

Creative Support Limited

# Creative Support - Dudden Mews

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this announced inspection 14 September 2017. This was the first inspection since the service was registered in February 2016.

Creative Support - Dudden Mews Extra Care Housing Scheme (Creative Support) provides personal care to people who are tenants in Dudden Mews. Personal care is provided by an on-site domiciliary care team managed by Creative Support and is offered across the day and at night. At the time of the inspection 13 people were receiving care ranging from a few hours a week up to several hours per day. The scheme was built in 2009 and the personal care element had been provided by other providers in the past prior to Creative Support taking over in February 2016.

A registered manager was in post at the time of our inspection. A registered manager (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 feedback we received from people using the service and their relatives was very positive. People told us they were very satisfied with the standards of care and support they received. They described how they enjoyed good working relationships with care staff and they were treated with dignity and respect.

We found the service had established effective systems to protect people from abuse and respond to any safeguarding concerns. Risks to personal safety had been assessed and measures were in place to prevent people from being harmed.

People received person centred care in line with their individual needs and preferences. Care planning was focused on the well-being of the individual, how they preferred to be supported and the outcomes they wished to achieve. There was a clear commitment to support people in a way that promoted their independence.

Good links had been developed with the local community and activities were arranged to encourage people to socialise and help avoid isolation.

People were supported in their own homes by well-trained staff that were able to meet people's needs safely. Staff were appropriately and robustly recruited to check their suitability. There was sufficient staffing capacity to ensure people received safe, consistent care.

Good support was given to people to maintain their health and, where needed, to meet their dietary requirements. There were good working relationships developed with health and social care professional to meet these needs. Suitable arrangements were made to safely assist people in taking their prescribed medicines.

People's rights were protected and staff obtained people's consent before providing care. The service had recorded people's capacity to consent to care but had not recorded their capacity to make other decisions.

We made a recommendation that the service seeks advice about how the service checks people's capacity to make decisions and how they can support them to do this.

The registered provider (provider) had a procedure for receiving and managing complaints. However, we found that informal complaints and the actions taken were not recorded.

We made a recommendation about recording informal complaints and the actions taken about these.

The manager and provider demonstrated a good understanding of the importance of effective quality assurance systems in promoting the quality of the service. The manager promoted an open, inclusive culture and provided leadership to the staff team. Staff were proud to work for the organisation.

## 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.

There were enough staff to provide the support people required. Robust systems were in place to check that new staff were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

People received their medicines safely and as their doctors had prescribed because staff were trained and their competency checked frequently.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People were well supported to maintain good health. Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

People capacity was not always being assessed in line with the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were very caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well. They gave people time to carry out

tasks themselves and understood the importance of supporting people's independence.

### Is the service responsive?

Good ●

The service was effective.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support and the running of the home.

The registered provider had a procedure for receiving and managing complaints. The way informal complaints were managed was not recorded.

### Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were positive about the manager's running of the service.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

The provider set high standards and monitored the quality of the service to ensure these were maintained.

# Creative Support - Dudden Mews

## **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 14 September 2017 and was announced. We gave the provider 48 hours' notice of our inspection because the location provides a domiciliary care service and we wanted to make sure that the manager would be available to speak with us when we visited the service.

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 using or caring for someone who uses this type of care service.

Before our inspection a Provider Information Return (PIR) was requested from the provider. A PIR provides key information about the service, what it does well and improvements that are planned to be made. We reviewed all of the information that we held about the service internally, including statutory notifications that the provider had sent us. In addition, we obtained feedback from the local safeguarding adults team, the contracts and commissioning team and health care professionals about the service. We used all of the information we had gathered to inform the planning of our inspection.

A range of different methods were used to gather information and feedback about the service. We reviewed the provider's annual survey for people using the service and community professionals. During the inspection we talked with seven people, three relatives, the manager, scheme co-ordinator and four care workers. We called to see three people who attended a day centre so we could also give them the opportunity to express their views on the service. We examined four people's care plans, staff recruitment, training and supervision records, and reviewed other records related to the management and quality of the

service.

# Is the service safe?

## Our findings

People using the service told us they felt very safe and they had confidence with the staff provided. They told us that they never had any concerns about their safety. One person told us, "I feel much safer now since moving here." Another said, "I do feel safe because the girls (care staff) are here if I need them, I only have to push my button (call system)." And another person said, "Of course I feel safe hear, the girls are about and they do my pills, they give me those as I forget."

Relatives we spoke with were positive about the safety of their family members. They told us, "I am absolutely sure (relative) is safe her." And another relative told us, "My relative definitely feels safe. There's no problems with safety."

The care staff we spoke with told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation.

Providers of health and social care services are required to tell us of any allegations of abuse. The managers of the service had informed us promptly of all allegations, as required. From these we saw that, where staff had concerns about a person's safety, the care staff and agency managers had taken appropriate action. There had been occasions when people who used the service had shared concerns about their safety with the care staff who visited them regularly. We saw that the care staff had reported the concerns promptly to a senior person in the agency who had referred the concerns to the local authority safeguarding team. This ensured appropriate action could be taken to protect the individual from harm.

We observed people had ready access to information about their rights to be protected from abuse and how to report any safeguarding concerns. Details were included within the guide to the service and safeguarding posters and leaflets were displayed to refer to. We saw any financial transactions undertaken by staff were recorded and backed by receipts to make sure the handling of people's money was properly accounted for.

New staff were introduced to the provider's safeguarding and whistleblowing (exposing poor practice) procedures, and were trained in safeguarding, during their induction. All staff completed safeguarding training annually to refresh their awareness of how to recognise, prevent and report abuse. The manager and staff we talked with had good understanding of their safeguarding responsibilities.

Safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The provider had obtained evidence of their good character and conduct in previous employment in health or social care. The provider HR electronic systems had a built in safety mechanism not allowing shifts to be allocated to a new starter until all the required checks had been completed.

The service had a full staff team that had sufficient capacity to deliver people's care. The manager was contactable out of hours if staff needed advice or support. People and their relatives told us there were regular care workers who provided a consistent service.



Risks to people's safety and welfare had been assessed and measures were in place to guide staff on providing safe care. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. We saw a good risk assessment to improve fire safety in one person's flat and another about supporting a person to safely go out into the local community. Each person had a fire risk assessment in place that was detailed to individual needs and support in order to respond effectively in the event of a fire. People and their relatives confirmed they felt care and support was provided safely and described good security measures within the scheme. A social care professional told us, "Risks are always thoroughly assessed and well documented."

People using the service were assisted in taking their prescribed medicines by staff who were suitably trained and had checks of their competency. Relatives told us they appreciated this support and people confirmed they received their medicines at the times they needed them. One person told us, "My carers give me my tablets three times a day. They're good with the timings." We saw how staff were vigilant about checking medicines and how they regularly liaised with the GP practice. The manager had set up robust systems for checking staff competency when managing people's medicines. Staff told us that part of the medicines training they received included, "The Seven Rights of Medication." One staff member told us, "The Seven Rights is a really helpful checklist for things like checking you've got the right person, the right time, the right dose, the right paperwork."

People's medicines regimes and the levels of support they required were specified in care plans for staff to follow. Separate records with body maps were also maintained for topical medicines which were applied to the skin. The administration records we sampled were accurately completed and audited weekly to check that medicines were being safely managed.

## Is the service effective?

### Our findings

People using the service and their relatives felt their support workers were appropriately skilled to provide their care and support. One person told us, "The staff are very good and know me well now. They know what they are doing". Another person said, "The carers have lots of training and any new girls come with a more experienced member of staff while they get to know me."

A relative told us, "They look after my relative very well. Whatever training they have works really well as the staff do a good job. My relative has complex health problems and they manage them well."

Staff were given induction training when they started working at the service to prepare them for their roles. This was aligned to the 'Care Certificate', a standardised approach to training for new staff working in health and social care. Staff also shadowed experienced workers and undertook training specific to the needs of the people they would be supporting. One staff member told us, "The training is very in depth. I did a full week in the classroom. I worked shadowing experienced staff before working on my own. I felt really prepared well before I started working on my own. I had training on all the areas of care and since then had a lot more on the more complex needs of some people, like Parkinsons disease and swallowing difficulties."

The training staff received was a mix of practical, face-to-face and e-learning courses with knowledge tests. Mandatory training in safe working practices had been completed, such as moving and handling, basic life support and health and safety. Other training topics provided included equality and diversity, mental capacity law and data protection. Particular elements of training in relation to clinical needs, such as caring for people who had catheters, were followed by an assessment by a qualified nurse to determine competency. Staff were also given opportunities to study for nationally recognised care qualifications to support their personal development.

All of the staff we spoke with told us they felt well supported by the provider, manager and senior support worker at the scheme. Their comments included, and, "We get lots of support, training and there's scope for developing if you want to." Individual supervision was provided to all support staff six times a year, along with an annual appraisal to review their performance. Supervisions were sometimes themed to care-related topics such as safeguarding and medicines administration. Spot checks were also carried out to ensure staff adhered to good standards of care practice. We saw how the person receiving care was asked what they thought about the care as part of these spot checks.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the

Public Guardian. A lasting power of attorney gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or about health and welfare. We discussed this with the manager and while they had received some training on the MCA we found that the service had not always fully recorded or actioned some areas. We found the service had not checked if a valid power of attorney was in place and was unsure of what sort of power of attorney had been registered (property and affairs and/or health and welfare) and therefore, if a person had legal authority to make decisions on an individual's behalf.

The MCA sets out how decisions can be made in the best interests of a person who does not have capacity to make or express their own choices. We found that the service had been recording people's capacity to consent to care however other decisions-making and capacity had not been recorded for each person. For example, we found that the service had been helping a person to manage their money by giving them a certain amount per day. While the accounting for this money was robust the steps set out by MCA had not been followed. The person's capacity to manage their finances had not been determined or recorded and then following this the actions agreed to act in the person's best interests had not been carried out in accordance with the Act. For example, we would expect to see that a best interest meeting would be called with all appropriate people to support this decision-making so that the least restrictive measures were agreed, recorded and put in place. The manager said she would be contacting this person's social worker to arrange a review and a meeting as soon as possible.

We recommend that the service seeks support to help them to have the skills and expertise to carry out assessments of people's capacity paying particular attention to how people's capacity to make decisions can vary depending on the complexity of the decision.

Staff received training in nutrition and food hygiene and assisted people with their dietary requirements, where needed. People's nutritional needs and risks had been assessed, were addressed in care plans and, if necessary, food and fluid intake was monitored. Staff also followed specialist advice, for example, given by a speech and language therapist where a person needed soft textured food and thickened drinks due to having swallowing difficulties. Staff knew the support people needed with meals and how they liked their meals and drinks to be prepared. For example, staff knew if people required small items of equipment to help them to eat or drink and ensured these were provided.

People were well supported to maintain good health. People and their relatives spoke highly of the vigilance of staff and their support in contacting health care services. They told us, "Yes I just need to ask for my GP and they make an appointment, it's very good" and another person said, "

The service established people's medical history and their current physical and mental health conditions. We saw this information was used in detailed health care plans, with step-by-step protocols and interventions for meeting the person's needs.

The manager explained that staff routinely worked closely with medical professionals involved in people's care. Staff were able to support people to access health services and attend appointments. A support worker told us, "We contact the district nurse, GP and other services. If we feel a referral is needed we will make it, or if unsure, we discuss it with the senior."

## Is the service caring?

### Our findings

People and their relatives gave us very positive feedback about their relationships with the staff and management and highly praised their caring nature. People valued their relationships with the staff team and said there was a nurturing relationship between people and staff. One person said, "I can't sing her (regular worker) praises enough, she's very valued. She acts more like a sister would. She always goes the extra mile, even supporting me with my hobbies." People told us staff were very friendly and always respectful. Their comments included, "I have a good relationship with my care worker" and another told us that "They are like one big family. They make my relative smile and have a good laugh with us."

A relative told us, "I've found all the carers extremely friendly and chatty while also being very professional." Another relative told us, "They have been great at keeping (relative name) independent and feeling good about themselves." Staff told us that it was important to them that they also offer support to people's relatives. One staff member told us, "If needed we step in and take the load off for families."

The manager and staff demonstrated strong caring values, a good understanding of people's diverse needs and gave clear accounts of the care given to individuals. Staff showed genuine interest and concern in people's lives and their health and wellbeing. One staff member told us, "I love this job, it's the best thing I've ever done. I love that I can make a difference to people's lives."

One healthcare professional said, "Staff show great care, empathy and consideration. They allow people to maintain a good level of independence that is not always available in a nursing home setting."

People were given the time and information they needed to make choices about their daily lives. We saw that care plans were written in a person centred way, outlining for the staff team how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. People's preferences were well recorded in their care plans. Staff had discussed people's likes and dislikes in detail with relatives, health and social care professionals so they could make sure they provided care which met individual needs.

People told us that staff went the extra mile and we saw how staff offered to take people out in their own time for trips or to the hairdressers. Staff told us birthdays were always celebrated and people "were made a fuss of". We saw how staff had taken one person out to work on an allotment in their own time as they had previously lived on a farm. Another member of staff had taken someone out for a meal in their own time.

People felt the staff were mindful of their privacy and dignity. Those people who completed the provider's annual survey all stated they were treated with respect and dignity. The staff were good at striking a balance between helping people to stay independent and supporting their needs. Staff told us that people were learning to regain or maintain skills for independence. They told us of how pleased they had been that one person, after needing lots of support previously, was now confident enough to walk independently around the grounds. This had been a big achievement and the person was delighted. Staff said that this had helped this person feel good about them self and built their confidence.

The manager told us, if needed, people could be signposted to independent advocacy services. People and their relatives confirmed they felt listened to and made choices and decisions about the care provided.

## Is the service responsive?

### Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and told us that if they requested changes these were agreed where possible. One person told us, "They are excellent, they will do anything I ask." Another person said, "They always ask what I want and if there's anything else I need. I get everything I need." And "I like it. I like the things we do at the Mews. I like the bingo and the BBQ, I go to what I like."

Relatives told us, "If we've had a concern we can ring up and they will tell us what's going on and if [relative name] is okay"; "Another relative said "They (staff) arrange parties, and all sorts. They do let me know if there is anything wrong"

They've adapted to help my [relative] and had things changed to make things better. For instance, new equipment, they sorted this, not me"; and "I have never had any reason to complain and would certainly recommend them. They do listen and try to sort things out."

The service had carried out thorough assessments to establish people's needs. Based on these assessed needs the service then formulated clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. A healthcare professional told us, "Support plans are adapted and updated accordingly to follow any advice given. They always involve the individual and relatives. This ensures people's needs are met how they want it but also safely."

Copies of people's support plans were kept in people's flats. Each person's ongoing care was recorded by staff who accounted for the support they had given at each visit. Handovers also took place between shifts to make sure important information about people's well-being was relayed. A social care professional said, "The support team are very quick to highlight concerns or spot any changes which enables the issues to be resolved quickly." Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as losing confidence and this had resulted in an occupational therapist assessing the person and aids put in their flat to promote safe mobility.

We saw that the service was keen to promote independence and to ensure that people were supported in their lifestyle choices. People and their relatives confirmed they were involved in care planning and reviews of care. They told us, "We're involved in everything like that." The manager told us six monthly reviews were in place giving further opportunities for people and their families to be consulted about their care service.

We saw details of people's backgrounds and interests had been gathered, ensuring staff had information about the individual's lifestyle and preferences. We saw how staff had gone to great lengths to ensure that plans met people's social and leisure needs. The manager told us, "When we took this scheme over no one came into the Mews from the community so we held a party for the area and are trying to develop more community links." We saw staff had organised a programme of activities and entertainment that was based

on what people liked. These included arts and crafts, coffee mornings, bingo, BBQ's and fish and chips suppers. People told us that they particularly enjoyed the communal Sunday lunches that were prepared by the staff and served up in the communal lounge, families were also invited to have a lunch with them.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

Everyone we spoke with told us they knew how they could raise a concern about the service they received. The people we spoke with said that they had never needed to make a formal complaint, as they were happy with the service they received. At the time of our inspection the service had no outstanding formal complaints. People who completed the provider's annual survey all felt any concerns they raised would be responded to appropriately.

However, we did speak to relatives on the inspection who told us they had raised an informal complaint about the attitude of one staff member. They told us that this had been dealt with by the manager but we could find no record of these informal complaints or what actions had been taken.

We made a recommendation that the service looks at how they can capture and use informal complaints so that they can be used to further drive up the quality of the service provided to people.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager (manager) is a person who has registered with the Care Quality Commission (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 manager understood their regulatory responsibilities, including notifying us of events and incidents that affected the service.

The manager was currently registered for three locations, including Dudden Mews. One of these locations registered with CQC included three extra care schemes. This meant she was the manager for five extra care schemes which were geographically dispersed. We were told that the provider had plans to employ two extra registered managers and to reallocate these services equally between them. We will follow the progress of these applications for the registered managers and while we did not find any concerns that would warrant our action we did note that staff reported that they would like more direct support from the registered manager. For example the scheme co-ordinator for Dudden Mews had taken up this post 6 months ago and said she would have liked more support than the one day per week allocated.

We saw how the service worked in partnership with other organisations. Healthcare and social care professionals told us of the positive and effective working relationship with the service. One organisation working in partnership with Dudden Mews Creative Support told us, "We have a good working relationship with Creative Support. They have attended quarterly partnership meetings that I arrange alongside adult social services, age concern and the psychiatric care team where we discuss the welfare of the residents. They also attend allocation meetings held when a vacancy arises at Duddon Mews. I find them both cooperative and considerate to work with on these occasions."

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Care staff we spoke with told us that the management team in the service set high standards. There were clear lines of accountability and good resources for managing and co-ordinating the service.

The service worked inclusively with people and their families. People and their relatives described the service as well-managed. They told us, "You get the chance to have your say. People told us they were kept well informed, could attend tenants meetings and were asked about the quality of the service in surveys. Those people who completed the provider's surveys confirmed they had been asked for their feedback and felt comfortable to speak up. In the latest survey by the provider, all respondents had stated they were satisfied and Creative Support rating care, communication and flexibility as Excellent.

There was a management structure in the service which provided clear lines of responsibility and accountability. The provider had good systems in place to record the training and supervisions that care staff had completed and to identify when training needed to be repeated. The staff records we looked at



showed that care staff were observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. The service had other quality assurance measures in place such as audits of care plans, accidents and incidents. This helped the managers of the agency to monitor the quality of the service provided.