

Creative Support Limited

# Creative Support - Clover Court & Warden Road

## 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

This inspection took place on the 10 January 2017 and was announced. This was the first inspection since the service was registered in April 2016. Creative Support - Clover Court & Warden Road provides supported living to 10 people at two sites. Clover court is a block containing 7 self-contained flats owned by the Notting Hill Housing Trust based in the London borough of Barnet. Warden road is 3 bedroom apartment owned by Origin housing association in the London borough of Camden.

The service had a registered manager in post. 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's needs were assessed and care plans were developed to identify what care and support people required. People and their families said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People experienced good quality care and support. They were supported to live safe, fulfilled and meaningful lives in the way they wanted to.

People were supported with healthy eating and to maintain a healthy weight, with specialist diets when required. People who needed assistance with meal preparation were supported and encouraged to make choices about what they ate and drank. The support staff we spoke with demonstrated an excellent knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff said they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for. Staff listened to them and knew their needs well. Staff had the training and support they needed.

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

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.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act 2005, DoLS and associated Codes of Practice.

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for their own needs, and some people had recently been on holiday together with staff support.

The registered manager and staff ensured everyone was supported to maintain good health. They took a very proactive approach to ensuring people's complex health needs were always met, and consistently ensured that when people needed specialist input from health care professionals they got it.

Staff were extremely caring and always ensured they treated people with dignity and respect. They had an excellent understanding of the care and support needs of every person living in the service. People had developed very positive relationships with staff and the atmosphere was friendly and relaxed.

Staff were well supported with training, supervision and appraisal which helped them to ensure they provided very effective care for people.

People and those important to them, such as their relatives or professionals were asked for feedback about the quality of the service.

People knew how to make a complaint and correct procedures were in place.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

People's individual preferences, needs and choices were always taken into account by the caring and compassionate staff.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The registered manager and service director regularly completed very robust quality assurance checks, to make sure the high standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

## 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 protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People told us staff always treated them with kindness and respect

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

### **Is the service well-led?**

The service was well-led.

The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

**Good** ●

# Creative Support - Clover Court & Warden Road

## **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 of Creative Support - Clover Court & Warden Road took place on the 10 January 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

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 the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the registered manager and the service director. We also spoke to three support workers. We looked at four care plans and five staff files; we also looked at various records relating to the management of the service. We spoke to two people using the service and four relatives.

# Is the service safe?

## Our findings

People we spoke with told us how they felt safe within the service. One person said "I feel safe and I have friends here." A relative told us "I think he is very safe there, and I can come and go as I please which is great as I don't live far away."

Staff we spoke with demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. One support worker told us some people who used the service were not able to verbalise. They ensured they were observant of any changes in behaviour which could indicate the person was being abused.

Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "You have to make sure everybody is safe and protect clients from being taken advantage of." They explained that if they saw something of concern they would report it to the registered manager immediately. Another support worker told us "you get to know people well; if they are non-verbal you can tell from their behaviour if something is not right. For example one person puts his hands over his ears when he is upset."

Staff understood how to whistle blow and told us the different pathways through which they would report their concerns, depending on who their concerns were about. A staff member told us "I am fully aware of whistle blowing and would not hesitate to do it if I felt the need."

There were a number of comprehensive risk assessments on each of the care records we looked at. These assessments were specific to the individual. Risks to individuals were well managed. Every person had a risk management plan in place. This allowed people to stay safe while their independence was promoted as much as possible and minimising risks to their freedom. Managers and staff all demonstrated how they helped people lead a fulfilling life, because they assessed and reduced any identified risks as much as possible. The registered manager said; "We promote people to be as independent as possible."

Staff knew what they should do to keep people safe when supporting them both in and out of the home. For example, a risk assessment included guidelines for how staff might support a person at times of severe mental ill health. The person's care record demonstrated that staff had followed these guidelines as required. In another person's care plan a description of the potential risks to them described how they may become distressed in certain situations and what support staff should be mindful of when working with the person.

The service had arrangements in place to deal with emergencies. Records contained a 'Grab and Run sheet', which contained essential information, including health conditions, medication and emergency contacts. Each person also had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood.

Most people needed a high level of staff support and there were always enough staff to support people safely and provide one to one attention. Staffing levels were regularly assessed and were flexible enough to meet each person's care needs. Staff said people had the support of one or two support workers when in and out of the service and that there was always enough staff on duty. The number of staff working with each person was outlined in their care plan and staffing numbers matched what each person required. Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service.

Recruitment practices were robust. All of the relevant checks had been completed before staff began work, including Disclosure and Barring Service, previous conduct where staff had been employed in adult social care and a full employment history.

People's medicines were safely managed. Medicines were kept in a locked cabinet in individual flats. All of the staff who administered medicines were well trained and had their competency to administer medicines assessed. All staff had a detailed knowledge of each person's medicines and how they preferred to receive them. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had a detailed assessment of their needs and an appropriate plan was in place to enable staff to identify when people might need their PRN medicines. There was a safe procedure for ordering, storing, handling and disposing of medicines. Medicines safety was audited on a regular basis and any rare errors were quickly corrected. Support workers we spoke with could describe how to administer medicines safely, and we saw on training records that relevant training had been done.



## Is the service effective?

### Our findings

People told us that the staff team went over and above their duties to make sure people were well looked after. One person said, "I am so happy with my son's provision, he doesn't even want to stay here the occasional night as he says, It's not my home"

The provider had a training department which circulated details of training courses and managed the staff training matrix. People received effective care because staff were well supported with induction, training, supervision and appraisal. Staff were highly motivated and talked in an enthusiastic way about their training and supervision. A member of staff explained they had been in post for two years and their induction had been comprehensive. They had been given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. Staff were supported and encouraged to complete a variety of training including safeguarding, health and safety, moving and handling, and food hygiene. Staff were also given specific training so they could effectively meet the individual needs of each person. This included supporting people with epilepsy, dysphagia, diabetes, sensory impairment and autism. A support worker told us the best thing about the epilepsy training was it was so relevant. One person often needed their emergency medicine administered following a seizure, and the worker said they felt confident to do this. Where specialist training was required to support a person's specific needs then this was delivered by relevant professionals. The registered manager told us "We place a lot of emphasis on class room based training; we believe there is nothing better."

It was clear the training had been very effective and staff were able to discuss in detail individual's care and behavioural needs and how to manage them properly. We observed staff putting this knowledge into practice while we were in the home. Staff were exceptionally good at understanding people's needs. People's behavioural triggers were well identified and we saw action was taken to prevent any escalation in anxiety. People and staff were relaxed with each other, and staff were very natural and comfortable when they were caring for people. People trusted the staff to support them and we could see people were happy.

People were supported by staff that had regular supervision (one to one meetings) with their line manager. We looked at staff records and saw that supervision occurred regularly. We also saw annual staff appraisals on those records where the member of staff had been employed for some time. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Support workers placed a high value on their supervision. Staff told us they were well supported by the registered manager and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had an excellent understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All of the appropriate DoLS referrals had been made to the relevant authorities.

People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do?" and "would you like a drink now?" Staff then gave people the time they needed to make a decision. Staff knew people extremely well and understood people's ways of communication.

People were well supported to eat and drink enough and maintain a balanced diet. People were supported to choose what food they wanted. Healthy choices were encouraged and people were supported to make their choices either verbally or by using pictures or photographs where appropriate. People had free access to the communal kitchen and could make tea or coffee when they wanted to. People were supported with food preparation and staff helped them to be as independent in the kitchen as they wanted or were able to be. People who had special dietary requirements due to a health condition were well supported. One relative said their family member had thrived since she had moved to Clover Court, they also told us that their relative had managed to maintain a healthy weight.

The registered manager took a proactive approach to helping people maintain good health. They had set up regular consultations and there were regular screen checks for health issues particular to people with learning disabilities and specific conditions. This helped to identify and treat medical conditions early and promote positive relationships with the GP and other healthcare professionals. Staff told us that they accompanied people to all their health care appointments. The registered manager identified when people required more specialist health care than they were getting and worked hard to make sure proper referrals were made.

We saw each care record had a communication passport and a hospital admission planning document. These documents contained current information essential for maximising communication and helped to minimise the impact of an emergency hospital admission by ensuring the person was addressed and treated in the way most appropriate to their needs.

Staff understood some people had complex health needs and knew what they needed to do to make sure every person experienced good healthcare, so every individual enjoyed a good quality of life. The service helped people to develop and maintain strong links with healthcare professionals such as occupational therapy (OT) and speech and language therapy (SALT).

Health care plans were detailed and recorded specific needs. There was evidence in the care files we looked at of regular consultation with other professionals where needed, such as dentists, occupational therapists and psychiatrists. Concerns about people's health had been followed up immediately and there was evidence of this in records we inspected.

# Is the service caring?

## Our findings

People who used the service were positive about the attitude and approach of the staff who supported them. Comments included, "I don't know what I would do without Clover", "It's a really nice place to be." And "The staff are all really nice."

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff told us that treating people with respect and maintaining their independence was "the most important thing." Staff told us that they would involve people in their day to day tasks according to their ability including domestic tasks and laundry.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

There was good evidence in the person centred care plans we looked at that staff encouraged those who used the service to be as independent as possible. People's individual care plans included information about their cultural and religious beliefs. A relative told us "They have been respectful of my daughter's religion."

People were given information in a way which they understood. Staff used photographs, symbols and objects of reference to support communication. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people's wellbeing in this area. Staff cared for people in a way which respected their privacy and dignity. We observed the staff demonstrated a good understanding of the importance of privacy and how to attend to personal care needs discreetly and appropriately.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

Staff told us that they were praised and rewarded by management and the provider for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about understanding when people may feel particularly sad or in need of extra attention

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members

were given. A relative said; "I was pleased to be involved in the interviewing of my daughters carer and asked what sort of person I would like."

We asked staff how they offered choices to people and were told "we must offer choices, for example, tea or coffee we sometimes show pictures of the food or activity to give them their choice." We were also told how "I open the wardrobe and ask them if they like this dress or jumper."

One member of staff told us caring was about "supporting people to be independent" and how they supported "in a way which allows them to do as much as possible themselves." They also said that, "I treat them how I would like to be treated." They did this by ensuring their privacy was respected, with doors closed when supporting a person with their personal care needs. They also told us they knocked when entering a person's room and they always explained what they were doing in the room.

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. The service also responded well to changes in people's needs. For example we saw how one person had initially two to one support in the community and presented with some behaviours that challenged staff. For example, they would refuse to leave the bus or refuse to engage with staff in the community. After working with positive behaviour specialist support hours were reduced from two to one in the community to one to one support.

The registered manager told us that all the people using the service are allocated keyworkers who work closely with them. Each person then developed 'functional goals' with the aim of "helping the person develop independence in the home, this in turn helps with their self-esteem." The registered manager told us how "one person is now putting away their laundry, coat, taking off her shoes and putting her dishes in the sink, which she would not do on her own."

Care plans were very detailed; person centred and provided good information for staff to follow. The care plans included information and guidance to staff about how people's care and support needs should be met. They were retained safely and kept in individual care files. Every person had a hospital passport. People took this document with them if they ever need to go into hospital. It gave important information to hospital staff about the person, including their health needs, how to support the person best with medical interventions such as taking blood and any medicines they may be taking.

There was a 'Pen Picture' document which ensured people's unique information was written down in one place, including choices and preferences and how they wished to be supported. We were told that the information was used extensively by staff, as well as when people were taken to hospital. This ensured that people were supported in a safe, effective, person centred way, regardless of whether they were at the home or in hospital. It was especially useful for people with communication difficulties as it minimised the risk of people receiving inappropriate care. It was recorded how a person contributed to their support plan. There was also a record of how people indicated they were in pain. Behaviours which might indicate pain was clearly documented, a very important feature where people were unable to verbally communicate. We saw that care plans were recently reviewed, in line with the provider's review policy.

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery were fundamental to the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs.

People who used the service had a detailed annual review of all of their care needs and care plans were amended if necessary. People were empowered to make choices and were helped by staff to be as involved as much as they could or wanted to be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. Family members and staff from the local authority also contributed to assessment and plans where appropriate. People's

care needs were also regularly reviewed throughout the year and updates to care plans and risk assessments were always made when they were needed.

People's care plans focused on their whole life and reflected their individual preferences and interests. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people live as full a life as possible. Daily routines were person centred and not task focused.

People were encouraged and supported to take part in meaningful activities and to be active within their local community. One person told us they had recently started a job with the help of staff support. A relative told us that they had requested for his daughter to go to church each Sunday and he said that it was put in place. "She goes to day care, swimming, she is taken to a story telling and dance classes, she is out most days."

People's involvement in their individual interests, activities and education were promoted by staff and everyone got involved in stimulating and enjoyable pursuits. Activities were very varied and people enjoyed things like trampolining, dancing, music therapy, college courses and trips to the theatre. Arrangements for activities were always flexible and staff regularly worked outside of their normal hours to facilitate this. We saw that people who use the service had been on a variety of holidays in the UK and abroad, with staff support.

Staff told us that where people were able they would be involved in recruitment of new staff.

People were very well supported to maintain relationships that were important to them. Staff regularly took people to visit their families at the weekends. Relatives were always welcome to visit at any time, and staff organised regular get together for people and their friends and families.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of deterioration in people's physical and mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Relatives told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences in pictorial format where required.

We saw how there was a service users guide on how to make a complaint on display in the office. This was in an easy read format, and included pictures, signs and symbols. We looked at the complaints folder and saw there had been three complaints made in the last year. They were both responded to in timely manner, and in accordance with the provider's complaints policy.

A relative told us "if I have a problem or any questions regarding my daughter then I speak to the Manager who always looks into what I say and gets back to me".

## Is the service well-led?

### Our findings

People who used the service, relatives, and staff we spoke with praised the registered manager and said they were approachable and visible. The registered manager told us, "We want to enable people to live independently and engage more in everyday life." And "we must make every day count"

Observations and feedback from staff, relatives and professionals showed us that there was an open leadership style and that the home had a positive and open culture. Staff spoke positively about the culture and management of the service. Staff told us, "The manager is helpful and knowledgeable" and, "the manager is friendly, understanding and supportive." Staff confirmed they were able to raise issues and make suggestions about the way the service was provided in one-to-one and staff meetings and these were taken seriously and discussed. Another member of staff told us, "The manager is very helpful and always sorts things out quickly." The registered manager gave us examples where staff had initiated ideas to support people and these had been very successful, for example, the setting up of a sensory room. They also encouraged and supported people to go for promotion. She told us "I want staff to tell me how to improve things."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular service user and relatives meetings were held. One person told us "we have meetings, I like them."

The registered manager also monitored the quality of the service by undertaking spot checks regularly to ensure they were happy with the service they received. The spot checks include areas such as money management, medicines and cleanliness. During our meetings and from our observations it was clear that she was very familiar with all of the people in the service.

There was a robust quality monitoring system in place which included quarterly manager's audits that included areas such as health and wellbeing, safeguarding and the service user involvement. There were systems in place to monitor the safety and quality of the service and the maintenance of the building and equipment.

People experienced a quality service because staff were inspired by the registered manager and senior management team to do so. Staff frequently mentioned how everyone worked as a team to achieve positive outcomes for people, and that levels of motivation were very high. All of the staff we spoke with were very enthusiastic about the role in supporting people to lead an active and fulfilling life.

The registered manager told us she regularly attended multi-disciplinary meetings in order to get the best for her service users. She told us "with positive risk taking, everything is possible" and "we need to push barriers to enable people to live full lives."

The registered provider had close links with the two housing providers involved with a successful working protocol in place. The registered manager told us that regular meetings took place with housing officers, so

that housing related matters could be attended to in a timely way.

We noted that many staff had worked for the provider for many years. One staff member told us, "they are a very good employer and it's a great job" Another told us "I love my job, It's very rewarding the training and support is excellent."

The registered manager told us she is completing the QSF diploma level 5 and has been a supported living scheme manager for 4 years . In addition to this she intended to keep herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and Managers' Meetings organised by the area manager at the providers head office.