Creative Support Limited

Creative Support - Camden & Barnet Service (Learning Disabilities)

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 (Camden & Barnet Learning Disability Services) provides supported living to 53 people at eleven sites including floating support to a small number of people in their own homes.

This inspection was short notice, which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 12 and 26 May 2015 the provider met all of the requirements we looked at and was rated good..

At this inspection we found the service remained Good.

There was a registered manager in place 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.

People were kept safe from harm and staff knew what to do in order to maintain their safety. Risks to people were assessed and action was taken to minimise potential risks. Medicines were safely managed. The provider operated thorough staff recruitment procedures to ensure they were safe to work with the people.

People were supported to have choice and control of their lives and support workers supported them in the least restrictive way possible. The policies and systems in the service also support this practice.

Support workers were trained and had completed an induction programme before starting their employment at the service. They were also supported through supervision and had their performance and development needs reviewed.

Support workers ensured that on-going healthcare support from local GPs and other healthcare professionals was made available and supported people to remain healthy.

People's dignity and privacy was maintained and staff knew how people preferred to be supported. Support workers liaised with people's families as necessary. People's independence was promoted and support workers encouraged them to do as much for themselves as possible. People were given information on how to make a complaint and supported people to access advocacy services when needed.

The registered manager carried out regular audits of the service and used these as a means of maintaining high quality care. Any action that was required was taken and the service provider was open and transparent in the way that they communicated with 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 provider was given short notice of this inspection because the location provides a domiciliary care service. We carried out two visits to the service. On 31 July 2017 we visited the provider's offices and on 3 August 2017 when we visited two shared houses where people lived. This inspection was carried out by a single inspector. We did not use an expert by experience on this occasion. The two houses we visited had small numbers of people living in them and most of these people were not able to tell us about what they thought of the service as they could not speak with us. People who were at home in one house said hello to us but were busy with their day and did not want to talk with us further on this occasion. In the other house people were unable to tell us what they thought, however, we spent time observing how support workers interacted with people and speaking with these workers about what they understood about the people they were supporting.

We looked at notifications and other information about the service that we had received since the previous inspection.

During our inspection we spoke with two people using the service, observed care staff working with another three people, received feedback from relatives of two people, five support workers, one of the local house managers and the registered manager. We also contacted fourteen visiting professionals although no feedback was received on this occasion.

As part of this inspection we reviewed four people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

We visited two shared houses where people were living. Two people were able to speak with us although neither wished to tell us anything in detail as they were busy and had plans for the day. We observed how staff interacted with these and other people in each house. Our observation of staff interactions with people and how people were treated did not show any cause for concern about risks of potential harm.

Family members who contacted us thought their relatives were safe in the care of the support workers. A relative described how the service continued supporting their relative's wish to be more independent when they had taken over from a previous provider and said "Creative support continued this way of working while at the same time giving great attention to the safety aspect this involved."

The provider's organisational policy and procedure for protection of people from abuse was detailed. Support workers were able to clearly tell us about their responsibilities to keep people safe from harm and what to do if they had any concerns about people coming to harm. All staff, regardless of their role, were trained about keeping people safe from harm and this training was updated regularly and staff training records confirmed this.

Staff were recruited safely and when possible people using the service were also involved. The four recently recruited support worker records showed that background checks had been undertaken. For example, disclosure and barring service (including a criminal records check), references from previous employers, qualifications and employment history were all verified. Interview notes were recorded which showed the provider assessed the suitability of potential staff to work with the people the service supported.

Each of the eleven housing projects the provider operated had dedicated staff teams. The numbers of staff at each project depended on the number of people living at the individual project and the support needs of the people living there. In one of the two houses we visited there was one member of staff on duty each day to support four people along with a live in volunteer housemate. In the other house there was a larger number of staff as this was needed due to people having very significant care and support needs and most required constant one to one support from staff.

Support workers assessed any risks that people might have faced and the ways to minimise potential risks were clearly described. The service looked at how people could take reasonable risk and how to manage it whilst taking into consideration what potential impact that might have had. Common risks to people, for example going out alone, were assessed as well as risks people may have faced following their chosen way of life and activities.

The service managed people's medicines safely. Support workers were responsible for obtaining and administering medicines on behalf of some people. Where medicines were administered with staff support there were signed agreements in place. Support workers talked with us about the way they administered medicines and said that no one was permitted to do this unless they had been fully trained and assessed as competent. Staff training records confirmed this. One example we looked at was for a person who needed to

take a lot of medicines at different times each day. This was a complex process. Support workers described what they had to do to ensure this person safely received these medicines in the correct way. Training and guidance was also available to support workers to ensure this was managed safely.

Good

Is the service effective?

Our findings

Staff training took place and covered core skills and knowledge for staff. These core skills included keeping people safe from harm or abuse, medicines, moving and handling and epilepsy awareness. The provider offered training to staff relevant to the care needs of people they were supporting. For example, when it was applicable staff were trained in working with people with mental health issues, drug and alcohol abuse and learning disability. Staff training records also listed the dates on which any refresher training was required which reflected the provider's stated aim to ensure that people were only supported by staff with the necessary skills.

The provider supported staff through individual supervision and staff team meetings. We talked with the registered manager, a local house manager and five support workers about how they were supported. We were told by support workers and a local house manager that supervision was regular, which records confirmed, and that advice and support was readily available from other colleagues and senior managers whenever it was needed. Staff performance and development was also assessed using the provider's appraisal system.

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).

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how to support people using the principles of the Act. Staff received training on MCA and DoLS. The registered manager had good links and liaised well with respective local authorities regarding deprivation of liberty safeguards. This included visiting professionals with regards to any DoLS referrals and this was managed in line with the regulations. We saw evidence of this and the registered manager had access to advocacy service that they could request to support people if required around best interest decisions. This would not usually apply in community based services. However, the service worked with some people who lived in shared houses and the nature of their support needs meant that some could not go out independently. In order to ensure that this was formally acknowledge the service agreed with placing authorities that the DoLS process would be used.

Support workers assisted people to access health services and to make and attend healthcare appointments. People were registered with local GP practices. Outcomes from appointments and any follow up action that was required was shared with those professionals who needed to know and this was also recorded in people's care files. Staff worked closely with people using the service around their physical and mental health care needs to ensure they were supported to maintain good health.

Care records showed that the service worked in a multi-disciplinary way with other health and social care professionals, thus ensuring those who used the service had access to healthcare which was appropriate to their needs. As an example we met one person who communicated verbally and the service had sought advice from a speech and language therapist. During our visit to the house where this person lived they were being visited by the therapist to see how they were progressing with the clarity of their speech. Another

example was the service liaising with other specialist employment services in order to help people to gain employment if they wanted to.

People were supported by support workers to maintain a healthy diet. People that required specialised diets, for example if they had diabetes, had menu plans that took this into consideration and people were provided with a healthy and nutritious diet. Some people were more independent in managing their diet and support workers guided people about how to make healthy food choices. For example, we observed a support worker having a conversation with someone who was going food shopping on their own. This person had been advised that too much of particular types of food where not good for them and the conversation revolved around that topic.

Good

Is the service caring?

Our findings

Relatives who contacted us mentioned that communication had been an issue although they had also seen changes at the particular shared house where their relatives were living. Communication among key staff was also thought to be an issue. We spoke with the registered manager and the local house manager about this. They acknowledged that there had been difficulties previously but since the new house manager had been appointed around two months ago, there were positive changes being implemented. Staff we spoke with also thought that positive developments were being introduced and there was confidence about the beneficial impact this was having. We did not identify any notable concerns about communication and we acknowledge that the service was open about the issues that had been identified previously and the action had been taken to remedy these.

Care plans were person centred and were written in a way that put the person and not just support needs at the heart of the care plan. The care plans went on to describe how support workers should work with each person to assist them to maintain relationships with important people in their lives.

The service had a keyworker system which meant that a support worker would be allocated to each person in order to ensure that their care and support needs were kept under continuous review. The keyworker would co-ordinate and update the progress, needs and achievements of their key client each month and we found that this was happening.

Care plans included information about people's cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how care should be provided. Support Workers knew about people's unique heritage and care plans described what should be done to respect and involve people in maintaining their individuality and beliefs.

We asked about how the service worked with people who identify themselves as lesbian, gay, bisexual or transgendered (LGBT). The registered manager informed us, and we saw evidence, that the provider had detailed guidance and training for support workers about working with people who identified as LGBT. Staff we spoke with were able to discuss this openly and demonstrated a commitment to acknowledging and respecting people as individuals.

Good

Is the service responsive?

Our findings

Care plans covered personal, physical, social and emotional support needs. Care plans were updated at regular intervals, usually six monthly, to ensure that information remained accurate although more frequent updates could occur if people's care and support needs changed. Care plans were signed by the people they referred to but if they were unable to do this the care plan was agreed with either a relative or local authority representative.

Apart from daily living tasks, support workers also assisted people to take part in activities. We looked at some care plans which described educational and employment activities as well as leisure time pursuits. A support worker told us about the programme they had developed with someone to try new activities outside their house as the person was anxious about trying new things. A relative of another person told us that they thought more could be done about activities for their relative although we found ranges of options from individual to group activities were made available. We did, however, let the local house manager know about this comment and they agreed to look into this further.

There was a Service Users guide on how to make a complaint on display in the office, and information was also available in the two shared living services that we visited. This was in an easy read format, and included pictures, signs and symbols used in Makaton sign language. We looked at the complaints folder and saw there had been four complaints made since our last inspection. They were each responded to quickly and in accordance with the provider complaints policy. There had also been twenty letters or emails praising the work of the service and particular staff at shared houses where people were living.

Support workers we spoke with talked about people who used the service in a polite and respectful way. All staff we spoke with expressed a firm commitment about working with people in the best way that they could to maximise people's opportunity to live fulfilling lives.

Good

Is the service well-led?

Our findings

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures covered such areas as how to respond to concerns about people's safety and wellbeing, managing medicines, supporting positive behaviours among a range of other areas regarding the day to day operation of the services. Each of these policies and procedures had a review date to ensure information was appropriate and current.

A positive and inclusive culture was encouraged by the provider. The registered manager and other staff showed us examples of how choice and inclusion for people was promoted, for example in staff recruitment and in being consulted about how the service was run. People were assumed to have ability to make decisions and to be involved and the opportunity to do so was encouraged.

The service had, aside from the registered manager, seven local managers that took responsibility for specific projects. The projects that worked with people who had high level support needs had an allocated single house manager. The projects where people had lower level support needs had a local manager who would also oversee another project.

Staff we spoke with were clear about the need to work together as a team to support people's best interests. Apart from daily communication and handovers between staff there were regular staff meetings at each shared house. People's progress and support needs were regularly discussed and the staff teams planned their work with people in order to meet their needs.

The registered manager and the provider had monitoring systems in place to measure quality and to ensure high standards of service delivery. Audits of medicines, care planning, safety and other service delivery records were among a variety that were undertaken, including unannounced spot checks by the registered manager . People's feedback, including written feedback where possible, was obtained and people's views were acknowledged and respected. Any action that was needed as a result of on-going review of the performance of the service or feedback received was taken.