

Creative Support Limited

Creative Support - Bedfordshire Service

Inspection report

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26 July 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Creative Support – Bedfordshire Service provides personal care and support to people living in 'extra care housing'. People using the service lived in flats in three buildings across Bedfordshire. At the time of this inspection 33 people were using the service.

Not everyone living at the schemes received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People had positive experiences of using the service and told us they felt safe. People were supported by teams of regular, consistent staff. There were enough staff to support people and meet their needs.

The provider had robust recruitment procedures in place and completed relevant checks before staff worked at the service.

Staff had been trained and understood the principles of safeguarding people from harm. Risk to people's health, safety and wellbeing had been identified and assessed. Staff knew the actions they needed to take to support people to stay safe.

Medicines were managed safely, and staff followed good infection control practices.

People were involved in planning their care. Care plans in place reflected people's needs and preferences. Staff knew people well and understood how their identified needs should be met.

The provider had systems in place to obtain people's feedback about the service and to seek their views.

There were quality assurance systems in place to monitor all aspects of the service. There were processes in place to manage accidents, incidents and complaints and to ensure these were investigated and learned from. Audits were completed to monitor all aspects of the service. Action plans were in place to ensure any issues found were addressed and improvements made when identified as required.

People, relatives and staff spoke highly of the registered manager. All staff felt supported by the registered manager to complete their roles and were provided with the guidance, training and support they needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 June 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service between 03 June 2019 and 07 June 2019. Breaches of legal requirements were found and recommendations made. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe recruitment, governance and the absence of a registered manager.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements and recommendations.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support – Bedfordshire Service on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Support - Bedfordshire 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

The inspection team consisted of an 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is owned or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 it is a service across three schemes and we needed to be sure that the provider or registered manager would be in the office and available to support the inspection.

Inspection activity started on 11 June 2021 and ended on 26 July 2021. We visited the office location on 22

July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, project manager, team leaders and care workers.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure people's safety was promoted through robust recruitment practices. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Recruitment procedures were robust with appropriate checks undertaken to help ensure staff were suitable to work at the service. Pre-employment checks included obtaining references, checking previous experience, and obtaining a Disclosure and Barring Service (DBS) report before staff started working with people.
- People and their relatives told us there was enough staff to support their needs. One person told us, "I have people to help me when I need them." A relative told us, "[Family member] is safe as there are always people around if she needs any help and they respond well."
- People had continuity of care. One person told us, "I know all the carers and they work a rota system."
- Staff told us there were enough team members working within each scheme to provide the care required. They confirmed they supported the same people on a regular basis and got to know them well. One member of staff told us, "The staffing level here is really good. It's a great team of people." Another member of staff told us, "I enjoy working with the same people, we have had times where during COVID we've had to take on more tasks for people, but it's all been about being safe."

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were managed safely. People were encouraged to manage their own medicines where possible. However, where people needed support, a detailed assessment was completed.
- People told us they were happy with the support they received to manage their medicines. One person told us, "They make sure I have my medicine at regular times. They record the medicines when it is given."
- Staff were trained, and checks were in place to ensure they administered people's medicines safely. One member of staff told us, "Medication training is thorough, and I've been observed to make sure everything I am doing is right."

- Audits were completed regularly. Where any errors were identified, these were followed up and action taken.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care and support and relatives expressed no concerns. One person told us, "I am safe here. (Staff) will do anything I ask them to do." A relative told us, "[Family member] is absolutely safe there and has been living there for [length of time] now."
- Staff received training and were clear about what how to raise an alert or any concerns they may have. All staff knew the reporting processes in place, both internal and external to the service, and felt confident they would be listened to and action would be taken.
- The provider had a safeguarding policy and procedure in place to help them identify and report to local safeguarding authorities any concerns they may have had.
- Detailed records of any safeguarding referrals made were completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were assessed and reviewed on a regular basis.
- Assessments in place showed the risks posed and provided guidance for staff on how to reduce any risk of harm. One member of staff told us, "There is plenty of information available to us and the guidance we need to keep ourselves and people safe."
- Staff completed records in relation to any accidents or incidents that occurred, including falls. Analysis of accidents and incidents to identify any patterns or trends was completed. Records showed action had been taken in response to improve people's safety.
- Lessons learned and changes or improvements needed to people's care were shared with staff via handovers, care records and during meetings.

Preventing and controlling infection

- People and their relatives told us staff were wearing appropriate personal protective equipment (PPE) when they visited and followed good hygiene practices. One person said, "The (staff) wash their hands and wear their masks and gloves." A relative told us, "(Staff) always wear their PPE and I have seen them washing their hands when I have visited. I was very confident with the processes that they had in place during lockdown to keep [family member] safe"
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider supported people to put plans in place for the end of their life, if they chose to do so. The provider had made improvements.

- At the time of our inspection, the service was not providing end of life care and support to anyone using the service.
- Care plans detailed cultural needs and wishes for people in all aspects of their lives, with sufficient detail for staff to ensure they could meet these needs. Where people had expressed plans for when they were nearing the end of their life, these were recorded.
- The registered manager was aware of the support available to them from the provider organisation and local hospice teams, relating to end of life care training and support for staff, and how they could access this.

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

- People told us staff were responsive to their needs, they could rely on their support and they were supported in the way they liked it. One person told us, "They are doing a great job for me and cannot ask for better."
- The service involved people and their relatives in planning their care, drawing up care plans and reviewing them. One person told us, "I have a care plan so (staff) know what to do." A relative told us, "[Family member] is very happy and the carers meet her needs to allow her to live independently with some help." Another relative confirmed, "I was involved with [family member's] care planning."
- Care plans included a background history of the person, communication needs, mobility needs, nutritional support and any health conditions. All staff were aware of the impact of these needs on people and the support they were required to provide during each visit. One member of staff told us, "We get plenty of time to get to know people and the support they need. The care plans and risk assessments are good."
- Plans also contained details of people's likes, dislikes and preferences and staff confirmed they were aware of how each person liked to be supported.

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.

- People's communication needs were assessed and recorded in their support plans, with any adaptations or equipment needed recorded.
- Information could be made available in a different format, if this was required.
- Staff told us about the different ways they communicated with people, including those people with communication barriers such as hearing loss or visual impairment.

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

- People were supported to maintain relationships that were important to them. Staff encouraged social contact and supported people to engage in social activities, which helped protect them from the risk of loneliness.
- In response to the COVID-19 pandemic and national restrictions, the registered manager had introduced 'Company with Carers'. This was an initiative for staff to identify people living at the schemes who may be at risk of social isolation and loneliness and provide them with additional social visits and welfare checks. One member of staff told us, "The pandemic has affected us all. Company with Carers has had a huge impact on some people and they have told us how it has made a difference to them having someone pop in for a chat or a drink."
- Once the easing of restrictions had occurred, relatives were supported to safely visit their family members again. People were provided with information about how they could reduce the risks posed by COVID-19 when welcoming visitors back into their homes. Hand sanitiser and PPE was made available for use by all visitors to the schemes.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to. One person told us, "The (registered) manager keeps in contact and I would know I could raise any concerns, but I have no concerns. No complaints at all."
- People, relatives and members of staff all told us the registered manager was responsive to feedback and actively sought their opinions. One member of staff told us, "[Registered manager] and [Team Leader] are really good. I can go straight to them with any issues and know I will be listened to. And being heard, that's the difference. Staff being heard."
- A complaints policy and procedure was in place. Where a formal complaint had been made it was logged and an investigation completed. Records showed that on each occasion there was a response to the complainant and a record of the action taken, to prevent the concern occurring again, along with any learning achieved from the investigation.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure a manager was registered with the Care Quality Commission as required. This was a breach of regulation 5 (Registered manager condition) of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 5.

- The service had a manager registered with the Care Quality Commission.

At our last inspection governance systems were not effectively used to ensure the quality of care provided was assessed, monitored and improved when needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were systems and processes in place for monitoring the quality of care. These included internal audits of all aspects of the service. The registered manager told us how this system of checks enabled them to monitor the quality of the service and ensured they had oversight of the three schemes. Where issues were identified remedial action was taken.
- Regular external audits were also in place. A recent provider audit had been completed in each scheme, with an action plan in place to drive further improvements.
- There was a clear management structure within the service. The registered manager was visible in each scheme. Staff told us they provided clear and direct leadership. One member of staff told us, "[Registered manager] is so approachable. [They] will give us feedback, cascade information and be involved. Head and shoulders above any manager I've had before." Another member of staff told us, "[Registered manager] has made good changes, for residents and staff. The atmosphere has changed, much better."

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

- The provider understood their duty of candour and legal responsibilities. We could see from the detailed records being kept that feedback had been dealt with in a candid and honest way.
- The registered manager understood their responsibilities around notifying the CQC and had submitted all the required notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were happy with the care and supported provided and felt involved in the service. One person told us, "I am very happy with the care I have and where I live." A relative told us, "The manager contacts me to discuss how things are going and they communicate very well. I would recommend this place."
- Staff told us they felt supported by the registered manager and felt appreciated and valued in their work. One member of staff told us, "I feel completely supported by [Registered manager]. Always available and really receptive to our views." Another member of staff told us, "Best place I've worked in, all the management, especially [Registered manager] are great. Really helpful and approachable."
- The provider sought feedback from people through the use of quality assurance surveys. These were sent out quarterly. The feedback from the two latest surveys showed feedback was positive, with praise about the staff working at the service and the extra efforts they had made during the COVID-19 pandemic.
- People, relatives and staff told us that they were provided with opportunities to give feedback and offer suggestions for improvements.

Working in partnership with others

- The registered manager worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.
- The registered manager and team leaders maintained a close working relationship with the housing provider of each of the extra care housing schemes and made them aware of any issues or concerns relating to the environment and premises promptly.