

Creative Support Limited

Creative Support - Trafford Respite Service

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 respite service is a respite service for people with a learning disability. Up to seven people can stay at the service at a time. There were five people using the service at the time of our inspection. People are assessed by their local authority social services and provided with an agreed number of days respite provision per year. The service is single storey and has adapted rooms and bathrooms, with track hoists and accessible baths and showers to meet people's needs.

At our last inspection in April 2016 we rated the service as good overall, with the safe domain rated as required improvement. At our last inspection we found a fault in the fire alarm had not been rectified in a timely manner. At this inspection all equipment was maintained and serviced in line with national guidelines. The service was well maintained and clean throughout.

At this unannounced inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going 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.

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.

At this inspection we found the service remained Good.

Why the service is rated good.

People enjoyed staying at the respite service and said they felt safe when staying there. Relatives were also complimentary about the service. Positive interactions between the people at the service and staff were observed during our inspection.

Staff received the training and support, through supervisions and team meetings, to effectively meet people's needs. Annual observations of staff competencies were completed.

A safe system for recruiting new staff was in place. The number of staff on duty varied depending on the needs of the people staying at the respite service. More staff worked at a weekend to support people to participate in activities.

Person centred care plans and risk assessments were in place to guide staff on the support people needed and how to reduce any identified risks. Where applicable positive behaviour and epilepsy support plans were in place.

Information about people's preferences, culture, likes and dislikes was recorded. A description of people's daily routines was in people's care files.

Medicines were administered as prescribed. People's health and nutritional needs were met by the service. People told us the food was good and they had a choice of meals.

People are supported to have choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

At our last inspection we found a fault in the fire alarm had not been rectified in a timely manner. At this inspection all equipment was maintained and serviced in line with national guidelines. The service was well maintained and clean throughout.

Emergency evacuation plans were in place for each person in their care files. We have made a recommendation that these plans are easily accessible to staff in the event of an emergency.

The registered manager had an auditing system in place to monitor the quality of the service. All incidents and accidents were reviewed to reduce the likelihood of a re-occurrence. The provider, through the area manager, also undertook quality checks and audits at the service.

Surveys were used to gain feedback from people and their relatives about the service.

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 has improved to Good.

Weekly health and safety checks were completed, including the fire alarms and emergency lights and all were in working order.

Risk assessments were in place for each person.

Staff were safely recruited and the number of staff on duty varied according to the needs of the people staying at the service each day.

We have made a recommendation that emergency evacuation plans are easily accessible to staff in the event of an emergency.

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.

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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.

This comprehensive inspection took place on 27 and 28 March and was unannounced. The inspection was completed by one inspector. After our inspection visit we contacted three relatives of people who used the respite service by telephone.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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 other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch board. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We made observations of the care and support provided at Creative Support Respite Services, including the mealtime experience for people and interaction between people using the service and staff throughout the inspection.

We spoke with four people who used the service, three relatives, the registered manager, the area manager and two care staff. We looked at the care files of four people who used the respite service, two staff files and records relating to the management of the home including training records, medicine administration

records, quality assurance systems and maintenance records.

Is the service safe?

Our findings

All the people who used the service we spoke with said they felt safe when staying at Creative Support Respite Services. One said, "I come here for five days every so often. I feel safe here and like my room." The relatives we spoke with also said they thought their relative was safe when visiting the service. We were told, "[Name] is safe and has their needs met when they stay there (at Creative Support respite service)."

At the last inspection we found a breach of Regulation 15 of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 as faults with the fire alarm had not been rectified in a timely manner. At this inspection we saw regular checks were made of the fire alarm system and that it was fully operational. A rota of safety checks was completed each week by the staff on duty, including water temperatures, health and safety and fire alarms. Equipment was serviced in line with national guidelines and manufacturer's instructions.

A system was in place to record accidents and incidents. These were reviewed by the registered manager and any actions or investigations identified to reduce the likelihood of the incident re-occurring.

A safe system of staff recruitment was still in place. Staff were aware of the safeguarding procedures and what would constitute abuse. Safeguarding was discussed at staff team meetings and supervisions. Where people needed support with their finances all transactions were recorded and checked.

At the time of our inspection the service was in the process of recruiting new staff to fill vacancies at the service. Rotas showed regular bank staff were used to cover the shifts needed, meaning few agency staff were required. We saw staffing levels varied depending on the needs of the people accessing the service each day. More staff were on duty at weekends to enable people to access activities.

Care files included risk assessments and guidance for staff to follow to reduce the identified risks. Where required, positive behavioural support plans or epilepsy management plans were in place. As a respite service these were provided by the local authority social services. We were shown the service had requested updates for these plans to ensure the information was current; however this was not evidenced on the plans themselves. One relative said, "The staff are very good and they follow the guidelines for [Name]."

Medicines continued to be kept in a locked cabinet in each individual's room and administered as prescribed. Guidelines were in place for when staff were to administer medicines if people had an epileptic seizure or became anxious. Assessments were in place where people self-administered their own medication.

The home was clean throughout.

Emergency evacuation assessments were in place for each person in their care files. We recommend that an emergency file is put in place which is easily accessible for staff with the plans of the building and the emergency evacuation assessments for the people using the service at any given time.

Is the service effective?

Our findings

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).

The local authority had advised the service that each person using the respite facility needed a DoLS. The home has locked doors and all but two people did not leave the premises without staff support and they had to ask staff to open the doors for them. DoLS applications had been made as required by the local authority. All the staff we spoke with were knowledgeable about DoLS and any restrictions that were in place, including the use of bed rails and wheelchair lap belts where required.

Capacity assessments had been completed for those people living at the service on a longer term emergency placement.

Staff continued to receive the training to effectively undertake their roles. Annual observations of competency were completed by the registered manager or care co-ordinator. An induction booklet was used when staff joined the service, including observations of practice. Staff were supported through regular supervisions and team meetings.

Staff told us they had time to read people's care files before their shift. This was important as some people who used the respite service may not visit on a regular basis so the staff would need to refresh themselves about an individual's needs. A handover sheet was used to record that daily assigned tasks had been completed and to update the incoming staff of people's well-being if they were staying at the service for another night.

The registered manager said they received an assessment of people's needs when they were referred to the service. They would also request any additional care and support plans, for example if the person had epilepsy or was at risk of choking when eating. Where required additional training would be sought, for example from the learning disability team, if the person had a piece of equipment or need that the staff were not familiar with. People had initial visits to the service which included looking around with their families and visiting for their tea, if necessary several times, until they felt comfortable to stay overnight.

The registered manager or care co-ordinator were involved in supporting people living at the service on an emergency placement to transition to a permanent home.

People we spoke with said they enjoyed the food. We saw a main meal was prepared; however people were able to choose an alternative meal if they wanted to.

If people became ill whilst at the service the staff would contact their family or other emergency contact number. It would then be agreed what action would be taken. For those people living at the service for an extended period on an emergency placement health appointments were arranged by the staff as required.

The building was adapted to meet the needs of the people using the service. Track hoists were available in five of the bedrooms and adaptable baths had been installed in two rooms. A sensory room had also been set up.

Is the service caring?

Our findings

All the people we spoke with said they enjoyed the company of the staff team. People told us, "The staff are nice. I know them and they know me" and, "I love Shawe Road (Creative Support respite service), the staff are lovely." A relative told us, "We have a good relationship with the staff – they're very good and welcoming" and another said, "[Name] is very happy going (to the respite service) and is also happy when he returns home."

We observed positive interactions between the people staying at the service and the staff during our inspection.

Staff were able to explain how they maintained people's privacy and dignity, for example ensuring doors were closed, people covered when providing personal care and explaining what support you were going to provide.

People were supported to complete tasks for themselves where possible to maintain their independence. One person living at the service on an emergency placement told us, "I make my own bed and help by washing the pots."

We saw that the service worked in partnership with other organisations where required. One person stayed at the service with their own support dedicated staff from a different care company as they were deaf and needed staff who could use sign language to communicate.

Another person using the service used a pictorial communication system. People's cultural needs were recorded. One person was visited by a member of the local church who administered communion whenever they were at the service.

Is the service responsive?

Our findings

Each person had personalised care plans in place which provided details of the support people needed, for example with personal care and mobility. These were regularly reviewed and up to date. We were told, confirmed by relatives we spoke with, that staff would contact people's families if they were unsure about anything. Where people's needs changed people's relatives would inform the staff at their next visit or staff would contact the family to ask if there had been any changes in the person's needs since their last visit. This was especially important for those people who used the respite service on an infrequent basis.

Communication diaries were used to relay relevant information between the family, day services and Creative Support respite services.

A description of people's routines was included in the care files. These were very detailed where people's routines were important to them, for example if the person had autism and a change in routine would cause them anxiety. This meant staff were able to support people to maintain their routine.

Some people had a 'Listen to Me' document in place. This included people's likes and dislikes, what people liked to do, food they enjoy and their routines. The service had asked people's relatives to complete the booklet with people so that as much information was gathered as possible. However not all relatives had returned the books.

A record of activities people at the service had participated in was kept. This showed most activities took place at the weekends, including trips out and visits to other Creative Support services in the area. People told us that during the week they were happy to relax after attending their day services. As noted previously there were more staff on duty at weekends to support people to participate in activities.

Pictures made by people at the service were on the walls and games and crafts were available for people to use.

A complaints policy was in place. We saw there had been no formal complaints in the last 12 months. We saw six compliments had been received thanking the staff for supporting people at the service.

Is the service well-led?

Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). 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.

We saw there was a system of audits and quality checks made by the registered manager and the care co-ordinator. A weekly manager's check was made to check all weekly tasks such as cleaning rotas, health and safety checks and paperwork had been completed. Monthly medication audits were completed and the accident, safeguarding and complaints files reviewed. The area manager completed quarterly spot checks of the service. Any issues were noted along with the action taken. This meant the registered manager had a system in place to monitor and improve the service and the provider, through the area manager, had oversight of the service.

The staff we spoke with were positive about their role and said the registered manager was approachable. At the time of our inspection the registered manager was in the process of moving to a different service within Creative Support. They continued to work at the respite service one day per week and we were told they were available to support staff whenever required. A new manager had been appointed and would be inducted into the service by the registered manager.

Surveys had been issued to people and their relatives in February 2018 with nine having been returned at the time of our inspection. The surveys were positive and comments included, "Staff are always very friendly" and "[Name] loves visiting Shawe Road (Creative support respite service) and they work closely with us (family) and [Name's] personal assistant." This meant the service sought the views of the people using the service.

Services providing regulated activities have a statutory duty to report certain incidents and accident to the Care Quality Commission (CQC). We checked our records and looked at records during the inspection and found that all events had been notified to us as required.