

Creative Support Limited

Creative Support - Monkway 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Creative Support are registered to offer personal care in people's own homes 24 hours a day within Monkway Court Extra Care Housing development. Monkway Court is a purpose built Extra Care Housing development of 47 flats and houses, with the premises and tenancies managed by Anchor Housing. Creative Support has an office located within extra care housing development. When we inspected 24 people were receiving support from Creative Support ranging from a few hours a week up to several hours per day. Creative Support are termed the preferred provider for the housing scheme, as people can chose to use other agencies to deliver personal care.

At the last inspection in July 2015 the service was rated 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.

Why the service is rated Good.

Everyone we spoke to told us that this was a very good service. People using the service told us it was reliable and that staff were very caring, respectful and enthusiastic about their jobs.

People remained safe using the service. People were protected by safe recruitment procedures to help ensure staff, were suitable to work with vulnerable people. Staff confirmed there were sufficient numbers of staff to meet people's care needs, and support them with additional support including activities.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to help support and enable people to retain as much independence as possible.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care).

People were supported to access health care professionals to maintain their health and wellbeing. People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough, and potential risks were known.

People were enabled and supported to lead fulfilling, independent and active lives. They were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received information in a format suitable for their individual needs.

People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

Risks associated with people's care and individual living environment were effectively managed to ensure their freedom was promoted. People were supported by a consistent team of staff to help meet their needs.

People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able, for example helping prepare meals. If people found it difficult to communicate or express themselves, staff showed patience and understanding.

People continued to receive a service that was caring. Staff showed kindness and compassion for people through their conversations and interactions. There was a positive atmosphere created by the staff team: staff enthusiasm and laughter was a key feature of the service.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. The provider had a complaints policy in place and the registered manager confirmed any complaints received were fully investigated and responded to.

The service continued to be well-led. People used a service where the registered manager's values and vision were embedded into the service, staff and culture. There was an open culture, and people and staff said they found access to the office and management team welcoming and easy. Staff, were positive and happy in their jobs and were very supportive of each other and the well-being of both people using the service and other staff members.

The provider had systems in place to monitor, assess and improve the service. There was a clear organisational structure in place. The management team and staff continue to find ways to improve the service and remain driven by their passion for caring for people, including those with dementia. The vision and the value of the service to 'enable people to live as they choose' remain embedded in 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 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 - Monkway 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 checked 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 gave the service 24 hours' notice of the inspection visit because it is a small service and we needed to be sure that the registered manager was available. The inspection was carried out by one adult social care inspector. Inspection activity started on 30 April and ended on 18 May 2018. We visited the office location on 10 & 15 May 2018.

At our visits to the office we spoke with the registered manager, two senior care coordinators, and five care staff. We looked at the care records for six people who used the service and recruitment records for five staff. We also looked at records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. We saw the results of the provider's annual survey to people who used the service, their relatives and other stakeholders.

We visited four people in their own homes to seek their feedback. We had gained people's permission before we visited to check they were happy with us visiting. We did not observe any personal care practices. We spoke with a further five people in the communal dining room.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the Local Authority commissioning and social work teams and local health care professionals for their views of the service. We used a planning tool to collate all the information held on the service.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they were confident people were safe receiving care from the service. One person told us, "I am certainly safe." Another person said, "There are no issues about safety."

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. People received care from a regular staff team. They said they were supported by a small team of care staff who they knew well. People told us their care visits were arranged to suit them and said the staff arrived at the times agreed.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe.

People's medicines were managed safely and they were administered as prescribed. Medicines were stored in people's own homes. Staff kept accurate records of when people's medicines had been given. Staff had also ensured people's medicines were ordered on time. All staff had completed medication training.

Staff had received safeguarding training and were confident they knew how to recognise and report any safeguarding concerns. Policies and procedures had been established in relation to safeguarding and whistle blowing. The staff said they would be confident reporting any concerns to a member of the service management team. They told us they knew the people they supported well and would be able to identify if they felt unsafe. They said that if a person disclosed to them that another staff member had abused them they would be confident reporting this to a member of the management team.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. People we spoke with said that staff always used gloves and aprons when carrying out personal care.

People had their finances looked after safely by family members or appointees. People were supported to spend their money as they wanted. Where staff supported people to manage their finances, all money spent on the person's behalf was carefully recorded and running balances had been maintained and were regularly checked.

People's records held information relating to the management of risks associated with their care. Risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's own home, as well as risks in relation to their care and support needs, and any behavioural needs to help keep people safe. Any updated risk assessments were read and followed by staff.

Incidents and accidents were monitored and actions were taken to prevent the problems occurring again. Regular reviews and quality monitoring checks ensured procedures were followed. Staff had received fire training and were aware of the emergency procedures to follow in the event of a fire.

The provider worked hard to learn from mistakes and ensure people were kept safe. The registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff, who worked regularly with the same people to provide continuity, had a good knowledge of people they supported and were competent in their roles which meant they could effectively meet people's needs.

People were supported by staff who received regular updated training. Staff said training was provided in subjects which were relevant to the people who used the service, for example epilepsy training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate covered equality, diversity and human rights. Staff completed an induction which also introduced them to the provider's ethos and policy and procedures. The registered manager had systems to identify when training needed to be repeated to ensure staff maintained up to date skills and knowledge.

Staff were well supported. They received monitoring of their practice, and this included formal and informal face-to-face supervisions, spot checks and competency checks. Most staff confirmed team meetings were held. Staff confirmed the management had an open door policy.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken with appropriate health professionals, an advocate and care staff who knew them well.

People told us they had agreed to the support they received. They said the staff who supported them always asked for their consent before providing their planned care. People told us they could refuse any aspect of their support if they wished and said the staff respected the decisions they made. One person told us, "The carers often check that I'm still okay with the help and I've signed to say they can give me care and come into my flat."

People's right to make decisions about their lives was respected and supported by staff. People's records included communication guidelines. Staff used appropriate communication methods for people to help ensure, people had their right to have control over their care and treatment respected. This helped to ensure their rights were protected.

The management team in the service worked with other health and social care agencies to ensure people received the support they required promptly. We saw that where people had complex care needs appropriate specialist services, such as an occupational therapist, had been included in assessing and planning their care. People who used the service also told us that the staff had contacted health services for

them, if they needed this, when they were unwell. This helped to ensure people received appropriate care to meet their needs. One person told us,

People's nutritional needs were met. Staff knew what foods people liked and disliked and foods they were unable to eat. People were supported to plan and cook healthy meals of the person's choice, where this was part of their support plan. Staff understood each person's ability and rights to make choices and decisions.

Is the service caring?

Our findings

People continued to receive a service that was caring. One staff member said; "Since starting work here I have never seen anything but people receiving lovely care from staff."

People told us, "I like the way my carers treat me as a friend and involve me in their lives during conversations." Another person told us, "My carers have all been friendly, helpful and good company. I especially appreciate their sense of humour. The care workers are invariably kind and helpful."

A relative we spoke with told us, "The girls [care staff] have always bonded well with my [relative], who is very fond of them. We all particularly appreciate their sense of humour."

People who used the service had built strong relationships with the regular staff team working with them. People we visited all appeared happy and comfortable with the staff working with them. Staff, were cheerful, friendly and positive. Staff knew each person well. Staff understood the importance of treating each person equally, and as an adult and a valued individual. We saw a thank you card in the staff room which read, "Thank you more than we can express for your loving care of both of us- we do appreciate every big, and little thing that you do for us so willingly and cheerfully- and this is sincere and not flannel."

People were supported by staff who were both kind and caring, and we observed staff treated people with patience and kindness. People were chatting with staff about their plans for the day and the conversations were positive. We heard and saw lots of laughter and smiles. People with difficulties communicating were given time to make choices about what they wanted to do to. Staff, were attentive to people's needs and understood when people needed reassurance, encouragement or guidance.

Staff struck a balance of people having privacy and being checked to make sure they were safe. Staff, were observed knocking on people's doors and checking people were fine if they had not seen them for a while. The staff we spoke with told us visits were planned to meet people's preferences about the gender of the staff who supported them. They said, where people wished, any intimate care they required was provided by staff of the same gender as the individual to help them to feel comfortable.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family and enabled them to be involved as they wished. People told us that staff offered regular support to stay in touch with family and friends. One person spoke of a family wedding they were help to attend with care staff support.

We were told by people using the service that staff often came in on their days off to help out at parties. We saw pictures of staff in fancy dress to entertain people at Christmas and St Patrick's Day. A big party was organised for the Royal wedding and many people told us how much effort staff had put into organising this for them.

People's independence was respected. Support was planned to promote people's skills and independence.

For example, staff encouraged people in household tasks including preparing their own meals. Staff did not rush people, and offered support at each person's own individual pace. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

The registered manager knew how to contact independent advocacy services if a person needed support to express their views. Advocates are people who are independent of the service who can support people to make important decisions and to share their views and wishes. One person had been put in touch with advocacy services to help them in making a decision as whether to move to the extra care housing scheme, and other options.

Is the service responsive?

Our findings

The service continued to be responsive. People received personalised care that was responsive to their needs.

People we spoke with told us the service was responsive to their needs. The social care professional we contacted told us the staff in the service worked with them to ensure people's needs were met. A healthcare professional also told us the staff team were, "Very knowledgeable and knew people's healthcare needs well. I can approach any of the staff and they all responded appropriately. They follow any instructions I give them and make quick referrals so we can take early action to keep people well."

Thorough assessments were carried out by the registered manager in conjunction with the scheme housing manager to establish people's needs and suitability for the extra care housing scheme. Based on these assessed needs the agency then formulated clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes.

People's care plans were person-centred, and detailed how they wanted their needs to be met in line with their wishes and preferences. People's care plans also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's health or behavioural needs.

The service cared for people at the end stages of their life. This involved working with a range of other professionals such as district nurses, GP's and the local hospice at home team. A plan of care was put in place to help ensure that the person had a comfortable, dignified and pain free death, in accordance with their wishes. The agency had provided staff with training on the end of life care and some of the skills needed. We saw a thank you card from a relative of a person who had been cared for by the service at the end of their life, it read, "You [the service] all made her happy. Sometimes just the little things that pleased her, like having her favourite cushion or the time for a chat. Thank you from the bottom of our hearts the [name] spent her end days in love, comfort and dignity. And you found the time to always keep us informed of her condition. And you gave us support and kindness too, this was amazing at this difficulty time."

The registered provider had a procedure for responding to complaints about the service. People we spoke with told us they knew how they could raise a concern. People who had raised a concern with the service told us action had been taken in response to the issue raised.

The staff we spoke with told us they would be confident raising a concern on behalf of the people they visited. They told us they would speak to a member of the service management team on behalf of individuals they supported and were confident action would be taken.

Is the service well-led?

Our findings

People continued to receive a service that was well-led. People who used the service told us they were happy with the support they received. The relatives we contacted and spoke to told us that they would recommend the service to other families.

There was a registered manager in post. 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 we spoke with made many positive comments about the management team and staff employed. They told us that the service was well managed and said they knew how to contact a senior person if they needed to. People told us that the service was "very efficiently run".

The registered manager said that she often did informal visits to people, she told us, "We pop out to see people for a chat to check that they are happy with the support given and I always meet people a few times before they come to the scheme. We do our best to try and make the transition as smooth as possible and alleviate any anxieties. We strive to be open as possible to people who use us and staff as well."

People told us that they valued the service provided and said the registered manager and staff were committed to providing a good service. They were asked for their views about the support they received. People received quality questionnaires to share their experiences with the registered provider.

Staff also spoke highly of the registered manager and of the service. One member of staff said; "I can go to [...] (The registered manager) at any time. This is the best company I have worked for." Another said; "Very approachable and they work with people so they know each person well." And another staff member said, "I can honestly say that I enjoy coming to work and love my job. The teamwork is fantastic, we all pull together and it's a joy to support the people living here, especially when we make a difference."

The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people received. For example, there were process and systems in place to check accidents and incidents, environmental, care planning and other safety audits. These helped to promptly highlight when improvements were required.

The provider had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice.

The registered manager was respected by the staff team. They were open, transparent and person-centred. The registered manager was committed to the company and the service they oversaw, the staff, but most of all the people. They told us how effective recruitment was an essential part of maintaining the culture of the

service. People benefited from a registered manager who kept their practice up to date with regular training, and worked with external agencies in an open and transparent way fostering positive relationships. The registered manager worked in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service.

Staff were hardworking and very motivated. They shared the philosophy of the management team. Staff meetings, appraisals and supervisions were seen as an opportunity to look at current practice. Staff spoke positively about the management of the company.

People had a service which was continuously and positively adapting to changes in practice and legislation. For example, the registered manager was aware of, and had started to implement the Care Quality Commission's (CQC's) changes to the Key Lines of Enquiry (KLOEs), and was looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012.