took the opportunity to use feedback as a means of learning and improving the service and staff told us they felt the service promoted an open and transparent culture. The registered manager told us, "We encourage openness and honesty and learn from mistakes". Staff were given opportunities to make suggestions for improvement through one to one sessions with their manager or through team meetings. Staff told us they felt confident to bring forward an idea or suggestion to improve the service and felt the registered manager would listen to their ideas and try them out.

The registered manager and staff had a good understanding of their roles and responsibilities. For example the registered manager was appropriately notifying us of certain events they are required to by law, such as

serious incidents. Staff felt supported in their roles. One staff member said, "Support from management has been impressive. Whenever I have had an issue they are happy to help and offer advice and support".

There was good communication within the service. One staff member said, "I have constant communication with the registered manager, they are quick to respond". They told us they had regular team meetings which gave them the opportunity to discuss people's needs, share concerns and best practice and discuss the development of the service. One staff member said, "It's a good opportunity to share information". We saw the provider completed a monthly newsletter to communicate events, service updates and actions taken following feedback. This newsletter was developed with the involvement of people and was distributed to people, their relatives and staff.

The provider had systems in place to monitor the quality and effectiveness of the service and these identified required improvements. For example medicines audits identified errors and we saw action was taken to improve the administration of medicines. Accidents and incidents were analysed to look for patterns and trends and actions were taken to reduce the risk of incidents re-occurring. The registered manager produced a learning outcome document following the analysis of audits and this was shared with staff in team meetings. One staff member said, "The last audit identified that people needed to sign their risk assessments this has been done. We have to send the registered manager evidence that actions have been completed". People were also involved in the completion of quality audits and checks. For example, one person told us how they visited people's homes, with their consent to observe practice and provide feedback.