

Creative Support Limited

Creative Support - St. Helens

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 was undertaken on 25 August 2018 and was announced. At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Creative Support (St Helens) is a supported living accommodation scheme which provides personal care to 10 vulnerable adults living within self-contained flats. The service is based within a residential area of Clock Face, St Helens.

This service provides care and support people living in a 'supported living' setting, so that they can live in their own home 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 people's personal care and support.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and of the best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff recruitment continue to be robust and this helped to ensure that only staff suitable to work with vulnerable people were employed. All staff had completed a comprehensive induction and had completed shadow shifts with experienced staff members before they loan worked. Staff at all completed mandatory training as well as additional training required for their role. Staff attended team meetings and had regular supervision. This meant that staff at the right knowledge and skills to support people.

Safeguarding policies and procedures were in place and staff had all received training. Staff demonstrated a good understanding of abuse and described clearly the processes to be followed in the event of a person being at risk of harm.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. All staff had completed medicines training and had their competency regularly assessed. The registered provider had medicines policies and procedures in place. Staff consistently completed medicine administration records (MARs).

People were assessed prior to receiving support from the service. Information gained through assessment was used to create person centred risk assessments and care plans. These documents included clear guidance for staff about how a person was to be supported and how risk was to be mitigated. People and their relatives participated in regular reviews which ensured information remained up-to-date.

Staff had a good knowledge of people they supported and had developed positive relationships with them. People were offered choice and their independence was promoted. People were treated with kindness and patience by the staff team. We saw that people's privacy and dignity was respected by staff.

People were supported to participate in activities of their choice. People's food and drink needs were assessed and clear guidance was in place for staff to follow for these to be met. Records showed that people were offered choice and their specific dietary needs were met.

A complaint policy and procedure was readily available for people and their relatives. This was also available and easy read and pictorial formats. Relatives told us they felt confident about raising any concerns or complaints and thought they would be listened to.

The Care Quality Commission as required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw that the registered provider had policies and guidance in place for staff in relation to the MCA. Staff had received training in relation to the MCA and demonstrated a basic understanding of it.

The registered provider had effective quality monitoring systems in place that were consistently completed by the management team. Audit systems were regularly undertaken as part of the registered providers governance process. This meant areas for development and improvement were identified promptly and actions were completed within appropriate timescales.

The registered provider had policies and procedures in place to support the running of the service and offer guidance to staff. These were available and easy read and pictorial formats.

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 remains Safe.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 was a comprehensive inspection carried out by an adult social care inspector. The inspection took place on 25 August 2018 and was announced. The registered provider was given 48 hours notice as we needed to be sure that someone would be available during our visit.

Prior to the inspection the registered provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to form part of our inspection planning document and throughout the inspection process.

We checked the information that we held about the service and the registered provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the registered provider is required to send us by law.

Prior to the inspection we contacted the local authority quality monitoring team and local safeguarding teams who raised no concerns about the service.

We reviewed three care plan files including risk assessments, for staff recruitment and training files as well as records relating to the management of the service.

During the inspection we observed interactions between people and staff. People were able to give us brief

comments in relation to the support they received. We also used their responses to the staff team to make a judgement on the quality of the support they received. We spoke with three support staff support staff, one senior support worker and the area manager.

Is the service safe?

Our findings

The registered provider continued to have robust recruitment practices in place. The registered provider told us that they had been using some agency staff while they recruited some new team members. Records showed they used the same agency staff to offer some consistency to people. Recruitment records held a fully completed application form with gaps in employment explained, interview notes, two references that included the most recent employer and a disclosure and barring check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. People and their relatives where appropriate were invited to participate in the recruitment of staff.

Risks to people were considered throughout the care planning documents where areas of risk had been identified. These included personal care, continence, activities, environment, medication, mobility, food and drink as well as social behaviour. Areas of risk were clearly described and included guidance for staff to follow when supporting each person.

Policies and procedures were in place for the management and reporting of safeguarding concerns. All staff had undertaken training in safeguarding adults from abuse and had annual refresher updates. Staff described the different types of abuse, the signs and symptoms that they had to be aware of and the process to follow when any concerns were identified.

Staff supported people with the management of their medicines. Medicines were ordered, stored, administered and returned in line with good practice guidelines. People that required PRN 'as required' medicines had appropriate protocols in place. These described reasons why a person required a PRN medicine and the guidelines for its administration including amounts and frequency. This meant people received their medicines as prescribed.

Staff described the importance of infection control management within the service and stated they had all received training. Staff had access to personal protective (PPE) and this included disposable gloves and aprons used when undertaking personal care tasks.

A 'Health passport' had been completed for each person supported by the service. This held essential information about the person including medical history, GP, health and social care professionals, communication needs, preferred routines, likes and dislikes.

Each person had a personal emergency evacuation plan (PEEP) in place that gave clear guidance to staff to follow in the event of an emergency.

Accidents and incidents were fully completed and regularly reviewed by the registered provider. Analysis was undertaken to identify any trends and patterns. Records showed appropriate referrals to occupational therapy, the falls team or other health and social care professionals had been made.

Is the service effective?

Our findings

Relatives spoke positively about staff skills and competence. Their comments included "[Name] has got some really good members of staff supporting him", "Some staff are superb", "Staff have enough training for their role and to meet [Names] needs" and "Staff shadow an experienced member of staff before lone working with my son."

Records showed that staff had completed an induction at the start of their employment and had undertaken shadow shifts until they felt competent in their role. The induction met the requirements of the care certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers follow in their daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Staff had all completed mandatory training in topics that included moving and handling, health and safety, fire prevention, and emergency aid. Regular refresher updates were also undertaken. Staff told us they received regular supervision and an annual appraisal and records confirmed this.

Relative's spoke positively about people's food and drink needs being met. Their comments included "Staff support [Name] to attend slimming world and support them with a healthy diet", "[Names] food and drink needs are fully met" and "Staff support [Name] by preparing healthy meals for the freezer". Staff had guidance available to support them to meet people's individual food and drink requirements. People's food likes and dislikes were clearly documented. Staff supported people to make healthy eating choices. Additional information was available for staff about dysphasia and swallowing difficulties to support their understanding of a person's condition. One person required their food to be cut into pea sized pieces due to being at risk of choking.

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 or are helped to do so when required. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who normally live in their own homes and within supported living settings can only be deprived of their liberty through a Court of Protection order. The registered manager was familiar with this process. All appropriate documentation was in place and included a capacity assessment.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and staff team had a basic understanding of the Mental Capacity Act and had all completed training. The registered provider told us they worked alongside family members as well as health and social care professionals if a person did not have the mental capacity to make their own decisions and records confirmed this.

Is the service caring?

Our findings

Relatives spoke positively about people's key workers and their staff teams. Their comments included "Some staff are very good and go above and beyond" and "I've never known [Name] to be so happy."

Staff demonstrated a good understanding of the people they supported. They were knowledgeable about people's specific needs, preferred routines and histories. Interactions between people and staff were very natural and included lots of banter. We saw that people were relaxed with the staff that supported them. Staff told us that they were able to develop positive relationships with people and this helped them to understand and meet people's individual needs.

People's communication needs were considered throughout the documentation. This included clear guidance for staff regarding how each person's individual needs could be met. For example one person's plan described how they would take you to the kettle if they wanted a drink, take you to the door if they would like you to take them outside. Another plan described that only one member of staff should speak at a time and they must look at the person as they spoke. Staff were able to clearly describe people's individual communication needs and how they supported these to be met.

We saw that staff knocked and waited for an answer before they went into people's rooms. Staff sought permission from people before undertaking any tasks and they carried tasks out in an unhurried manner. Staff told us how important it was to value people's privacy where ever possible. Staff described ways they maintained people's dignity and these included keeping curtains and doors closed during personal care tasks.

The registered provider had produced documents that included the use of words and pictures to support people's understanding of important information. The registered providers 'Service User Guide' was available in a pictorial and easy read format. Staff were familiar with different communication methods that included picture exchange communication (PECS) and Makaton.

Advocacy services were available to people supported by the service. Information was available in different formats. People were supported to access this service as required.

Is the service responsive?

Our findings

Relatives told us that activities were available for people to participate in. Their comments included "[Name] goes away on holiday with her key worker and they have a great time", "[Name] goes out to the theatre, meals in the community as well as other activities of their choice" and "[Name] enjoys going out for a drive and loves listening to music."

People were supported to undertake activities of their choice. These included bowling, cinema, meals out, personal shopping, theatre, walks and days out. People supported visited other local services to meet up with friends and join in activities including garden parties, bingo and quizzes.

People had their needs assessed prior to them using the service. People, their relatives where appropriate and health and social care professionals were included in this process. People's needs that related to equality and diversity were considered during the assessment and care planning process. This included consideration in relation to; age, disability, religion as well as other protected characteristics. The information gained from the assessment was used to develop people's individual care plans and risk assessments.

Care plans were very detailed and held information about people's preferred routines, daily living activities, mental health and finances. Clear guidance was included for staff to ensure people's individual needs were met. Each person also had an Essential lifestyle plan/All about me document that included responses to the following questions; What people like and admire about me, What is important to me, My communication needs as well as likes and dislikes. For example, 'She has a lovely sense of humour', '[Name] likes having a routine and structure to her day', '[Name] has good communication.' There was evidence that these documents had been reviewed regularly and updated as required.

Staff completed daily records that included information about each person's well-being, continence, food and drink choices, medicines and activities undertaken. People who required other records and charts to be completed had these in place. Examples of these included seizure charts.

Staff had recently supported a person while they were in hospital away from home. Staff had ensured that the person had a familiar staff member with them at all times over a number of weeks.

The registered provider had a complaint policy and procedure in place that were available and easy reading pictorial formats. Relatives told us they felt confident to raise concerns and thought these would be acted upon.

Is the service well-led?

Our findings

The registered manager had been registered with the Care Quality Commission since June 2018.

Relatives told us they had concerns about the management changes over the last few years. People spoke positively about the new manager and felt they had the knowledge and skills to develop the service. Relatives said they regularly attended relatives meetings held by the management team and felt confident to raise concerns. They told us they felt listened too and thought their ideas would be acted upon.

Staff described the management team as knowledgeable and approachable. They said they felt listened to and supported. They described feeling valued and believing that the service would go from strength to strength.

Quality assurance systems were completed to assess and monitor all areas of the service. These included audits undertaken by the registered manager and representatives of the registered provider. This included the areas of health and safety, accidents and incidents, care plans and risk assessments, medicines and finances. Action plans were created following the audit to identify areas for development and improvement. These were signed off when completed.

Meetings were held with the people supported within the service each month. People were encouraged to raise any concerns they had or to suggest improvements within the service or their home. People had recently participated in the development of a plan for the redecoration and furnishing of some communal areas within the supported living service. People had chosen comfy chairs, beanbags, cushions, lighting and plants. They had also chosen new games and sensory lights for the communal gardens. These meetings were also used to highlight fire safety, safeguarding and other topics appropriate for the people supported.

Staff told us that staff meetings were held every month and records confirmed this. Discussions had taken place about recruitment, new staff structure and matching skills and interests of staff to people. There had been opportunities for staff to discuss concerns they had that related to people supported and their work role.

The registered provider had policies and procedures available that were regularly reviewed and updated. All local policies were available into easy read and pictorial formats.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events that had occurred in line with their legal obligations.