

Creative Support Limited

Creative Support Leeds Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on the 26 January 2016. At the last inspection in June 2015 we found the provider had breached one regulation associated with the Health and Social Care Act 2008.

We found there were not always effective systems in place to respond appropriately to complaints and comments made by people who used the service or people acting on their behalf. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. During our inspection, we found improvements had been made in the required area.

Creative Support provides personal care and support to people living in their own homes in a supported living environment.

At the time of our inspection there was a registered manager in the service. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated they knew people's individual characteristics, likes and dislikes.

Systems were in place to monitor the quality and safety of service provision; however, the provider did not have structured processes in place to enable people who used the service to give regular feedback on the service received. There were enough staff to meet people's needs. However relatives of people who used the service told us they felt at times there were not staff on shift to support the service. This was mainly on weekends when agency staff were used.

We found staff had received training during their induction and also saw evidence of annual refresher training in areas such as dementia care, Mental Capacity Act 2005, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. This meant people living in their home could be assured staff caring for them had up to date skills they required for their role. We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found that this was

consistent with the guidance within the provider's safeguarding policy and procedure.

People participated in a range of activities within the home and also in the community. People were able to choose where they spent their time.

The service responded to complaints and comments made by people who used the service or people acting on their behalf. Relatives of the people felt the new manager listened to them and felt confident any complaints would be dealt with effectively.

Medicines were administered to people by trained staff. People did receive their prescribed medication when they needed it. However, appropriate arrangements were not always in place to check medication on a daily basis.

We looked at four staff files and saw the recruitment process in place ensured staff were suitable and safe to work in the agency. Staff we spoke with told us they received supervision four times a year and had annual appraisals carried out by the registered manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. We saw evidence of weekly and monthly audits which demonstrated these systems were effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who were respectful of their privacy and dignity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

There were skilled and experienced staff in sufficient numbers to meet people's needs.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions; however daily checks were not always carried out by staff.

Is the service effective?

Good ●

The service was effective

Care plans were up to date and gave a good account of people's individual needs.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Staff told us they received good training which enabled them to carry out their role effectively.

Is the service caring?

Good ●

The service was caring

People had detailed, individual support plans in place which described all aspects of their needs.

Staff had developed good relationships with people and there

was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff. Relatives felt they had been supported to be involved in the care of their family member.

Is the service responsive?

Good ●

The service was responsive

People received support as and when they needed it and in line with their support plans.

People and their families told us they felt comfortable raising concerns and complaints.

People had access to activities in the community and their home.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems were in place to monitor the quality and safety of service provision; however, the provider did not have structured systems in place to receive regular feedback from people who used the service or their relatives.

People and their families told us the new registered manager was available but felt that communication could be improved throughout the service.

Creative Support Leeds Service

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 was planned to check 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.

The inspection took place on 26 January 2016 and the visit was announced. The provider was given 48 hours' notice because the location provides a supportive living service and we needed to be sure that someone would be present in the office. This inspection was carried out by two adult social care inspectors.

At the time of our inspection there were 14 people using the service. During our inspection we spoke with two people who used the service, three relatives of people who used the service and four staff included the registered manager and service director. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at three people's support plans. .

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider 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 improvements they plan to make. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.



Our findings

People who used the service told us they felt safe. All the relatives we spoke with told us they felt their family member was safe. Relatives felt there was a good staff team in place; however one relative told us, "Weekends the service is short staffed so they use agency staff. They do their best as staff turnover has been bad." The registered manager told us they had plans in place to recruit more staff at the time of inspection.

We looked at three support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. These included environmental risk assessments in each person's home. The risk assessments gave detailed guidance and were linked to support plans and the activity involved in care or support delivery. The assessments identified any hazards needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. People were supported to take responsible risks with the minimum necessary restrictions. We saw these assessments were reviewed as needed when any changes occurred.

There were systems in place to keep people safe through risk assessment and management. We saw individual risk assessments were completed in support plans. Support staff we spoke with could explain the risks to people who used the service. Risk management plans included health and safety and moving and handling

Staff had an understanding of safeguarding adults, could identify different types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they would report any concerns to the management. Staff said they were confident the registered manager would respond appropriately. Staff told us they received training in safeguarding vulnerable adults and the records we looked at confirmed this. The registered manager maintained a file for safeguarding incidents and investigations which took place. At the time of the inspection there had been no safeguarding incidents.

Staff said they had been trained and felt confident enough to deal with any emergencies regarding ill health. They said they would not hesitate to call an ambulance or other professionals if they thought this was needed.

People who used the service said they were happy with the staff and thought there were enough staff to support them. They told us that staff were aware of their needs and knew how to support them. Relatives we spoke with told us there had been a large turnover of staff. One relative told us, "[name of person] does not have a key worker due to staff changes and I feel this is very important." We spoke to the registered manager

about this who told us they were in the process of recruiting new staff.

We looked at staffing rotas to determine if there was adequate staffing in place to meet the needs of the people. Each of the four houses were separately staffed. We looked at the dependency tool in place for each house which indicated sufficient staff were in place to support people. The service used agency staff to fulfil any gaps especially on weekends due to staff shortages, sickness and annual leave. Staff told us they accommodated the service by working overtime to ensure the service was staffed. One support staff told us, "It can be hard when we are short staffed. We are relying on other staff coming in or on agency. We do try to get the same agency staff to support people so they know their individual needs."

We saw the provider had effective staff recruitment and selection systems in place. There was a clear process which ensured appropriate checks were carried out before newly appointed staff began work. These checks helped the provider to make sure job applicants were suitable to work with vulnerable people. We saw the records included a Disclosure and Barring Service (DBS) check, proof of identity, full employment history, training, qualifications and health status. Staff told us the recruitment process was thorough. They told us they had to complete an application form, supply two references and attend an interview. Our observations of records showed that a robust recruitment process operated within the service.

We saw all medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. However, one person's MAR did not include their PRN. The support staff stated this had already been discussed with the doctor. A support worker demonstrated a good understanding of the protocol. We saw where people had not taken their medicines the reasons were recorded on the MAR sheet; for instance if they were spending the weekend with their parents.

We saw each person's medicines were appropriately stored either in a cabinet within their room or the fridge housed elsewhere. We looked at the storage arrangements for medicines in two people's flats and found everything to be in order. Our review of records and observations of the delivery of support indicated people received their medicines as prescribed. Support staff completed a daily check of medications in people's rooms. However in both people's records we looked at, two of the check sheets showed six consecutive dates where staff had not carried out daily checks. We spoke to the co-ordinator who told us they completed a monthly audit of medication and this would have been picked up at the end of the month. They told us what process they would follow in the event of the medication not been checked. This was consistent with the medication policy we saw. We discussed this with the registered manager who agreed to look at introducing a more robust audit for each person's medication.



Our findings

We saw some people were not able to communicate verbally. Where possible, people gave their consent to all aspects of support being provided by staff. For instance, written consent was given by people before support staff helped with the administration of medicines. Staff asked each person for permission for us to look inside their rooms and to examine the storage of medicines.

Some people living at the home had Autistic Spectrum Disorders (ASD). We saw staff interacting with people with ASD using a structured and thoughtful approach. Staff were helping people to develop social skills and manage stress. Staff communicated in a way which helped people understand what others may be trying to communicate to them. We saw the service used schedules and timetables to give the necessary structure and visual cues to people with ASD. This demonstrated the service was ensuring people with specific and challenging needs were appropriately supported.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff were able to give us an overview of the principles of the MCA and could talk about how they assisted and encouraged people to make choices and decisions. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff we spoke with told us they had completed Mental Capacity Act (MCA) training as part of their induction. Where people lacked capacity, social workers completed assessments with involvement from people, families and the registered manager. At the time of inspection we looked at one person's support plan and found best interests assessment should have been in place for one person. The registered manager and service director had plans in place for further best interest meetings. for the person who used the service and were seeking support from the local authority.

Records showed arrangements were in place which made sure people's health needs were met. We saw people were supported with their health needs and with making visits to health professionals, or receiving visits from them. For example, we saw health professionals were involved in people's care which included GPs, psychiatrists, specialist nurses, case managers, dentists and opticians. People who used the service said they visited a local GP when they were unwell and had regular check-ups with a local dentist.

There was a rolling programme of training available which included moving and handling, safeguarding, emergency first aid, health and safety and infection control. The registered manager told us all training was

provided face to face and also on e-learning (computer based online training). The training records we looked at showed staff were up to date with their required training.

Staff told us they received training which equipped them to carry out their work effectively. They said they received a good induction which prepared them well for their role. One staff member told us, "I shadowed staff and completed my induction training before I supported anyone out in the community."

Staff confirmed they received support from the registered manager and other staff. One support worker told us, "My manager is approachable. I can speak to anyone if I have a concern."

We saw evidence of staff receiving regular formal supervision meetings. Staff we spoke with confirmed they received supervision every six to eight weeks. We saw staff participated in annual appraisal meetings with their managers to discuss their roles and any development needs.

People who used the service said they planned their own menus with the help of staff. People we spoke with told us they were given choices with their food, felt they had enough to eat and were supported to prepare their own meals. We looked at menus for people which showed individual preferences whilst promoting a healthy diet. These included fish and chips, pasta, meat and vegetables. Fresh fruit was readily available.



Our findings

People who used the service said staff were kind and friendly. One relative said, "Good quality of care, very happy. Staff support [name of person] very good. He leads a good quality life." Another relative said, "Current staff are fine. [Name of person] has a keyworker in place to support him."

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as possible. This was observed on the day of inspection.

Our observations showed people who used the service had a good rapport with staff and staff were respectful of people's privacy. Staff demonstrated a good understanding of people's wishes by competent interpretation of gestures or body language. We observed staff supporting people in a positive way. People who used the service said they were involved in decisions about their care and support. Relatives of people who used the service indicated they were actively involved in decisions about their family member's care and support and attended review meetings. One relative told us, "I am always involved in the six monthly reviews of [name of person]." Another relative told us, "The registered manager sends me the reviews so I can look at these and say if I am happy or not or if I want to make any changes."

We observed one person being supported to go out into the community. The person was encouraged to make their own decisions around where they would like to go. The person was assisted with money and supported to put on their coat. The support staff told us they ensured each person had control over their lives and were supported to make choices. We were told all people currently receiving support had close family relationships and did not require independent advocacy. Support plans we looked at confirmed this.

Relatives of people who used the service said they were able to visit their family members without restriction. People who used the service said that they were in regular contact with their families, either through visits to the family home or their family coming to their home.



Our findings

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to provide a service for. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. We looked at how people who used the service, their families and other professionals had been involved in the assessment and support plan development.

We looked in detail at the support plans for three people. These included one page profiles and likes and dislikes. Staff were aware of the support plans and could describe the care needs provided for the people who they supported. The support plans included how to communicate with people and their individual needs. Daily records showed people's needs were being met according to their assessed needs.

We found people were attending their preferred activities in accordance with their support plan. People we spoke with told us they enjoyed going out on activities. One person told us, "I go to play golf at the driving range and always win." Another person said; "I go to work three days a week, I like to watch the rugby and play darts at home. I do what I want to do, which I like." We observed on the day of inspection people had their own individual activity chart in place with various activities throughout the day and night. Some of these included gym, train, museum, lunch out, drawing and swimming.

Relatives of people who used the service were generally happy with the range of activities available to their family members. One relative told us, "They [name of staff] stick to her routines and she attends all her activities." Another relative told us, "[name of person] is very active he does a lot of activities." Staff told us people were encouraged to go out on different activities to try different experiences.

People were encouraged to maintain contact with their friends and family. We saw in two people's activity plans where comments such as; 'back from parents' or 'ring parents' were recorded. One of the relatives we spoke with told us, "We used to receive weekly emails, but we haven't received any since November 2015." We made the registered manager aware of this after the inspection. The registered manager told us they would ensure this was put back in place. We observed relatives visiting their family throughout the day of the inspection. Relatives told us they felt able to visit their relatives at any time and there were no restrictions on this.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We saw the complaints procedure had been produced in

several formats which included easy words, symbols, photographs and a CD. The complaints policy was reviewed and up to date. People who used the service said they would tell a member of staff or their family if they were not happy about something.

We looked at the records of complaints and concerns since the last inspection. We saw documented evidence of all complaints having been reviewed and responded to in writing. Records we looked at showed the summary of the complaint, action taken and responses back from the people who made the complaint. The registered manager looked at lessons learned from the complaints in staff meetings to try and prevent any re-occurrence of any issues.

Relatives we spoke with were aware of how to complain and who to speak to regarding any concerns. One relative told us, "I know how to complain and would feel happy doing so." Another relative told us, "I have raised an issue with the registered manager and this has improved." All the relatives we spoke with said they felt any complaints or concerns were dealt with appropriately or were in the process of being dealt with by the registered manager.



Our findings

At the time of our inspection the service had a registered manager in place. Relatives of the people who used the service who we spoke with thought the service had made improvements since the new manager had been in place, but felt communication could be improved between staff, registered manger and the relatives. One relative said, "Communication is poor." Another relative told us; "The registered manager does her best to deal with everything. [Name of registered manager] is fantastic."

All the relatives we spoke with told us they felt the staff were a good team. Relatives we spoke with were concerned about staff turnover as staff did not stay for long. One relative told us, "The good ones always leave; I want a stable staff team for [name of person]." Another relative told us, "Current staff are fine. They were inexperienced to start with and the staff turnover was high." The registered manager was in the process of recruiting staff at the time of inspection.

We saw staff meetings and senior staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We looked at the minutes of these meetings and saw topics covered included; safeguarding, medication errors, complaints and training. We also saw staff were given feedback on audits and any errors or incidents which had occurred in the service to try and prevent any re-occurrence of them. The staff meetings were separated across the four houses, and where staff could not attend another date was put in place to ensure all staff had access to the same information.

There did not appear to be any structured way to gain feedback from the people who use the service or their relatives. One relative told us, I have not attended any meetings around feedback on the service but I think it is a good idea." Another relative told us, "We would be able to know better what was happening in the service and could raise any concerns if we had any at the meetings." We spoke to the registered manager on the day of inspection. The registered manager said that they were looking at ways to do this at the last inspection. However there had being a change in management. We were told this would be followed up by the new registered manager and put in place.

Staff spoke positively about the registered manager and said they found them approachable. Comments included; "Get on fine with [name of registered manager] can speak to her about anything." "I really adore my job; get on well with the registered manager."

The registered manager had an effective system of audits in place which covered support plans and reviews, training, supervisions, accidents and incidents and complaints or compliments. The registered manager

looked for any trends. There was none identified at the time of inspection. We saw results of audits were taken for discussion at staff meetings and discussed on an individual basis with staff during their supervision meetings.

The provider had notified CQC about significant events which had occurred in the service and kept a log of these to ensure appropriate action was taken.