

Creative Support Limited

# Creative Support - Chorley Service

## Inspection report

The Lodge  
41 St. Thomass Road  
Chorley  
Lancashire  
PR7 1JE

Tel: 01257272210

Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

Date of inspection visit:  
07 November 2022

Date of publication:  
09 December 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Creative Support – Chorley Service supports people who have a learning disability in their own home and provides personal care in line with a 'supported living' model. Supported living is a way of supporting people in their own home with their personal care or support arranged separately with a specialist provider.

Everyone supported by Creative Support – Chorley supported living service had their own tenancy agreement. At the time of the inspection 21 people were receiving support from the service. The service also had an outreach programme providing support to people living with their family or carer. At the time of the inspection 2 people were receiving support from the service.

Not everyone who used the service 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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. When people lacked capacity to make specific decisions, we found the service was following the best interests principle. Relevant authorisations had been granted by the Court of Protection where people's liberties were deprived.

People's needs were assessed, and care plans were developed to promote positive risk taking. People's homes and decor was personalised and reflected their personalities, showing their choices and decisions had been respected. Adjustments had been made in people's homes to promote their independence and keep them safe. Staff had been employed following robust recruitment procedures and were trained in the safe storage and administration of medicines. Staff were knowledgeable on what actions to take should they witness any safeguarding concerns or hear any allegations of abuse.

### Right Care:

The service had enough staff to meet people's needs and keep them safe. Staff knew the people they were supporting well, including their health and wellbeing needs. Staff were trained and skilled to offer support and guidance to quickly lessen or minimise people's distress. Staff and visitors had access to protective

personal equipment to limit the risk of infection. Staff knew how to ensure people had the option of eating a healthy diet.

#### Right Culture:

People had the option of carrying out their daily living tasks and leisure activities in their local area. When people had chosen to opt out of certain tasks their decisions had been respected. Staff told us they could raise concerns with managers and feel safe and supported. People were comfortable and relaxed in the company of staff. People and staff had a friendly rapport and people had a positive relationship with the registered manager that included laughs and hugs. The provider carried out regular audits and could evidence lessons were learnt when things went wrong. The management team worked alongside staff and with outside agencies to keep people safe and achieve their goals.

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 08 November 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support - Chorley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Creative Support - Chorley 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection

#### Service and service type

This service provides care and support to people living in 7 '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.

This service also provides outreach support. It provides personal care to two people living in their own flats and family homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 07 November 2022 and ended on 12 November 2022. We visited the location's office and three supported living locations on 07 November 2022.

#### What we did before 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. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We visited three supported living tenancies and met six people. We observed people's interactions with staff and if they were happy and comfortable in their presence. We looked to see if people's homes reflected their personalities, met their physical and sensory needs, was clean and if the culture was caring and empowering.

On the day of the inspection, we spoke with the registered manager, service director and four care staff. On a separate day we spoke with four care staff and four relatives.

We reviewed a range of records. This included five people's support plans, several medication records and three staff recruitment files. We looked at a variety of records relating to the management of the service, including policies and procedures, risk assessments and audits. After the inspection we looked at training data and quality assurance records and continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it, what steps to take, and who to contact to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider worked well with other agencies to do so.
- Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. One staff member said, "We pull together as a team, and I am happy to do that to keep people safe." A relative told us, "I think [relative] is safe because they [staff] are doing everything they should to keep him safe."

Assessing risk, safety monitoring and management

- The provider supported people in positive risk taking. People developed skills and confidence so they could experience the same opportunities and choices others had. Becoming more independent meant people did not always require constant staff support around daily living skills.
- The provider assessed people's needs, compatibility and the risks related to shared living before people moved in together. There was a 'getting to know each other' transitional period where people met their prospective co-tenants. Staffing levels reflected the level of support people required to manage the risks and remain safe.
- Each person had a personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance to evacuate a building or reach a place of safety in the event of an emergency.
- Each person had a hospital passport. This is a document about a person's health needs should they be admitted to hospital and how to support them effectively. Hospital staff may find it difficult to provide good quality care if they do not understand the care and support needs of the person with a learning disability.
- The registered manager had liaised with relevant housing associations to ensure people's homes were adapted to meet their needs and keep them safe.
- The provider managed risks to people's safety. They assessed, managed and regularly reviewed people's identified health risks and strategies to manage their health conditions and emotional distress. Evidence of this could be seen in management team meetings and analysis of incidents.
- People were supported to manage the risks when they made decisions on how to be healthy and safe. The registered manager respected people's decision not to follow best practice and all the potential risks had been shared with the person in a way they understood.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place for the provider to deprive a person of their liberty. When people lacked capacity to make specific decisions we found the service was following the best interests principle. Best Interests is a statutory principle set out in section 4 of the Mental Capacity Act. It states that 'Any act done, or a decision made, under this Act or on behalf of a person who lacks capacity must be done, or made, in his best interests.' One staff member commented, "We've got to let [people they supported] make their own choices. I'm all for promoting independence and skills."

#### Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider ensured appropriate staffing arrangements were in place to meet the assessed needs. Where people needed more than one staff member to support them this was provided. Where staff required additional training to manage people's underlying health conditions, this was provided.
- The provider maintained staffing levels by using their own team of bank staff or regular agency staff to cover vacant posts. The term bank staff refers to carers who are not contracted who can be contacted by the provider when the need arises.
- Staff induction processes including those for agency staff, promoted safety and a continuity of support. Staff knew how to take into account people's individual needs and wishes. We observed positive interactions between people and staff.

#### Using medicines safely

- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store their medicines safely.
- Staff were trained in medicines administration and their competency assessed before they supported people. If errors were made, robust systems were in place to retrain and reassess staff competencies.
- Medicines administration records were audited regularly, to ensure any errors were addressed and to check people received their medicines as prescribed. People confirmed they received their medicines as prescribed.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff practice reflected the government guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections. The provider had taken the decision to carry on weekly staff testing for COVID-19.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was supporting visits for people living in the home in accordance with the current guidance. We spoke with one relative who confirmed they were able to visit and felt safe doing so. They commented, "There are plenty of masks and they are always by the front door."

Learning lessons when things go wrong

- Incidents were reviewed by the management team, so that action could be taken to minimise reoccurrence. This led to one person using a walking aid to lessen the risk of future falls.
- Staff had received training to develop strategies to improve people's quality of life. This involved learning lessons from people's behaviour and adapting the support they required so staff could respond in the least restrictive way.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked directly with people and led by example. We witnessed people seek out the registered manager for a chat or for a hug. One staff member told us, "There is always someone at hand and available if we need advice." A second staff member said, "The right people are in charge, they have caring natures. They treat people like your own family." One relative commented, "I would go to [registered manager] if I had a problem. She knows [family member] and she knows us and is prompt to get back to us."
- People were registered with local health services and had access to the full range of community health services.
- The provider offered emotional and financial support to people and staff during the pandemic.
- The provider presented staff with awards, vouchers and financial rewards in recognition of their positive outcomes and training achievements.

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 management team understood their responsibilities to keep us informed of events which may affect people. They co-operated in investigations when (unsubstantiated) concerns had been shared, providing comprehensive information to support the investigation process.
- Duty of candour was understood by the management team. It was clear if any complaints were made, they would be listened to, and their concerns and worries would be investigated.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. One staff member told us they could raise concerns with the management team, "[Deputy manager] is absolutely amazing, as is [registered manager]. You can speak with them at any time."
- The provider and registered manager supported people to live in their own homes with their own tenancy agreements. People's personal and private areas of their homes reflected their likes, personalities and choices.
- Staff knew and understood the provider's vision and values for enabling people to enjoy fulfilling lives. People we met were excited about an upcoming party at the pub or plans to cook a meal for a friend or to keep to their own routine and go and pay their rent.

- Governance processes were effective and helped keep people safe, protect people's rights and provide good quality care and support. These included supporting people to manage their budgets, risk, personal health and health and safety. Incidents, accidents, safeguardings, complaints and compliments were analysed by the management team.

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

- Staff encouraged people to be involved in the development of their service. We observed people making decisions and these decisions being respected and supported by their staff members. One staff member told us, "I made a suggestion recently [to a member of management] about a holiday and it's now being arranged."
- The provider sought feedback from people and used this to develop the service. During the pandemic, the registered manager organised virtual coffee mornings for people and their relatives. The registered manager sent attendees a breakfast hamper to their homes on the morning of the meeting. The registered manager said this was so everyone could have a shared experience of, "tucking into the food together during the meeting."
- People had been supported to return to activities within their local community including day centres, the health club, music sessions and volunteering jobs. Support and reassurance was ongoing for people who had been reluctant to go out independently since restrictions had eased.
- Meetings took place where staff could discuss their views, share feedback and receive updates on the service, policies and procedures.

#### Continuous learning and improving care

- The provider and registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible. We observed the registered manager had sent people cards to share their, 'what I want to achieve outcomes'. The registered manager told us, "Once we find out people's hopes and dreams, we can find out how we deliver their dreams and which staff member they want to support them."

#### Working in partnership with others

- Records and discussion demonstrated people received the support they needed from a variety of health and social care professionals. These included social workers, GP's and community nurses. One relative told us, "If there are any problems, they get the doctor out straight away."