

Creative Support Limited

# Creative Support Leeds Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Creative Support (Leeds) provides support for people with a range of disabilities and complex needs. The service aims to enable people to live independent and dignified lives, by the provision of care in a supported living environment. At the time of inspection there were 14 people receiving a personal care service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service was not always well-led. The registered manager had oversight of the running of the service, however these had lapsed over the last few months due to losing key staff in the houses. We found the management of medicines and care planning required improvement and audits in relation to these had not always been picked up. The registered manager had recognised this, and a practice lead had just started supporting the home around identifying and applying quality improvements.

Staff were aware of the safety and wellbeing of people who used the service and kept people safe from avoidable harm, abuse and discrimination. Staff followed good infection control practises.

People received the right support based on their current needs and preferences. Staff had the right skills and knowledge to carry out their roles effectively and were well-supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate and showed a genuine passion for providing good standards of care. We were told by people their privacy and dignity were respected and they were supported to be as independent as possible.

People received care and support based on their individual needs and preferences.

We have made a recommendation in the 'safe' section of the full report around improvements around the auditing of medication.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published May 2017).

#### Why we inspected

This was a planned inspection.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Creative Support Leeds Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On day one this was carried out by two inspectors. Day two was conducted by one inspector.

#### Service and service type

This service provides care and support to people living in five flats 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with six people using the service. We spoke with six staff members; this included the registered manager and area manager. We looked at care records for four people using the service including their medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

#### After the inspection

We received additional information we requested by email from the registered manager. This information was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- We looked at a sample of medicines administration record (MAR) in three houses, we found creams and ointments did not always have labelling on these to determine when these had been opened. We found creams which had been discontinued had not been booked out.
- We found updated medication assessments were not always in the files.
- The registered manager told us a random selection of the [MAR's] were audited to ensure errors were picked up quickly. However, we determined the system was not sufficiently robust as medication errors were being made. These errors did not have an impact on people.
- The registered manager had arranged support from a practice lead from one of their other services to support with the improvement and quality assurance of the medication in the houses. This had just started a few weeks before inspection.

We recommend the provider review and audit all medication in each house fully to reflect people's needs, in line with their internal policies and procedures

### Preventing and controlling infection

- Staff had received training on infection control.
- The homes all had a cleaning schedule for communal areas which staff should complete daily, however we saw these were not always completed. We spoke to the registered manager who addressed this.

### Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe. One person said, "I do feel safe here. A bit of everything makes me feel safe." Another person said, "Yeah I do."
- In a recent survey 85% of relatives felt their family member was in a safe place.
- Staff we spoke with were fully aware of the policies and procedures to follow if they were concerned about a person's safety.
- Staff had been trained in safeguarding. They were confident that the registered manager would act on information.

### Assessing risk, safety monitoring and management

- We looked at four people's care plans, which included any identified risks. These told the staff about the risks for each person and how to manage and minimise these risks.

- Accidents, incidents and significant events were recorded and monitored. Regular checks were undertaken to capture re-occurring themes.
- Service records, the environment and equipment were well maintained and safe.
- Staff had received training in fire safety and checks on fire equipment were carried out.
- Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

#### Staffing and recruitment

- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service.
- There were sufficient numbers of staff deployed to ensure people received appropriate care and support.
- The provider was actively recruiting staff to reduce the amount of agency used at the service.

#### Learning lessons when things go wrong

- The provider had a system in place to learn from any accidents or incidents. This reduced the risk of them reoccurring. The provider was keen to learn from these events. They shared any learnings with staff to improve safety for people. These were analysed to identify any trends and common causes.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw assessments had been undertaken prior to the support commencing.
- We saw completed assessments on the four care plans we looked at. The assessments included background information about the person, their life history, likes and dislikes. For example, we saw care plans which described how they preferred support from female staff only. One person's care plan showed how the person may behave when they felt anxious. Their care plan gave guidance to staff in how they should respond to promote wellbeing.

Staff support: induction, training, skills and experience

- The staff we spoke with told us they received a comprehensive induction before they could support people. This included shadowing more experienced staff until they were deemed competent.
- Staff received supervisions. Supervision meetings provided staff with the opportunity to discuss any training and development they wished to undertake. The registered manager told us they were a little behind with some staff supervisions and appraisals, but had plans in place to address this shortfall.

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

- We saw people's dietary requirements were accommodated to ensure they had sufficient food and drink to meet their assessed needs. The records also stated if the person had any known allergies to any foods. This meant staff would not put people at risk from eating something that may cause harm to the person.
- People were encouraged to make their drinks and meals with support from staff.

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

- Staff worked well together, and handovers were effective in ensuring staff had the information they needed to provide consistent and timely support.
- Where people required access to healthcare services, this was organised, and staff followed guidance provided.
- People told us they had regular health appointments and that staff supported them sometimes to these. One person said, "Yes staff come with me as I like them to come along."
- Staff felt people's health needs were managed well and were aware of signs of deteriorating health. One staff member said, "I would speak to my manager if I was concerned and we would call a doctor."

Adapting service, design, decoration to meet people's needs

- This was a supported living service. People's flats were bright and airy. There was adequate space for

people to move around and have time out in different areas of their home. We saw people's bedrooms were personalised.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within good practice guidelines.
- Staff had been trained in relation to the mental capacity act. Staff told us that people they supported made decisions for themselves, for example: one staff member said, " [name of person] likes to go out independently and uses the local transport for this, this has developed over time."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with said the staff treated them nicely. One person said, "Yeah I get treated nice by staff." Another person said, "Yes they are good all of them."
- Staff had completed equality and diversity training and gave constant thought and consideration to promoting inclusivity.
- People received care and support from staff who were friendly and caring. Interactions between staff and people showed positive relationships had been developed and staff spoke with genuine warmth and fondness about people.
- Compliments had been received to home. These included, 'Lovely interaction I observed with the staff and people they support'. and, 'How lovely the staff are thank you'.

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

- Staff supported people to make day to day decisions about their care and support.
- Staff demonstrated a good knowledge of people's preferences and individual needs as well as what was important to them.
- One person we spoke with told us they were fully involved in their care plan. They said, "I let them [staff] know what I want to do."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships with those close to them.
- Staff encouraged people to remain independent. One person said, "The staff help me when I need it. They are good like that."
- We observed staff knocking on people's doors before entering.
- We saw people did what they wanted to do at a time best for them. People had a choice of what time they wanted to get up and go to bed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a written care plan in place. We saw some people care plans needed be more person centred. For example, in some of the care plans we looked at these were written in third person then back to first person throughout. We saw old information still kept in the care files which could have been archived to ensure updated information was only being used.
- We spoke to the registered manager who showed us a plan to update and re-evaluate all the care plans with support from people and their families.
- Staff showed a good awareness of people's needs, could describe in detail personal care routines, people's likes and dislikes and risks. Life histories were recorded however the quality of these differed in each care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- Documents could be produced in any format or language that was required.
- The provider was looking into improving the easy read documents for individual people in the houses.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people engaged in activities out in the community, these were what people chose to do. One person said, "I enjoy my sport. Staff are really nice, they help me with shopping." Another person said, "I enjoy going out." Staff told us people attended local centres, bowling, shopping, pub and visits to families.
- We observed people were out doing their own activities, some independently and some supported with staff who knew them well.

Improving care quality in response to complaints or concerns

- There was a comprehensive policy and process in place should any concerns or complaints be received to ensure they were investigated and responded to in an appropriate and timely manner. We saw any areas of concerns/complaints had been addressed and responses had been sent to people. The registered manager told us they always looked at these as a learning process for improvement.

## End of life care and support

- We saw care plans contained a section to discuss around end of life. This was completed in relation to what people wanted. One person and their family had made the choice not to complete this.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We saw audits were undertaken for a range of areas, such as care planning, medication, staff files, and complaints which looked at how staff were presenting and performing while with people who used the service. The audit documents in place recorded the actions required to meet any identified shortfalls together with timescales. However, our findings during the inspection showed the auditing of people's care plans and the management of medicines required improvement. The registered manager had sourced support from the practice lead who was newly appointed to look into these.
- The staff we spoke with said they felt supported and were confident any identified problems would be dealt with by the registered manager. We received some concerns around the service while on inspection through our contact centre. These were addressed straight away by the registered manager.

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

- The whole management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- The registered manager had a visible presence in the service and knew people, their needs and their relatives well.
- We saw people came to talk to the registered manager and felt relaxed and at ease with them.
- People and staff were complimentary about the registered manager. One compliment from a visiting professional included, 'Thank you for all the hard work very committed and embraced feedback and advice'.

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

- Where a significant event had occurred, appropriate records had been maintained and onward referrals/alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.

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

- The provider had sought feedback to help maintain and improve standards at the service.
- There was a range of ways for people, relatives and staff to be able to provide feedback to the

management team. These included residents' meetings, staff team meetings, satisfaction surveys and a complaints procedure. However, staff meetings had not always been completed monthly in some of the houses. We spoke to the registered manager of the importance of this.

#### Continuous learning and improving care

- The registered manager was always looking at ways to improve the support they provided. The registered manager told us they sort feedback to ensure they were continuously improving the service.

#### Working in partnership with others

- The registered manager worked closely with the other services and healthcare professionals.
- We saw evidence of outside meetings to look at best practice.