

Creative Support Limited

Creative Support - Lanchester Court

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

About the service

Creative Support Lanchester Court is a supported living service offering care and support to people with a learning disability, autism and mental health needs. Lanchester Court has 17 individual dwellings. At the time of our visit, 14 people lived in their own property and they received support from staff. Not everyone who used the service received a regulated activity of personal care. The Care Quality Commission (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.

For this inspection, only one person received a regulated activity. This report and our judgements are based on the one person who received support with personal care and their wider social support and engagement.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

There was a positive, open and inclusive culture that put people at the heart of the service. The management team provided strong and clear leadership and led by example. There was a strong focus on continuous improvement and ensuring best practice, such as learning from previous CQC inspections at the provider's other locations.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The person receiving a regulated activity, received a service that was exceptionally personalised that supported them to make choices and develop their independence. We saw the person had been supported to move into their own home and enjoy a meaningful and fulfilled lifestyle, with community involvement and support to develop and foster new relationships. One person staff supported told us about their goals and wishes for the future and the support that was put in place to help them achieve them this.

Staff went the extra mile to ensure the person's communication needs were met. Time was spent with the person to enable staff to fully understand their needs and staff had time to work with them to find solutions. Alternative communication methods were used such as assistive technologies or pictorial forms, all of which were tailored to the person's individual needs, choices and preference.

The use of assistive technologies and specialist equipment helped the person to live an independent life as possible and put them in control of what happened next. For example, for one person, the provider installed a video doorbell and electronic door openings. These adaptations put the person in control of who they wanted in their home without causing them any distress and which helped them feel safe in their own home.

One person who received support said staff were kind and caring towards them and always willing to do what was needed and expected of them.

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.

The provider made sure people were cared for by staff who attended training relevant to their roles, but who also received bespoke training to help them care for people with specific health conditions and mental health. Assessments were completed before care was provided. This helped to ensure staff had the relevant skills and knowledge to meet a person's needs before a care package commenced.

People were safe because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice. Systems to learn lessons when things went wrong helped to drive improvements and the registered manager notified us and the relevant bodies at the right times.

For the person receiving a regulated activity, their plans of care were detailed for staff to provide safe care. Staff's knowledge of how to support the person was consistent with their care records and what we had been told. Staff said there was limited or no reliance on agency staff, which meant the staff team worked well together because they knew people really well and their preferred and individual routines. Staff told us team morale was high. One staff member said, "We all work here because we want to."

Risks related to one person's care were recorded and reviewed. There were instructions for staff to follow to manage those identified risks and when risks increased, further support and medical intervention was sought. In the examples we saw, intervention by occupational therapist and specialist services had been sought to help keep people safe, but to also increase their independence.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19. Regular cleaning took place in communal areas and everyone living at the service were encouraged to keep their own homes clean. Regular checks ensured the premises and people's home remained safe.

Regular audits and quality checks were completed to help drive standards within the home. The person and staff were complimentary of the management team who they said was effective, approachable, listened and acted when necessary.

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

This service was registered with us on 3 April 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 - Lanchester Court

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 was carried out by one inspector who visited Creative Support Lanchester Court on 7 December 2021.

Service and service type

Creative Support Lancaster Court provides a supported living service to people who occupy their own home and tenancy. CQC regulates the personal care provided.

The service had a registered manager. This means the registered manager 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 short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us from their annual Provider Information Return. 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 also reviewed the information we held, such as people and relatives' feedback and statutory

notifications, as well as information shared with us by the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with one person who received a service to get their experiences about the quality of service. In the report, we refer to them as person or people and our judgements are based on their experience. We spoke with two members of care staff. We also spoke with the registered manager and area manager.

We reviewed a range of records. This included one person's care records and samples of medication records and daily records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, complaints, compliments and systems to manage care call timings.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of causing unnecessary risk or injury. Individual plans of care recorded risk control measures for staff to follow to keep people safe.
- People who required staff to help them transfer, told us they felt safe when staff helped them with transfers, and they felt included and involved. One person said, "I talk with them and tell them what to do." Staff said they were experienced at transfers, but always sought the person's involvement.
- Risks associated with certain health conditions such as increased frequency of falling, risks related to skin breakdown and risks related to certain medical conditions were provided to staff in the form of information sheets. Information about specific risks was recorded and staff said, the records explained what was required to keep a person safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care, mainly because they knew staff and had confidence in their ability.
- The registered manager and staff said they had the same staff team support people which helped increase confidence and knowledge when supporting people.
- Staff told us they had received training in how to keep people safe and told us how they would report safeguarding concerns. One staff member said, "I would be confident to report and whistle blow. You can't treat them [people] in a way that would be harmful to them."

Preventing and controlling infection

- People were supported by staff who followed safe infection control practices.
- No issues in our planning were raised concerning staff not wearing the correct personal protective equipment (PPE).
- Staff told us they had a plentiful supply of PPE and they disposed of used PPE safely. Staff followed their training as well as updates in government guidance which helped keep them and those they supported, safe.
- Staff continued to be part of the COVID-19 weekly testing programme and staff were vaccinated to help keep them and others protected.

Staffing and recruitment

- Recruitment checks were robust. All security checks were completed to ensure staff were safe to work with people and of suitable character.
- Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure Barring Service (DBS).

- The registered manager told us, "All staff have been vaccinated." This is a condition of employment and they said this formed part of their recruitment processes.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and through individual staff supervisions. We saw evidence from that analysis, increased support from other external health professionals helped support positive outcomes for people.

Using medicines safely

- One person self-administered their tablet medicines but needed staff to apply a prescribed cream. Clear instructions informed staff how to apply the cream safely and where it was needed.
- Where staff did support people, records confirmed what medicine was provided and when.
- Regular checks of medicine administration records and checks of staff's competency and observed practice, ensured medicines were administered safely.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. 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 had the appropriate legal authority from the Court of Protection.

- The person who received a regulated activity, had their own home and were not restricted in how they lived their life.
- This person felt involved in how their care was delivered and was able to make day to day choices in what they did and when. Care plans encouraged the person to make as many decisions as they could during the hours they were supported.
- Staff understood the importance of consent. All staff spoken with said they assumed the person had capacity to make their own decisions.

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

- We saw evidence staff and the registered manager had engaged promptly with other health agencies. For example, the registered manager told us they supported people if required, to access health support such as occupational therapists, GP's and district nurses if people needed additional healthcare intervention.
- Where people required additional support or equipment, those agencies and specialist services were involved. Any advice or guidance was followed and understood by staff.

Staff support: induction, training, skills and experience

- Staff told us they received the support, training and supervision to carry out their roles safely and effectively.
- Staff were very complimentary about the training opportunities. Both staff told us when they had training for specific topics such as administering medicines and moving and handling, they were assessed as competent to ensure the person they supported, remained safe and that they put their learning into safe practice.
- The registered manager told us they supported staff with bespoke training which included additional

training that was tailored to specific health related conditions or topics.

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

- Staff helped provide a person's meals if they wanted this and they encouraged them to make daily choices about what they wanted to eat.
- Staff encouraged the person to eat a health and varied diet. Sometimes, this formed part of a person's achievements and goals to understand the benefits of a healthy diet.
- Staff said one person refused to cook meals and wanted staff to do it for them. Staff spent time encouraging and supporting the person to be involved in meal preparation. Staff said over a short time, the person now prepares their own meals.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a strong commitment to the development of positive and caring relationships, and this was evident in how staff communicated with people. This was evident in how staff spoke about the person and how they wanted to help them. It reflected the registered managers values and was embedded in staff practice.
- From speaking with the person, it was clear they had built 'professional' relationships and trusted the staff team who supported them. They were involved in how they support package was managed so they got the best out of the hours provided, to maximise positive experiences.
- One staff member told us about a comment one person said that made them feel emotional, knowing how far this person had improved in confidence. The staff member said, "One day- [person] said I am going to my friend's house." The staff member explained for this person to say friend, they found it really touching.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they respected people's privacy – they always knocked on doors and closed curtains, blinds and doors to retain privacy. Staff covered the person up as much as possible to maintain the persons dignity.
- Staff prompted the person to do things for themselves – for example encouraging them to wash themselves which promoted independence and protected a person's dignity.
- Staff worked with the person to have goals and targets that focussed on independence and improving and encouraging specific life skills.
- Throughout the COVID-19 pandemic, staff kept updated and followed the same national restrictions as other members of the public, including following each step in the government's roadmap around social contact.

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

- For the person staff supported, their equality needs were respected. Important information was used to personalise the person's individual plans.
- The registered manager told us, and we saw, easy read material was used to help support the person to share and talk about making important relationships, understanding each other's sexuality and helping them by respecting their individual choices.
- Staff recognised and understood the importance of letting the person be the person they wanted to be and how they wanted to live their life.
- Themed day celebrations included celebrating different countries and cultures. Quizzes and foods were linked with those events, to help people remember or to increase awareness.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- One person had individual, personalised care plans that reflected their current needs including the actions staff should take to support the person to meet their intended outcomes and goals.
- Important activities enriched people's lives. A person was supported to take positive risks to focus on personal targets and achievements. These were used as a learning and developmental opportunity and as an enabler, rather than to be restrictive.
- For example, one person enjoyed swimming which helped them keep some movement promoted by physical exercise. Staff looked at ways this could be achieved safely, as well as ensuring the person travelled to the swimming baths as safely as possible, because of their current health condition. Photos showed the person enjoyed swimming. Staff swam with the person to make it feel an all-inclusive experience.
- The registered manager said the ethos was to match the right care staff member with the person. This 'matching' included shared interests, hobbies and outlook on life. Keyworkers had responsibility to review and keep important information up to date and act as a focal point for that person. The person had input into who was their keyworker. One person told us they got on well with all staff who supported them.
- Staff members were fully aware of people's abilities and goals and were sensitive to any changes in behaviour or motivation. When staff identified a change in people's motivations or capabilities, they supported them to identify what changes they wished to make whilst being aware people had the right to change their minds.
- In one example, through conversations with the person, staff continually talked about the person's wishes to increase their mobility, to go out more on their own. The registered manager said, "This person thrives off their independence." Staff planned discussions and meetings with this person to understand how they could help. By promoting the advantages and positive impact this would have on the person, and working tirelessly with other health care agencies, the person agreed to, and will soon take delivery of a new electric wheelchair. Staff said this would give [person] their independence back. We spoke with the person about this and they couldn't wait to be able to go out, on their own, once assessed safe to do so. We could see from their reaction, what this meant to them.
- At times, the person staff supported, spent time in their bed due to their health. To give the person responsibility and privacy of who entered their own home, the provider arranged for a video door bell and electronic remote door opening. The person said they loved this as they could choose who came into their home. This innovative approach, gave the person more independence and increased control to live as normal life as possible.
- The registered manager told us about 'not giving up' and fighting for the person to get equipment or support that would enrich their life.
- Staff and management's approach was a can do attitude and it was evident, they wanted the best for

those people they supported. It was clear and staff said, they worked at Lanchester Court because they wanted to.

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.

- Promoting people's independence through enhanced communication was central to the service provided.
- For the person staff supported, their communication needs were thoroughly assessed and considered as part of their assessment. Care plans fully described the level of support required and staff followed those plans.
- Staff were excellent at exploring different ways to communicate with the person so they could express their needs and preferences effectively. For example, one person had limited communication, yet staff had learnt and understood how that person expressed themselves. As a result, staff explored the persons' wishes to help them with their personal and emotional support.
- Staff understood changes in moods, behaviours and what this could mean. This prompted discussions and seeking any additional support swiftly. This forms part of everyday communication with that individual to ensure their wellbeing is maintained. Staff said this approach puts the person at the heart of the service.
- As the person's confidence grew and through conversations and knowing that person, staff found using some pictures was not productive. Through innovative working, staff helped the person use their mobile phone pictures/emoji's or gestures as a modern way to communicate. Staff said the person found this was a more adult approach to engagement using different technologies.
- Every aspect of the person's care plan, health conditions, activity programme and aspects of the service, were provided to them in a personalised and sensitive way, always being reviewed.

Improving care quality in response to complaints or concerns

- The person receiving the regulated activity, told us they were pleased with the service and had not raised a complaint. There was a process for people and relatives to follow should it be required.
- The area manager said any complaints that would be received, would be responded to and any concerns or themes would be analysed to prevent a similar complaint from reoccurring.
- We saw staff had received many compliments from people living at the service and from healthcare professionals. The compliments were from people living at Lanchester Court, but they did not receive a regulated activity. One compliment was from a local authority who commissioned services.

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.

This is the first inspection for this newly registered service. This key question has been rated 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, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The shared vision of a highly successful and inclusive service was driven by strong leadership.
- People receiving a regulated activity and a health professional's comment showed the service provided was to an exceptionally high standard which achieved positive outcomes focussed on people's individual needs.
- The leadership, management and governance of the organisation was well embedded and assured the delivery of high-quality, person-centred care. The provider's values included being inclusive and supportive.
- We found a strong commitment to promoting independence and inclusion and the culture of the service encouraged learning and innovation which we have highlighted in this report.
- The service was continually being developed and designed in line with the principles and values that underpin right support, right care, right culture and other best practice guidance. Staff we spoke with had listened to people and worked with them to shape the care and outcomes they needed to enhance their lives, but balancing this with support and the promotion of independence.
- For one person, we found this approach achieved positive and significant outcomes for them which improved the person's quality of life and developed their individual aspirations.
- Staff told us people were treated by everyone as unique with their own interests and pursuits. Staff had passion and an ethos of care that put people at the heart of the service. Staff were enthusiastic and energised by their work. Every staff member we spoke with were driven by people having choice and control over their own lives. Staff promoted people's successes no matter how small, which in turn led to people having increased confidence.
- Staff praised the provider, registered manager and area manager for positive high-quality leadership and support.
- The registered manager spoke about initiatives such as, the employee of the month to support and value staff's achievements. This was awarded based on recommendations from people who used the service and fellow colleagues. This showed everyone's input was valued, respected and rewarded.
- Investment in providing bespoke training material helped staff better support people's needs. One staff member said it helped them to get to understand certain health conditions.
- Staff told us the service was managed well and they felt valued. One staff member told us, "Creative Support is a good employer – I feel really supported and happy. I love it." They also said team morale was, "brilliant".

- Another staff member said, "I feel lucky to work here, we get more responsibility." This was linked with staff being keyworkers and champions for aspects of the service. This included safeguarding, care plans and audits. This staff member also said, "Everyone develops each other. We have diverse skills and interests which is beneficial for the people using services."
- The registered manager had an open-door policy. Staff said the registered manager and provider were approachable and listened.
- The registered manager said they were proud of their staff team, especially how they all worked through the COVID-19 pandemic to keep people safe. The registered manager said, "We have added value – we go above and beyond."

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

- During our inspection, we met with the registered manager and area manager. The registered manager had been registered manager since September 2021. The area manager was the previous registered manager, so we were told the transition and handover was effective, with oversight still being maintained through the quality assurance hierarchy.
- The registered manager worked effectively with the provider's area manager to maintain shared oversight of any quality performance issues and risks at the service.
- The registered manager said they were confident they had the resources and personal support they needed from the provider, to manage the service effectively and drive improvements in people's care.
- Staff were clear what was expected of them at work and spoke with enthusiasm about people's care and support.
- Staff were complimentary of the registered manager and how they team worked well to support the people, and each other.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place, based upon an established audit schedule, designed to enable them to monitor and drive improvement in the safety and quality of people's care.
- These included monthly audits on people's care plans, risk management, promoting goals and target-based outcomes and the management of medicines.
- Systems and procedures shared information on risks across the staff team, including the daily shift handovers and staff meetings. The registered manager believed this promoted consistency in communication in relation to driving through improvements and learning.
- The registered manager and area manager were open and transparent and engaged positively during the inspection. They were both aware and confident of what they did well, as well as how they wanted to continue to drive improvements. This was especially important when more people received a regulated activity. The registered manager was confident the systems and processes in place now, would work well when increased care packages would be provided.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of caring extended to supporting people in local communities and local activities. The registered manager and provider shared examples of how staff supported the local community. The provider said this helped get to know the communities for the people they supported. Also, the provider said it helped get to know the health partners within the community.
- Improved links for better partnership working were becoming established. Links were made with occupational therapists, specialist wheelchair services, multiple sclerosis society amongst others. These

important links helped support those people they cared for.

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

- People's views and feedback was sought through planned and regular reviews, meetings and surveys.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.
- Where reportable incidents were shared with us, investigations and actions had taken place to ensure similar incidents did not happen again.