

Creative Support Limited

Creative Support - Blackpool Service (Learning Disabilities)

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection visit took place at Creative Support - Blackpool Service (Learning Disabilities) on 19 and 22 March 2016 and was announced. We told the registered manager 48 hours' before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

Creative Support provides care and support services for people with learning disabilities and other complex needs. The service is involved in providing, Community & Outreach Support and supported housing.

The domiciliary agency office is based close to the town centre in Blackpool. The agency cares for adults with learning disabilities in supported houses and outreach support for people living alone or with families. The agency supports people in Fleetwood, Cleveleys and Blackpool. The service provides care and support varying from short visits to 24 hours a day support.

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.

Staff had a good knowledge of how to support people and keep them safe. They were aware of how to raise concerns about poor practice or abuse should they need to. We saw staff received frequent and relevant training.

There were sufficient competent and experienced staff supporting people on the outreach service and in the supported houses. They provided a flexible service which met people's needs.

Staff recruitment was safe and robust so that risks of employing unsuitable people were reduced. Staff told us their recruitment was thorough and they had to wait for all required checks before they could start working for the service.

People told us staff were caring and supportive. One person said, "The staff have made a difference to me. We go to the gym and other places and have fun. I was fed up before." Another person said, "I am happy with the support I get and I think it has really improved my life." We saw staff were, respectful, patient and caring towards people. They were careful to protect people's privacy and dignity.

Staff supported people in a person centred way. Care plans were in place detailing how people preferred to be supported. Relatives and people supported by Creative Support Blackpool said they were involved in making decisions about their care. Relatives told us they were also kept involved where appropriate.

People were provided with support and encouragement to develop new skills and interests including work, social and leisure activities.

Medicines procedures were followed. We saw medicines were managed safely and given as prescribed.

Staff made sure people's dietary and fluid intake was sufficient for good nutrition and encouraged healthy eating.

People we spoke with told us they knew how to raise a concern or to make a complaint. They said when they had told staff of any concerns they listened to them and took action to improve things.

There were procedures in place to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

There was a transparent and open culture that encouraged people to express any ideas or concerns. People and their relatives felt their needs and wishes were listened to and acted on. One person told us, "I feel comfortable in speaking up and have completed a survey for CQC [Care Quality Commission] "

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 told us they felt safe. There were suitable procedures in place to protect people from the risk of abuse. Restrictions were minimised so people were safe but had the freedom they wanted.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat healthy and nutritious meals and snacks. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good ●

The service was caring.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People were pleased with the support and care they received. They said staff supported them well, respecting their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred, involved people and where appropriate, their relatives and were regularly reviewed.

Staff encouraged people to develop a variety of activities of the person's choosing. They supported people to establish friendships if they wished.

People said any comments or complaints were listened to and acted on.

Is the service well-led?

Requires Improvement ●

The service was not always consistently well led.

Notifications to CQC were not always sent in a timely manner. This meant CQC did not always have relevant, up to date information about the service.

People supported by the service, their relatives and staff were encouraged to give their opinions about the service. People told us staff were approachable and willing to listen if they had comments or concerns.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Creative Support - Blackpool Service (Learning Disabilities)

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.

This inspection visit took place on 19 and 22 March 2016 and was announced. The registered manager was given 48 hours' notice of the inspection. This was because we needed to be sure someone would be in the agencies office and that people were available to talk with us. The agency provides a domiciliary care service to people living alone, with their families or in supported housing. Support to people varied from short visits to 24 hours support each day.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We visited five supported houses where people who received support from the service lived. We spoke with an additional five people who used the service and the relatives of two people.

During the inspection we went to the registered office of Creative Support - Blackpool (Learning disabilities). We met and spoke with five people who received outreach support, a relative, the registered manager,

senior manager and three support staff. We also visited five supported houses where the service provided 24 hour care. At the supported houses we spoke with nine people who lived there and eight staff members. We also spoke with two relatives

We looked at the care records of four people, training and recruitment records of five members of staff and records relating to the management of the service. We also spoke with the commissioning department at the local authority and other health care professionals. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the outreach service they received or the care they received in the supported houses. One person said, "The staff are fantastic, they make sure I am safe and well." Another person told us "I am safe here. They look after me here." CQC had arranged for surveys to be sent to a percentage of people who used the service, their relatives and staff. We received positive answers from these. A relative told us, "My family member is always happy to be with staff. [They] wouldn't be if they didn't feel safe." A member of staff commented, "I have never witnessed anywhere else such excellent care and excellent standards that creative support maintain to keep people safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. Staff confirmed they had received training and were aware of what to do if they saw or suspected poor care. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

Risk assessments were in place to reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support and were regularly reviewed. Staff spoken with told us the risk assessments were clear and informative.

Care plans we looked at had informative risk assessments completed. These provided clear instructions for staff when they supported people. The risk assessments identified and reduced the risk of accidents and harm to people who used the service, staff and visitors to the supported houses. We found risk assessments had been reviewed and updated regularly.

Accidents and incidents were recorded. The registered manager reviewed these with staff for lessons learnt.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. Where people had displayed behaviour which challenged the service, we saw assessments, guidance to staff and risk management plans were in place. Staff spoken with were familiar with this information and aware of how to support people.

We looked at how the service was staffed. We did this to make sure there were enough staff to meet people's needs. We talked with people who received support, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. People we spoke with were satisfied with staffing levels.

We found staffing levels were sufficient in the supported houses and outreach service. The supported houses were staffed at all times and was flexible to people's needs. People who lived alone or with their families received care when they needed this. They said staff usually arrived on time or contacted them to let them know if they were going to be late. However one person said several staff who supported them did

not let them know if they were going to be late. They told us this was being dealt with by senior staff.

We looked at the recruitment and selection procedures for staff. We looked at four staff files. The application forms were fully completed and any gaps and discrepancies in employment histories followed up.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check if potential employees had a criminal record and to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work. These measures gave senior staff information about previous employment and experiences of new staff and reduced the risk of employing unsuitable staff. We spoke with three recently appointed members of staff. They confirmed they were unable to commence work before appropriate checks had been made.

We spoke with staff about induction (initial) training following their recruitment to support them in their role. They said they received an informative organisational induction as well as an in house or local outreach induction. New staff also had to complete a six-month probationary period. This was to demonstrate they were competent to support people safely. One member of staff said, "The induction was good. I learnt a lot. It was good to meet other people who had started working with Creative Support. We discussed their views and experiences, as well as the trainers."

We looked at how medicines were managed in the outreach service and the supported houses. People told us staff supported them with their medicines as they needed. The support varied from administering all medicines to telephone contact to remind people to take their medicines. People said they were pleased with the support they got with medicines. Care plans contained information to ensure the responsibilities of family, staff and people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

We checked to see if medicines were managed safely when we visited the supported houses. Staff explained the process they followed and we checked medicines. They were ordered appropriately, checked on receipt into the supported house, given as prescribed and stored and disposed of correctly. The medicines administration record (MAR) sheets were legible and did not contain any gaps. Staff that had been trained to manage and administer medicines gave them to people. We found guidelines were in place to inform staff about the safe management of 'when required' medicines. Regular medication audits were completed by the management team to assess people's safety when they were supported with their medicines.

Is the service effective?

Our findings

People said staff talked with them about how they preferred to be cared for and agreed this with them, providing care as the person wanted. We looked at four care records to see if people and where appropriate, their relatives had been involved in the assessment. We saw they had consented to the care being provided. The care records were informative and showed people/s personal likes and dislikes and care preferences had been recorded.

People and their relatives told us staff supported them well. They told us they were confident staff were well trained and knew what they were doing. They said that the staff worked in an organised and efficient way.

We spoke with people who received outreach support and in the supported houses. They told us they chose their own food and were involved in shopping for some of the food. Staff assisted with or prepared meals for people, where needed. They encouraged people to eat a healthy and balanced diet, but people made their own choices about what they ate and drank. Staff encouraged people to 'own' their food choices. One person said, "The staff help me with cooking my meals and choosing foods that are good for me. They also help me find things that are easy for me to cook." Another person said, "I enjoy cooking and cook proper meals. My staff help me find new recipes."

Care records we looked at contained people's dietary needs. They showed people had been assessed, and were supported to eat and drink enough to meet their nutritional needs. There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. Special diets were provided where needed and staff were aware of the people who for example had diabetes, low fat diets or needed fortified foods to assist them to gain weight.

We saw one person had been severely affected by being overweight. They were encouraged to eat healthily, supported to gently exercise and joined a weight loss group. The person had lost weight and their health had improved. They began choosing healthy foods and enjoyed deciding on their menu each week. The person spoke with us and proudly told us how losing weight had changed what they were able to do. They said, "I enjoy going to the weight class and I can get nicer clothes now. We are choosing my food for next week."

We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. People told us their healthcare needs were well met by staff. They said they had regular health checks and staff quickly acted on any health issues and monitored these. Care records seen confirmed this. People said staff supported them with any health issues. They were available to assist them to access healthcare appointments as needed.

Staff told us they had frequent and relevant training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Staff had also completed other training including, Mental Capacity Act and Deprivation of Liberty training, moving and handling, safeguarding vulnerable adults, medication training and end of life care. This meant staff had or

were developing the skills and experience to care for people. A member of staff told us, "We have been having a lot more training and talking about it in meetings."

Staff were given regular formal supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. These were one to one meetings held on a formal basis with their line manager. They were used to assess performance, focus on future development, and any resources needed. Staff told us they felt well supported through these and frequent informal discussions with the management team. Staff told us they could discuss their development, training needs and their thoughts on improving the service. We looked at supervision records and noted staff were supported to reflect on their strengths, achievements and on-going training needs.

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. In settings such as supported housing, the deprivation of liberty safeguards cannot be used. Where there are restrictions to people in the supported houses, an application must be made to the Court of Protection who can authorise a person to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated deprivation of liberty. We spoke with the registered manager to check their understanding of this. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training and a programme for all staff to complete MCA and deprivation of liberty training was in place. This assisted staff to assess people's mental capacity and ability to make decisions for themselves.

We saw the registered manager had started the process for a small number of people who he felt were being deprived of their liberty. We saw evidence he had provided information to the local authority in regards to their application to the Court of Protection. The registered manager was awaiting the outcome of these applications.

Is the service caring?

Our findings

People we spoke with said the staff were supportive and caring. They said staff responded to any requests for assistance promptly and cheerfully. One person told us, "The staff help me so much. I wouldn't manage without them." A relative said, "I am 100% sure that [my family member] is well cared for."

People told us staff encouraged them to be independent wherever possible. They said staff assisted them to follow routines they wanted and supported them to make decisions. We saw staff who supported people who received outreach support had a friendly and respectful relationship with the person they supported. People told us they enjoyed spending time with staff. They added that if they didn't 'get on' with a member of staff who supported them they were able to change to another member of staff. A relative commented, "They always have friendly, helpful staff and nothing is too much trouble." A member of staff stated in the CQC survey, "The staff & management go above & beyond their call of duty. They offer very personalised services to meet people needs, promoting rights choice inclusion and independence."

When we met people who received an outreach service or visited the supported houses, we saw they were relaxed and comfortable with staff. We saw staff interacted frequently with people. They were kind and caring when talking with or assisting people with their support needs. We observed staff in a supported house supporting one person who was distressed. Staff were reassuring and empathetic, encouraging the person to talk through their concerns. A relative told us, "The team that are based at the house where my family member lives now are helpful, kind and look after [them] very well. They always keep me informed of events. A member of staff commented in the CQC survey, "As a service Creative Support are very service user orientated. All the service users I have supported seem happy."

Staff were aware of people's individual needs around privacy and dignity. We saw staff talking to people in a respectful, polite manner. They were sensitive and patient when explaining to people what was going to happen. In the supported houses they knocked on doors and waited to enter. One person said, "The staff always knock so I can be private."

We checked how people were assisted to access advocacy services should they require someone independent to act on their behalf. We saw people were aware about independent advocates and self-advocacy. We found information had been made available to people about this. The registered manager and two people told us there were forums for people who used the service to get involved in advocacy.

We asked external agencies including the social services contracts and commissioning team and other health and social care services. They told us the service informed the local authority of any safeguarding concerns and took quick appropriate action on any concerns. Comments received from other professionals were supportive of the service. These included that staff were organised and well aware of people's needs. They also said and staff acted on advice and suggestion.

Is the service responsive?

Our findings

We spoke with people who received support and their relatives about their experiences of the service. People told us they were encouraged to develop skills and hobbies and to make choices and plans for the future. One person said, "I can't believe where I am and how good I feel right now. I am no longer in debt, I am not as anxious or depressed and living a good, safe life with my staff helping me." Another person told us, "I couldn't manage without the staff. They are brilliant, fantastic they will help me with anything."

We saw from speaking with people that they experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. Staff encouraged people to develop skills and activities of the person's choosing. They supported people to establish friendships if they wished. One person told us, "They have changed my life. It was so difficult before they came. Now I can face the day."

People who received the outreach service told us they had the same small group of staff. This was the same in the supported houses as much as possible. Where additional staff were needed some new staff had to be introduced, but these were as few as possible. People said if they didn't feel comfortable with a particular staff member supporting them, they were able to request different staff. Relatives told us they were very pleased with the care provided. One relative said, "They try really hard to match staff with people so they can enjoy activities together."

Before people started receiving a service they had their care and support needs assessed. This enabled staff to start planning the support they would provide with the person. We looked at care records of four people. Care plans were informative and personalised including life events and history, care and support needs, likes and dislikes, wishes, activities and interests. Staff we spoke with had a good awareness of the support needs and wishes of people they supported. They took into account people's choices when supporting them. We saw people and their relatives had been involved in care planning and were reviewed with them and updated on a regular basis. One person told us how they had changed their support days and times so they were able to go on a particular activity. They said staff had been agreeable to this. A member of staff commented in the CQC survey, "I find that Creative Support in Blackpool endeavour to be person centred and meet the needs of the people we support especially around health appointments and requests for different times and days at short notice."

When we visited the supported houses we saw notice boards with pictures of the staff who were on duty each day. There were also pictures of the day's planned activities. This gave people information about who was supporting them and what was happening each day. People who received outreach support told us they received rotas showing which staff were supporting them well ahead of time.

We looked at the complaints policy and saw people had been given information on how to complain. There was an easy read complaints information sheet on the notice board in the reception and lounge areas of the office, where service users often visited. There was also information in the supported houses. We asked them if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they knew how to if they needed to and were supported to complain if they were unhappy about the

service provided. Most people who completed the CQC survey also knew how to complain. One person told us, "The staff would help me anyway if I had a problem." Another person said, "Not all staff let me know if they are going to be late, but that is getting sorted."

There had been four complaints in the last twelve months. These had been dealt with appropriately and to the complainant's satisfaction. We saw the complaints process was included in information given to people when they began using the outreach service or moved into a supported house. There was also information in the reception and lounge area of the registered office.

We spoke with relatives about complaints. They said they were able to discuss any issues. One relative said, "If I have any concerns I talk with the staff and we get it sorted without the staff getting defensive." Another relative told us, "I phone through to the office if there are any issues. They are quickly dealt with."

Is the service well-led?

Our findings

People who received a service either in the supported houses and outreach, told us the registered manager and senior staff team were approachable. People told us they called into the office which was close to the town centre. There were facilities for making a drink, relaxing and chatting with staff. One person said, "I often come in for a chat or if I am worried about things. The staff always listen." They also said that senior staff frequently visited the supported houses.

Relatives told us they could talk with senior staff easily and staff made themselves available to discuss any suggestions or concerns. One relative said, "They always keep me informed of any changes and ask for my views if they are considering sending new staff."

Registered providers are required to notify CQC about any significant events which take place at the service. The registered manager had taken the appropriate action to keep people safe where incidents had occurred. Where appropriate they had also informed the local authority safeguarding team. However they had not informed CQC of significant events promptly. This reduced the up to date information CQC had about incidents that had taken place.

There was a structured management team in place. The registered manager was responsible for both the outreach and the supported houses. Senior support staff oversaw one or more supported houses or areas of outreach support and reported to the registered manager. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. There were clear lines of responsibility and accountability within the staff team. There was an on call rota of senior staff which all staff had access to. This enabled them to seek advice and support when needed.

Almost all staff spoke positively about the support provided and told us Creative Support was a good organisation to work for. One member of staff felt staffing and support was not sufficient in their area. However this did not reflect our findings. Staff told us the management team were very approachable and willing to listen to ideas. One member of staff said, "The support here is fantastic. I worked somewhere else and the care wasn't as good and we had to push for everything we needed." Another member of staff The managers give us feedback when we do something well. It is not just about criticism here. They always say thank you. I can't fault them."

The management team sought people's views in a variety of ways. We saw the management team encouraged people to get involved in various organisational and advocacy group forums such as 'Speak out'. Creative Support regularly produced newsletters, both organisation wide and from Creative Support - Blackpool Service. These provided information on different aspects of care and support activities and achievements. There were a number of service user awards given to celebrate people's achievements. These were published in the newsletters.

People who received a service, and where appropriate relatives were regularly asked to complete satisfaction surveys about their support, activities and any changes they would like. The responses to these

had been positive and praising of staff.

Staff told us they received good support from the management team, with frequent supervision and staff meetings. One member of staff commented, "I feel fully supported and listened to. I know I can speak to a member of management if I need extra support or guidance. I have regular supervisions and appraisal. I have never felt as supported in other learning disability services I have worked in."

Staff meetings were held regularly. These included meetings for staff working in supported houses, outreach staff meetings and senior staff meetings. Staff told us they were able to suggest ideas or give their opinions on any issues. Staff we spoke with told us they were helpful and informative." Staff said they could also 'pop' into the office for an informal chat. They did not need to wait for a supervision or staff meeting to discuss ideas or concerns.

There were procedures in place to monitor the quality of the service. Audits were being completed by the senior support staff in the outreach service and supported houses. These were forwarded to the registered manager and operational manager to monitor and evaluate. They also carried out monitoring and audits. Audits included monitoring the care records, equipment, medication procedures, falls, staff support and maintenance. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward.

The services liability insurance was valid and in date. There was an up to date business continuity plan in place. A business continuity plan shows how the management team had planned what action they would take should an incident or accident that affected the running of the service took place.