

Creative Support Limited

Creative Support - Kendal

Inspection report

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21 November 2018

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place between 13 and 21 November 2018. The inspection was announced. We contacted the service on 12 November 2018 to give notice of our visit on 13 November 2018 because this is a small service and we needed to ensure someone would be available to speak with us.

This was the first inspection of the service since it was registered in November 2017.

This service provides care and support to people living in two 'supported living' settings including a house with multiple occupation, so that they can live in their own home as independently as possible. Houses in multiple occupation are properties where at least three people in more than one household share communal areas. There are also facilities for staff to sleep in at night.

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. It provides a service to adults who have a learning disability or autistic spectrum disorder. There were 4 people receiving regulated activity at the time we carried out our inspection.

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

There was a registered manager responsible for the day-to-day management of 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.

We found that the auditing and quality monitoring systems that were in place that allowed the service to demonstrate it was safe and well managed had not been consistently monitored. The registered manager had been absent for a period and the arrangements for the oversight of the service by the registered provider had only recently identified this.

There were sufficient numbers of suitable staff to meet people's needs. Induction training was comprehensive and training was on going. Staff were supported by the registered manager and senior staff through regular staff meetings, supervision and appraisals.

When employing fit and proper persons the recruitment procedures had included all the required checks of suitability.

Hazards to people's safety had been identified and appropriately managed.

People's dignity and privacy were actively promoted by the staff supporting them.

People received care from a team of staff who they knew well and treated them with respect.

Relatives we spoke with made very positive comments about the service provided and the staff who supported them and told us they would recommend the service to others.

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.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

Further information is in the detailed findings below

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.

Medicines were managed safely and people received the right level of support with them.

People were protected because the staff knew how to identify abuse and were confident to report any concerns.

There were enough staff to support people and to ensure their safety.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure they had the skills and knowledge to provide the specific care that people needed.

Staff were knowledgeable about the Mental Capacity Act 2005. People's rights were protected.

People received the support they needed to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

The staff treated people with kindness and gave people the level of support they needed.

The staff supported people to maintain their independence and protected their privacy and dignity.

All the relatives we spoke with said staff were kind, considerate and caring.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was planned and delivered to meet their individual and complex needs.

People were provided with activities that they enjoyed and that took account of their interests.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

The service was not always well-led.

The registered provider's monitoring systems for the quality of the service had not been consistently completed.

The focus of the service was to promote people's independence and to protect their rights.

Three out of the four relatives we spoke were happy with how the service was managed.

Requires Improvement 

Creative Support - Kendal

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.

This inspection took place between 13 and 21 November 2018. The inspection was announced. We contacted the service on 12 November 2018 to give notice of our visit on 13 November 2018 because this is a small service and we needed to ensure someone would be available to speak with us.

Inspection visit activity included speaking to relatives of those who used the service and to the staff employed. We visited the office location on 13 and 21 November 2018 to speak with the management team and to review care records, staff records and records relating to the management of the service. With permission we also visited one of the supported living houses and briefly met three of the people living there.

The inspection was carried out by one Adult Social Care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service.

Most of the people who received the service could not easily share their views with us. During the inspection we spoke with four relatives, four support workers, a registered manager from another of the providers services and the service director. We briefly observed how staff interacted with people and looked at the care records for all the people receiving services. We also looked at records that related to how the service was managed.

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 reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local health and social care commissioners to obtain their views of the service.

Is the service safe?

Our findings

Most of the people who used this service were not able to tell us their views about their care. When we saw people in their own home they appeared relaxed and engaged well with the staff who were supporting them.

All the relatives of the people who used the service that we spoke with said they felt their relatives were kept safe and protected by the support workers who helped them. One person told us, "Very much so, they complete regular risk assessments about [relative]." Another relative said, "I do think they look after him safely."

The staff we spoke with said they were confident people were safe receiving support from the service. They knew how to identify and report abuse and said they would be confident reporting any concerns to the registered or care manager.

Risks to people's safety had been identified and managed. People's care records gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting. The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm. One staff member told us, "I have had safeguarding training a number of times." Another said, "If I thought someone was being abusive I would report them to my senior."

Rotas we saw showed there were enough care workers to flexibly cover the services they provided. However, comments we received from relatives indicated that there had been times where they did not consider the staffing levels to be sufficient. One relative told us, "There is not always enough staff, they have no reserve." Another said, "There are quite a lot of times the staffing complement has been less than it should have been." We discussed the feedback with the service director and saw records to show that recent recruitment had taken place and that where any shortages had occurred the provider had covered the rota with bank staff or staff employed elsewhere in the company.

Staff we spoke with told us, "I think there is sufficient staff. There have been some issues with sickness and holidays recently." Another staff member said, "There are adequate staff but I would not mind some more. We do have a team of relief staff." Staff also told us that if extra support was required they could request it. Staff also confirmed they knew the people they supported extremely well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at five personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can decide about employing or not employing the individual.

Staff had completed training in safe handling of medicines. We saw there were records for the management of people's medications including the application of prescribed creams. Competency checks were completed on staff handling medicines in people's homes to check they were administering the medicines safely and were competent to support people as they needed.

Is the service effective?

Our findings

The staff told us they had completed a range of training to give them the skills to provide people's care. This was confirmed by the records we looked at. We saw new employees completed an intensive induction training programme before working with people. New staff also worked with a more experienced staff member to gain practical experience and to give them confidence to work with the specific needs of people. One staff member told us, "We can also request new training if we feel it is relevant." Another told us, "I have just completed expressive behaviours training." Three out of the four relatives we spoke with said they felt staff were adequately skilled and knowledgeable.

We saw staff attended regular meetings and could contact the registered or other managers to discuss any issues they might have. We saw there was an on-call system to provide support to staff when working out of office hours if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised. On staff member said, "I have supervision every six weeks. We have a standard agenda but I can raise whatever I want." Another said, "I have had one a few weeks ago but if I feel I need one I can ask." A social care professional told us, "I have always found the staff to be competent, caring, knowledgeable, experienced, committed and person centred."

Some people who used the service were also supported by specialist health care services. We saw that people's care records included guidance from the specialist services who supported them. This helped to ensure their support was planned and provided to meet their needs. One relative told us, "As far as we know they have called us when [relative] has not been well. They [staff] keep a pretty good eye on his health. The registered manager has been instrumental in getting any medical conditions sorted as seamlessly and as effective as possible." Another relative said, "They have had to call a doctor and send [relative] to hospital. Then they [staff] rang me to keep me informed as to what has happened."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

People who used the service required support to prepare their meals and drinks. We saw that the staff gave them choices about the meals they prepared. We found where people had risks identified with nutritional requirements and these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met. A relative told us, "We were concerned [relative] was losing weight so the registered manager

involved the GP and they now watch his diet carefully."

Is the service caring?

Our findings

Most of the people who used this service were not able to tell us their views about their care. Relatives we spoke with said they found the staff to be kind, considerate and caring. One person said, "They [support staff] are absolutely brilliant we are so lucky." Another relative said, "They [support staff] all bring qualities to the job."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Relatives we spoke with felt carers supported people to do as much as they could for themselves. One person said "[Relative] is responsible for cleaning his bedroom and bathroom. It is helping him to develop his skills."

We saw from the records that where people could they had been included in planning and agreeing to the support they received. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives. All the relatives we spoke with said the staff were patient and listened to people who used the service when they wanted to tell them something. One relative told us, "If [relative] is upset they will sit with him and calm him down. He is always happy to see them." Another said, "They [support staff] are patient but he finds it quite difficult to express his wishes."

The registered manager and senior staff knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their preferences and needs. One staff member told us, "I have known [service user] for eighteen years so I do know his likes and dislikes including food and his routines." A relative told us, "They always ask [relative] what he wants to wear and eat."

We saw staff treated people with respect and ensured their privacy and dignity were maintained. All the staff we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way and we also saw that the care records the staff completed were written a respectful way. One staff member said, "They [people who used the service] express their wishes differently. We tend to use Makaton (simple sign language) but we also watch their body language. It is amazing what you can pick up by watching their body language." Another member of staff said, "They [people who used the service] have different ways of telling you" and "We are all very receptive to our client's needs."

Is the service responsive?

Our findings

Most of the people who used this service were not able to tell us their views about their care. Each person had a care plan to guide staff on the level of support and care required and how they preferred this to be provided. We saw that they had a copy of their care plan in their home. The registered manager was part of the team that supported people and regularly visited people in their homes to review their care plan and to check it was still appropriate to meet their needs.

The feedback we received from relatives of people who used the service confirmed they knew about the care plan and were involved in developing it and reviewed it every so often. One relative told us, "We have a meeting/review twice a year and they [the service] go into great detail. We are happy with it and if there is a problem we are invited to discuss things." Another relative said, "We have had an annual review and his social worker was consulted." We were also told, "It [the care plan] is discussed every six months at the care review. The registered manager signs it off but we also involve a social worker and a representative from the learning disabilities team." Staff we spoke with confirmed they were aware of the necessity of the regular reviews and to arrange reviews when things changed for people.

There was a formal process in place for receiving and responding to concerns and complaints about the service provided. Records of complaints we saw showed they were taken seriously and where action was required to resolve issues this had been acted on. The service manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. Everyone we spoke with said they would feel comfortable raising a complaint. One relative said, "We have had no problems talking to the manager about any concerns." Another relative said, "Any day to day issues we have had have been resolved by talking to the manager. He is very good."

The service was responsible for supporting people with their daily activities. We saw that regular activities took place. A relative told us, "The male staff will take [relative] to a rugby match and the female staff will take him out – they know what he likes." Another relative expressed that due to staff shortages sometimes activities had not taken place. A member of staff told us, "We are always doing different activities. Some people like listening to music or just going out for a drive." We were also told that some people had been supported to go on holidays. Staff also told us that they supported people to maintain relationships with their families.

We found that care plans did not include information relating to people who wished to continue receiving care at home towards the end of their life. We discussed with the acting manager and service manager about developing the care planning records specifically for caring for people at the end of their lives to ensure peoples wishes had been fully documented.

Is the service well-led?

Our findings

There was a registered manager in post but he was not available at the time of the inspection. 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. The registered provider had informed us about the absence of the registered manager as this had been for a number of weeks. The registered provider confirmed they had appropriate arrangements in place to manage the service during the time of absence.

The registered provider had systems in place to monitor the quality and safety of the service provided. However, we noted that some areas such as audits and staff supervisions had not been consistently completed. The registered manager had been absent for a period and the arrangements for the oversight of the service put in place by the registered provider had only recently identified this. We saw that in the last month an audit of the whole service had been completed and had identified areas of improvement that needed to be made.

We saw that an overall action plan had been implemented to address the areas of improvement required and some areas had already been completed at the time of the inspection. We discussed with the service manager about who the registered provider would identify to be accountable for this in the absence of the registered manager. We were reassured that the service manager would be responsible for ensuring the actions were completed and that the appropriate support would be provided for the registered manager on their return to work.

Three out of the four relatives we spoke with said the service provided was good. One relative said, "Absolutely, my relative would not be here if they did not provide a good service." Another relative said, "Yes, it is a good service, but we can only speak about where our relative lives." We were also told by a relative, "We are satisfied with the people who look after our son."

Staff we spoke with also told us they thought the service was well managed. Staff told us they felt they were supported by the registered provider and manager. One member of staff told us, "We have regular staff meetings where things get discussed."

The service operated an 'on call' system so there was always an experienced staff member available for the care staff to contact if the registered manager was not available.

Registered providers of health and social care services are required to notify us of significant events. These had been sent to us where necessary so we could check appropriate actions had been taken by the service.

The registered provider worked in partnership with organisations who commissioned the service and health care providers to ensure people received the right support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the right care they required.

