

Creative Support Limited

Creative Support - Simonside 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

Creative Support – Simonside Court is a supported living service. This service provides care and support to people living in 'supported living' settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements, CQC does not regulate premises used for supported living; this inspection looked at people's personal care arrangement. The service comprises of eight bungalows, a communal kitchen, lounge, games room and office. At the time of inspection there were 15 people in receipt of care from the service and six people were receiving the regulated activity of personal care.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. We saw evidence to show the service was meeting all of the fundamental standards.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the CQC 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 manager was aware of their responsibilities and had a clear strategy and vision for the service in partnership with the provider's organisational vision. The care service had 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 were supported to live as ordinary a life as any citizen.

There was a robust governance framework in place to continually monitor and improve the service. We saw evidence of involvement from the provider's senior management team and documented audits carried out during their visits to the service. The registered manager submitted notifications to the Commission appropriately.

During the inspection we observed people carrying out activities with staff and attending sessions in the local community. We saw records of activities undertaken by people and they were supported to carry out their own choices for activities.

There was training provided for staff in delivering end of life care. Staff treated people with dignity and respect. We saw kind, warm and caring attitudes between people in receipt of care from the service and staff. We observed people enjoying positive relationships with staff and it was apparent they knew each other well. Staff understood each person, how to support them and knew what they liked and disliked.

There were regular checks of the communal areas of the service, equipment and utilities which were documented to ensure the safety for people in receipt of care from the service, visitors and staff. People's care plans reflected their individual needs and personal risks were assessed. People's care plans were reviewed regularly and people and their relatives were involved in care planning. We saw referrals to other healthcare professionals, for example dietitians and GPs, in people's care files if they needed such additional support. People were supported to eat and drink a healthy balanced diet.

People received personalised care and care records showed involvement from people and their representatives in their care planning. Staffing levels reflected the assessed needs of people and matched the dependency requirements for people.

We found there were policies and procedures in place to help keep people safe. Staff were safely recruited and they were provided with all the necessary induction training required for their role. We saw evidence of regular staff supervisions, yearly appraisals and team meetings.

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.

There were infection control policies in place and staff adhered to these. Medicines were safely managed and there were medication policies and procedures in place. There was a business continuity plan in place for use in emergency situations.

The service had a comprehensive complaints and compliments policy in place. Any complaints received were logged, responded to within the stated time frames and analysed. Action plans were created and lessons learned were documented. The service promoted advocacy and there was accessible information available detailing what support people could access to help make choices about their individual lives. There was information available about safeguarding, complaints and advocacy displayed in communal areas and available in easy read formats for people.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Creative Support - Simonside Court

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.

We carried out a comprehensive inspection of Creative Support – Simonside Court on 10, 13 and 14 September 2018. The inspection was carried out by one adult social care inspector.

The first day of inspection was announced and we carried out telephone calls to relatives and staff on the second two days of inspection. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure people and staff would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

Prior to our inspection we sought feedback from the local authority contracts monitoring and safeguarding adults teams, and reviewed the information they provided. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services to obtain their feedback. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we spoke with five people who used service, two relatives and six members of staff including the registered manager and project manager. We reviewed the care records for two people and

the recruitment records for two members of staff. We reviewed documentation, inspected the safety of the premises, carried out observations in the communal areas and had discussions with people who used the service, their relatives, and staff.

Is the service safe?

Our findings

People in receipt of care from Creative Support – Simonside Court told us they felt safe and cared for. One person told us, "I'm safe. I've had problems but they've kept me safe." A relative told us, "They make sure [person] is well looked after and yes [person] is safe. There's someone there day and night if anything was to go wrong there is always a member of the team there."

There were safeguarding policies and procedures in place to keep people safe. Safeguarding information was available in easy read format in communal areas and this included how to raise a concern to the local authority or Care Quality Commission (CQC). One person told us, "If I'm unhappy about my key worker I would tell [service manager] and she would sort it." Staff had received training in safeguarding vulnerable adults and this was also discussed in supervisions and team meetings. Staff were able to explain their role in keeping people safe.

The registered manager and service manager appropriately escalated all safeguarding concerns to the local authority and notified the CQC of these. Incidents were investigated, all outcomes recorded and lesson learned shared with people, staff and relatives. All accidents and incidents were also recorded, investigated and actions documented. Risks to people were assessed and mitigated where applicable. We saw evidence of these within people's care files and in the provider's environmental risk assessments for supporting people within their own homes.

People's care records and plans detailed their current individual needs. Medicines were managed safely. Medicines administration records (MARs) were checked regularly and were correctly completed. Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear instruction of how often people required additional medicines such as pain relief.

Staff recruitment was safe. All staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. We reviewed staffing levels at the service and these reflected the assessed needs of people and were regularly reviewed when people's needs changed.

The communal areas of the service were safe. The service manager carried out checks and audits of the communal areas of the premises to make sure the environment was safe but also user friendly. We saw evidence of infection control procedures, audits, rotas and cleaning throughout the inspection. The main office area, communal lounge and kitchen were well presented and very clean. The service had current certificates to show it was fully compliant with all health and safety requirements. There were risk assessments in place for the control of substances hazardous to health (COSHH). There was a fire risk assessment in place at the service and this also included people's personal emergency evacuation plans (PEEPs). A PEEP is an individual evacuation plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency.

Is the service effective?

Our findings

People in receipt of care from Creative Support – Simonside Court had their support assessed and delivered in line with current national best practice standards and guidance, such as the Mental Capacity Act 2005 (MCA), Building the Right Support and National Institute for Clinical Excellence (NICE) guidance.

Staff had received thorough comprehensive inductions and training to make sure they had the skills to care for people using the service. We saw evidence that staff received training in all areas appropriate to their roles, for example managing behaviours that can be challenging, end of life care, physical disabilities and complex care. Staff received regular supervisions and annual appraisals. One member of staff said, "We get about six supervisions a year but [service manager] will do additional ones if we need extra support or there's been an incident."

We saw evidence of referrals to other health agencies to ensure people received responsive care and treatment. Records showed GP, dietician and other healthcare professionals were involved in people's care files, including appointments and outcomes from visits. Some people received support with nutrition and hydration. If people were at risk, for example of weight loss, we saw evidence of referrals to the dietician and GP. People had hospital passports within their care records to enable other health professionals to support them if they required care, support and treatment elsewhere.

Staff encouraged people to eat a healthy balanced diet. Once a month everyone living at the service had a meal together in the communal lounge and people helped to prepare this together. One person told us, "There's vegetables and meat. We all sit together. It's good fun."

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, for example because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. For the two people whose records we reviewed, applications had been submitted to the local authority supervisory body for assessments and authorisation to restrict their liberty lawfully, as it had been assessed that this would be in their best interests. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. Records of best interest decisions showed involvement from people's relatives, GPs and staff.

The service was appropriately adapted for people. There was pictorial signage around the service in the communal areas that people accessed. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word.

Is the service caring?

Our findings

People in receipt of care from Creative Support - Simonside Court told us they were well cared for. One person told us, "They love me." A relative told us, "They always spend time with [person]. I've never met such lovely people. He can be a handful at times but they always standby him and he appreciates that." Another person in receipt of care from the service told us, "They know I have autism and I have to have times for when they are coming to help me. Sometimes they are late but they say sorry. I can come over (the main office) when I need to."

The provider encouraged relatives to visit the service and the service manager told us about people who were important to each person. A relative commented, "When we visit I can ask staff if anything has changed or if I call anyone can give me an update. They (staff) know all of them (people) really well." One person told us, "I'm 10/10 cared for by them (the staff)".

People using the service and their relatives all consented to their individual care plan which was clearly documented.

Whilst carrying out a tour of the communal areas of the service people in receipt of care from the service approached the service manager. We observed very friendly and positive interactions between them. Throughout the inspection we observed other members of staff interacting with people in a positive and supportive way. Staff encouraged independence and did this in a respectful way. People's privacy and dignity was respected by staff. For example, during the inspection we observed staff knocking on doors asking for permission to enter before walking into people's bungalows. The registered manager ensured staff encouraged people's confidence, engaged partnerships between families and the staff team, and maximised independence, choice and control where possible. People were encouraged to be independent and people told us they chose what they wanted to do each day, where they wanted to go and made their own choices. One person told us about their new internet service which they had selected and had arranged to be installed.

One person in receipt of care from the service had changing needs due a fall. Staff at the service worked in partnership with other organisations including the local authority, occupational health and community nursing team to help them transition from a hospital environment back to the service. To support the person, the service had to adapt their level of support and employ waking night staff. Staff adapted quickly to this change and worked additional hours to ensure that the person received support from staff that they were familiar with during the night, so that they were not confused by unfamiliar staff. This showed the level of care and compassion staff had for people living at the service. One member of staff told us, "I'll go the extra mile for them and we all will. [Registered manager] is the same. We can't do enough."

There was information, advice and guidance displayed around the communal area of the service which was of benefit to people and their families such as local safeguarding contact information, leaflets on learning disability support groups, advocacy services and advice on relevant topics of interest. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race,

age, disability or religious belief.

Is the service responsive?

Our findings

People in receipt of care from the service received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. We saw reviews of care plans and regular assessments of people's needs. There were corresponding risk assessments for each care plan and mental capacity assessments in place.

Care files contained initial assessments for people when they first moved to the service, detailing what care they needed and how that care was to be provided. These assessments were undertaken in partnership with people, relatives and professionals. Care plans were reviewed regularly and people could tell us who their key workers were. People using the service and their relatives all consented to their individual care plans and helped to shape these, which was clearly documented. Each care plan we viewed was person centred and contained detailed instructions for carrying out people's care. Care files included details on how people would like to be supported with end of life care and staff had received training in the delivery of this.

The service ensured there was a holistic approach to meeting people's needs. Care plans included sections on social, emotional, cultural and religious needs as well as people's physical needs. Daily notes were kept for each person and stored within their care records. These contained a summary of the care and support delivered and this helped to ensure staff had the latest information on how people wanted and needed to be supported as and when their needs changed. We observed staff regularly updating each other about people's needs, to make sure that staff provided consistent levels of support.

During the inspection we observed people leaving their homes with the support of staff to visit the local shops. One person told us about a karate club they were a member of and that staff supported them to attend this. During a group conversation with people in receipt of care from the service, they told us about a talent show that the provider was hosting. People told us they were excited about this. One person told us, "I go to the disco and to the shops. [Staff member] comes with me and we sing." The service promoted independence and choice and we observed one member of staff asking a person, "Where do you want to go today? Is there anywhere you want to go?"

People, relatives and staff we spoke with knew how to raise a complaint. We reviewed the complaints policy at the service, information available to people, relatives and visitors. There was also a pictorial complaints poster available to ensure that all information was accessible to everyone, including those who could not fully understand the written word. There was a clearly documented process for recording and responding to complaints. The registered manager and service manager regularly audited the complaints log and carried out trend analysis. If there were any lessons learned they were clearly documented and where applicable action plans were created.

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission since October 2010. This was in line with the requirements of the provider's registration of this service with the CQC. They had previously worked at the service as the unit business manager. They were aware of their legal responsibilities and had submitted statutory notifications as and when required. A notification is information about important events which the service is required to send to the Commission by law.

The registered manager, service manager and provider had a clear vision and strategy for the service in partnership with the provider's organisation vision. Our observations during the inspections showed that staff also upheld these values. This was to promote the well-being, happiness and independence of all people who used the service.

The registered manager and service manager were present during our inspection on site. They provided us with all of the information and records we required to carry out the inspection. The service manager also introduced us to people in receipt of care from the service. Both managers knew people in receipt of care from the service well and we saw positive interactions between people and them. One person told us, "[Service manager] is great. She makes me laugh." Another person told us, "[Registered manager] always says hello to me." Staff felt supported by the management team and were happy working at the service. One member of staff said, "They both help whenever we need it. I can ask a question or ask for some extra training and I get it. We work together well as a team. I'd say that's a big positive about here."

There were regular meetings for staff, relatives and people. We reviewed the minutes from these meetings and the actions taken. The provider used feedback from people, relatives and staff to shape the service and improvements were documented. There were comments regarding activities that relatives and people enjoyed, and the redecoration of the bungalows.

We saw evidence of partnership working between the service and the local GP, nurses and other professionals. There were documented referrals to other health care teams and these were recorded in people's care files. There was a robust quality assurance framework in place. The service manager carried out daily, weekly and monthly audits of the service delivered and we saw evidence of these. Any issues which were identified during these audits were actioned and documented. The provider also carried out a quality assurance audit of the service on a monthly basis.

The service had their latest CQC inspection rating on display and it was also displayed on their website. This allowed for people in receipt of care from the service, relatives, visitors, professionals and people seeking information about the service, to see our previous judgements.