

Creative Support Limited

# Creative Support - Manchester Extra Care Services

## Inspection report

Hibiscus Court  
16 Sedgeborough Road  
Manchester  
Lancashire  
M16 7HU

Tel: 01612265223  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

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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 – Manchester Extra Care Services provides personal care to some people who live in their own flats within an extra care housing scheme. The service is provided from two premises, Hibiscus Court and Shore Green. Shore Green is specifically designed to provide care to people living with dementia or memory problems. At the time of this inspection 20 people received personal care.

People's experience of using this service:

People told us they felt safe and staff were able to recognise and knew how to report signs of possible abuse. Risk was safely managed with personalised assessments and detailed guidance for staff to follow.

Staffing levels were sufficient to ensure people's needs were met promptly. Staff were caring and kind in their approach, and clearly knew people well.

People felt staff had the knowledge and skills to support them well. Staff were happy with the induction they received when they joined the service. They completed the provider's required training, which was updated regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Privacy and dignity were promoted and respected at all times.

People were happy with how the service was being managed. We found evidence the service was providing people with person centred, high quality care. Staff liked working at the service and told us they felt well supported by the registered manager and team leader. The service sought regular feedback from people about the care provided. People expressed a high level of satisfaction with the support they received.

The service completed regular checks of many aspects of the service, including medicines, concerns, accidents and care documentation. The checks completed were effective in ensuring the service maintained appropriate levels of quality and safety.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

At the last inspection the service was rated as good (29 November 2016).

Why we inspected:

This was a planned inspection based on the previous rating. The service remains good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 - Manchester Extra Care Services

## **Detailed findings**

## Background to this inspection

The 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.

Inspection team:

One inspector carried out the inspection.

Service and service type:

Creative Support – Manchester Extra Care Services provides personal care to some people who live in their own flats within an extra care housing scheme. Extra care housing is purpose-built or adapted accommodation in a shared site or building. People's housing was provided by a separate provider under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. The service is provided from two premises, Hibiscus Court and Shore Green. Shore Green is specifically designed to provide care to people living with dementia or memory problems.

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:

The inspection was announced. We gave the provider a few days' notice about the inspection site visit. This was because we needed to plan with the provider to speak with people who use the service.

## What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning teams. No concerns were raised about Creative Support – Manchester Extra Care Services.

During the inspection, we visited two premises where the regulated service was being delivered, Shore Green and Hibiscus Court. We reviewed two people's care records, two staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

We spoke with the locality manager, registered manager, team leader and seven care staff. We spoke with six people and one person's relative. This included three home visits to people who received a service from Creative Support – Manchester Extra Care Services at Hibiscus Court.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- We found medicines continued to be well-managed. Medicines were ordered in a timely way, stored safely and people received them as prescribed. Staff were trained in medicines management and had regular checks of their competency.
- Medication Administration Records (MAR) were clear and well completed. Spot checks were completed on staff administering medication.
- Arrangements were in place to ensure people took their medicines when they participated in community events.

Staffing levels and recruitment:

- Planned staffing levels had routinely been achieved and people told us, "The staff are great, I can rely on them" and "No issues with the staff, always on hand if I need them."
- During our inspection staff responded promptly to people's request for additional support and worked as a team to ensure support was provided quickly when requested.
- Support to people was provided by a small and well-established team. This meant people received consistent support which fostered trusting relationships. Staff told they had enough time to meet people's needs. Their comments included, "I feel we have the right amount of time with people, I don't feel rushed" and "We work very well as a team and we always go that extra mile for people."
- People said they felt safe, confident and happy when being supported by staff. One person said, "I would prefer to have regular staff, but those who visit are all really nice and I feel safe with them."
- Staff were recruited safely. Appropriate checks were carried out to protect people from the employment of unsuitable staff.

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

- Systems were in place to identify and reduce the risks to people who used the service. People's care plans included risk assessments. These provided staff with a clear description of any risks and guidance on the support people needed. Staff promoted people's independence and freedom but were aware of the need to minimise the risks.
- Risk assessments covered medication, manual handling and the environment.
- Accidents and incidents were recorded and responded to appropriately. The registered manager had oversight of these and monitored them for any trends or patterns. They recorded where lessons were learnt.

Systems and processes to safeguard people from the risk of abuse:

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

#### Preventing and controlling infection:

- Staff completed training in infection control.
- Staff confirmed they had access to aprons and gloves when supporting people with personal care or preparing food. Information about infection prevention was included in people's care plans.
- We observed staff supporting people wearing the appropriate protective equipment.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

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. 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 and were being met.

- We found the service was working within the principles of the MCA. The registered manager had a good understanding of mental capacity, and staff had been trained in the MCA and Deprivation of Liberty in a Domestic Setting (DIDs). Where the person had a lasting power of attorney (LPA) in place copies of the legal documentation were held on their care file. Details of the LPA and their contact details were available for staff.
- People were encouraged to have as much choice and control over their lives as they were able. We observed staff offering people choice about everyday decisions and discussing the options available to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed when they first started to use the service and continued to be updated as people's needs changed.
- People's care plans described the support required for each call and reflected their personal choices and preferred routines.

Staff support: induction, training, skills and experience:

- Staff told us they received sufficient training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- Staff training was provided in a mixture of e-learning and face to face training. Additional service specific training was provided such as dementia, catheter care, mental health and diabetes awareness. This meant staff were up to date with the current guidance and best practice to help them support people well. One staff member told us, "Creative Support has always made sure training is available to all staff, I can't fault it." This staff member went on to explain how additional training and support were given to staff when they

needed it to help them do their job well.

- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. Appropriate action was taken when training was not completed to make sure all staff received their training when they needed it.
- Staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.

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

- People were able to make choices about their food and drink. People were supported to shop for groceries and be involved in food planning and preparation.
- We observed people making their own lunch or hot drinks and people were able to eat meals and snacks at the time that suited them.
- People's likes and dislikes were recorded in their care records along with any special dietary needs and when people required additional support the appropriate healthcare professionals were involved to give advice and support.
- Staff encouraged people to make healthy choices and people spoke to us about their diet, their favourite food and drinks and healthy alternatives.
- We saw that food diaries had been kept for people when there were concerns about weight loss.

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

- People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records contained health care and dental passports which included personal details about people, their healthcare needs and how healthcare professionals can best support them.
- Staff worked with healthcare professionals to make sure people felt as comfortable as possible. This included home visits for certain procedures when people were worried about attending healthcare clinics.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People and relatives told us the same team of staff supported them and they found them friendly and caring.
- One person said, "I am very happy, the girls [care workers] are all lovely caring people."
- A relative commented, "I am getting to know the staff, I have no faults so far."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "As a team we all fully respect people's cultural needs."

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

- People were enabled to make choices about the care they received. People had variable support needs and we saw staff supported them when they needed this. For example, supporting people with food shopping and preparing meals.
- People were supported by a consistent team of staff who they knew well and were supported by regularly. This enabled staff to build relationships with people over time and gain detailed understanding of people's needs and preferences.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information, after getting permission from people.

Respecting and promoting people's privacy, dignity and independence:

- Staff were supportive in helping people to remain as independent as possible. People were offered choice and control in their day to day lives. Where possible people were encouraged to self-administer their own medicines.
- People appeared comfortable and their personal care needs were met. They told us staff demonstrated a friendly approach which showed consideration for their individual needs. One person said, "I am very relaxed here, the staff are great."
- Staff told us how they respected people's privacy and dignity but also encouraged other people living at the service to respect the privacy and dignity of those around them.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's support plans were personalised and included preferences, interests and dislikes. We saw staff giving personalised care in line with the support plans and one member of staff told us, "We have a small team and know people's needs very well."
- Staff regularly reviewed the support plans and people were able to be involved in this process if they so wished. We saw the support plans were written in easy-read format to make them accessible to people. This meant the provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Hibiscus Court and Shore Green provided opportunities for people to participate in meaningful activities and to be active within their local community. Activities were displayed in communal areas such as regular visits from an African-Caribbean church group.
- In one of the premises there were a variety of pets including fish and small caged birds. People were also being encouraged to care for chickens that lived in the communal garden. The registered manager explained these had been purchased as a form of therapy for people.

Improving care quality in response to complaints or concerns:

- Information about how people could raise a complaint or concern was available to them in their care file.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable speaking to the provider or deputy manager about any concerns. People told us, "[Team leader] is always available if I have concerns, but I haven't I am happy."
- Records showed us complaints were addressed, reviewed and followed up appropriately by staff.

End of life care and support:

- There was no one receiving end of life care at the time of our inspection.
- The registered manager confirmed that if staff needed any additional guidance or support in relation to anyone's end of life care needs, this would be provided on an individual basis.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There were quality audits in place to measure the success of the service and to drive improvement. For example, monthly audits were undertaken by team leaders and senior support workers. These were sent to the registered manager and locality manager. This included audits of support plans, risk assessments, health and safety, spot checks and staff training and supervision.
- Staff were very complimentary about the registered manager and the management team and felt they had clear and open lines of communication. One staff member told us, "I enjoy working for Creative Support. The management team have always been very open with us and communication is great."
- The registered manager understood the responsibilities of their registration with us. They had submitted notifications to us as required by law and the rating of the last inspection was on display in various places throughout the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider ensured the service provided people with high-quality, individualised care and was aware of their duty of candour responsibilities. This meant the provider had an open and honest culture at all levels within their organisation and had systems in place for knowing about notifiable safety incidents.
- People felt the service was well managed. Comments included, "They [the service] are spot on. I am very happy with it." and "Nice service and staff."
- We found the service was organised. The registered manager and team leader were knowledgeable about people's needs, risks and preferences.

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

- People and their relatives told us they were happy with the support they received and confirmed their views on the service were sought.
- Meetings were held with people through tenant's meetings and reviews of care.
- Provider questionnaires were sent out annually to cover all aspects of support provided. These were collated and sent to the provider's head office, who then sent a report to the registered manager if there were any areas that required improvement. The service also undertook regular satisfaction surveys at a local

level to seek people's views.

- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Continuous learning and improving care; Working in partnership with others:

- The registered provider continued to have close links with housing providers, who had an on-site presence. In one premises monthly tenant's meetings were organised by the housing association that the service was also a part of.
- The registered manager was part of a panel, including the housing provider and social care staff, which met regularly to discuss new referrals to the service and the on-going needs of existing tenants.