

Creative Support Limited

Creative Support - Chorley Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Creative Support – Chorley Service supports people who have a learning disability, in their own home, providing personal care in line with a supported living model. People who use the service have their own tenancies and receive their support from staff employed by Creative Support. There is also an outreach programme providing support to people living with their family or carer.

The last inspection of the service took place on 5 February 2014. During this inspection the service was found to be meeting all the regulations assessed. This inspection took place on 23 April 2015. The provider was given 24 hours' notice of our intention to visit. This was because the location provides a domiciliary service and we needed to ensure there would be someone present at the office to provide us with the required information.

Summary of findings

We were assisted throughout the inspection by the registered manager. 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. The registered manager at Creative Support – Chorley Service had been in post for several years.

We spoke with a number of people throughout the inspection, including people who used the service, their relatives or main carers, staff and community professionals. Some very positive feedback was received with the majority of people expressing satisfaction with all aspects of the service. People were confident in the service to provide safe and effective care and spoke highly of staff and managers.

People felt that care workers understood their needs and were able to meet them. People were satisfied with the help they received to access community services, such as medical care, social work support and advocacy.

Staff worked positively with external professionals to ensure people received safe and effective care. Risks to people's wellbeing and safety were identified and carefully managed.

There were clear procedures in place to manage people's medicines safely. However, these had not always been followed, which had resulted in some errors being made

when administering one person's medicines on several occasions. Medicine records were not always updated in a timely manner, which meant care workers may not have had access to appropriate up-to-date information.

People felt involved in the development of their care plans and able to express their views and opinions. People felt that they were able to request any changes to their care plans and were listened to. There were processes in place to ensure the rights of people who were not able to consent to certain aspects of their care were protected.

People who used the service were supported to engage in fulfilling activities of their choosing. Many people we talked with spoke of staff encouraging and supporting them to try new activities.

Staff were carefully selected and a number of checks were carried out to ensure they were of suitable character before they were employed. There was a comprehensive training and support programme in place to help ensure staff were competent to carry out their roles effectively.

People were enabled to express their views, ideas and opinions about the service. The registered manager acted upon people's feedback and developed the service accordingly.

There were arrangements in place to enable the provider and registered manager to monitor safety and quality across the service. Where any areas for improvement were identified, appropriate action was taken to ensure they were addressed.

Summary of findings

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 was not consistently safe.

Arrangements for the safe recording and administration of people's medicines required improvement to ensure people were protected from the risk of unsafe medicines management.

Risks to the safety and wellbeing of people who used the service were recognised and addressed.

Staff were carefully selected and a variety of background checks carried out to help ensure they were of suitable character.

Requires improvement



Is the service effective?

The service was effective.

People received support to maintain good health and wellbeing. Where appropriate, staff supported people to access community services.

People's nutritional needs were assessed and supported.

People received their support from well trained and well supported staff.

Good



Is the service caring?

The service was caring.

People described their support workers as kind, caring and helpful. People felt they were treated with kindness and respect.

People's care plans were based on their own views and wishes. Things that were important to them were clearly detailed to enable staff to provide person centred care.

Good



Is the service responsive?

The service was responsive.

People felt the service was responsive to their needs and reported positive experiences of care and support.

People felt able to express their views and opinions and their opinions were listened to and acted upon.

People were enabled to raise concerns or complaints and when they did, these were responded to appropriately.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People who used the service and their representatives were aware of the management structure and lines of accountability within the service.

There were processes in place which enabled the registered manager and provider to monitor safety and quality across the service.

Adverse incidents, such as accidents or safeguarding concerns were carefully analysed and monitored so that any lessons from such incidents could be acted upon.

Creative Support - Chorley Service

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 inspection took place on 23 April 2015. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to provide us with the information we required.

The inspection team consisted of a lead 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. This expert had experience of caring for someone who used a service for young people with a learning disability.

Prior to our visit, we reviewed all the information we held about the service, including important incidents that had occurred at the service since the last inspection.

During the inspection we spoke with ten people who used the service, or their main carers. We spoke with nine staff members, including the registered manager, area manager, service director, administrator and support workers.

We also contacted ten community professionals who supported people who used the service and the local authority contracts department.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We viewed a selection of records including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records and minutes of staff and management meetings.

Is the service safe?

Our findings

People told us they felt safe using the service and expressed confidence in their support staff. In viewing people's care plans we saw that any risks to their safety or wellbeing were assessed and carefully managed. Where risk was identified there was guidance in place for care workers about the action needed to protect people they were supporting from harm.

We viewed the care plan of one person who used the service and had been assessed as being at high risk of abuse. We saw there were a number of measures to help ensure the person's safety and wellbeing, which had been agreed with the person, their close relatives and other professionals involved in their care.

Guidance was available for staff about how to protect people who used the service from abuse, otherwise known as Safeguarding Procedures. This information included advice for staff on different types of abuse that people who used the service may experience, and guidance on how to identify signs that someone had been a victim of abuse. The procedures included contact details for the relevant authorities, so that staff could refer any concerns to the appropriate agencies without delay.

There was an easy read safeguarding policy in place to provide people who used the service with information about their rights and how to report any concerns. There was also very helpful guidance about maintaining personal safety in the community and internet safety to help people protect themselves from harm.

Managers and care workers we spoke with were aware of the safeguarding procedures. They were able to tell us how they would respond to any concerns about the safety or wellbeing of someone who used the service. Records confirmed that all staff had been provided with training in the area, which helped ensure they fully understood their responsibility to protect vulnerable people from abuse.

A community professional we spoke with expressed confidence in the service to identify and report any safeguarding concerns in a timely manner. They said, "They have an awareness and understanding of Safeguarding procedures and have raised concerns appropriately with the Local Authority."

Whistleblowing procedures were in place, which encouraged staff to report any issues of concern in a timely manner. Staff spoken with said they were confident that any reports of poor practice or potential abuse would be dealt with appropriately by the registered manager. The registered manager was able to show us a number of examples of whistleblowing reports that had been dealt with appropriately and also demonstrated whistle-blowers were provided with a good level of support.

Some people who used the service required support to manage their medicines. We saw that there were procedures in place for staff, which covered the safe ordering, storage, administration and disposal of medicines. In addition, training records showed that all staff employed at the service were required to undergo training in the area, as part of their mandatory learning programme.

Some concerns were shared with us by a community professional regarding the safe management of medicines in one part of the service. They advised us there had been several errors made by staff when administering one person's medicines.

We discussed these concerns with the registered manager who was aware of them and able to produce a detailed action plan she had developed as a result of these issues. The action plan included the provision of refresher training for all staff, as well as increased audits, so that any future errors would be identified very quickly. In addition, all care staff involved in the errors had been required to undergo a competence assessment to ensure they were able to manage medicines safely.

We viewed a selection of medication records and medication stock, including those which had previously been subject to errors. We were able to confirm that every person who required assistance with medicines had a specific care plan in place, which clearly described the level of support they needed, as well as any other significant details, such as allergies.

For those people who were prescribed medicines on an 'as required' basis or as a variable dose, there were usually clear protocols in place providing further information. However, we found one example where this information was not in place. We also found one example, where information about the medication prescribed for one person was unclear in relation to an ointment, which had

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been prescribed some weeks earlier. We spoke with a senior staff member who advised us they were in the process of updating the medication records but had not completed the task. This meant there was a risk that staff may not have access to adequate information to ensure people's medicines were administered properly and at the correct times.

We viewed a selection of staff personnel files. These demonstrated that a formal selection and recruitment process was routinely carried out by the registered manager, when employing new staff. This helped to ensure people employed by the service were of suitable character.

Records confirmed all applicants were required to complete a detailed application form, which included a full employment history. A formal interview was carried out to enable the registered manager to assess the candidate's suitability for the role for which they were applying. Following a successful selection process, candidates were required to undergo a series of background checks, which included references and a DBS (Disclosure and Barring Service) check, which showed any criminal convictions and any restrictions placed on the person regarding working with vulnerable people.

We noted that the same background checks were routinely carried out for people already working in the service but changing roles, as those required for external candidates. This was good practice. In addition, DBS checks were renewed for all staff every three years. This provided additional protection for people who used the service.

There were processes in place to calculate the necessary staffing levels required to meet the needs of people who used the service. We saw that staffing levels were kept under constant review and the manager was able to show us examples of changes in staffing made to meet people's needs.

A system known as 'person centred rota planning' was used by the registered manager. This meant that all staff rotas were designed to fit around the needs and wishes of people who used the service and to facilitate any activities they wished to engage in. People we spoke with expressed satisfaction with staffing levels provided by the service.

Is the service effective?

Our findings

We viewed a selection of people's care plans and found that their health care needs had been assessed in detail. The support people needed to maintain good health was well detailed and a Health Action Plan (HAP) was included which covered specific health care needs, as well as routine checks, for example, dental and optical examinations. Hospital passports were also in place, which meant important information could be passed on quickly and effectively to hospital staff in the event that the person was admitted at short notice.

People's care plans provided evidence of effective joint working with community professionals. We saw that staff were proactive in seeking input from professionals such as GPs, mental health workers or physiotherapists. This helped to ensure people received safe and effective care.

The support required by people to maintain adequate nutrition was included in their support plan. We saw that specific needs such as swallowing difficulties or high malnutrition risk were clearly detailed, as well as the action required by care workers to provide safe support.

Where concerns were identified about the nutritional health of a person who used the service, there were processes in place to monitor their intake. We saw one example where food and fluid charts had been implemented for one person, so that their intake could be carefully monitored during a period of illness.

Information was also provided in people's care plans about their food preferences and levels of assistance required to prepare meals. One relative we spoke with expressed satisfaction with this area of support and told us, "(Name removed) is involved in planning his meals. He makes choices about ingredients and is supported to eat nutritional meals, but can decide on his likes and dislikes. Staff support (name removed) to try new things."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Within people's care plans we saw evidence that they had been asked to give their consent for the care and support they received. The service had a policy and procedures in place in relation to the support of people who may not have capacity to give consent to any aspect of their care. In addition, all staff received training in the Mental Capacity Act 2005, which sets out the legal rights of people who are unable to consent. This helped to ensure people's legal rights were protected and that any care or support they received, was in their best interests.

People we spoke with expressed satisfaction with the skills and knowledge of the staff team at Creative Support. People told us they felt care workers had the necessary skills to meet their, or their loved one's, needs. One person commented that support staff chosen to support her relative seemed to be 'well matched'.

There was a standard induction programme in place, which was provided to all new staff. This included training in important areas such as fire safety, moving and handling and food hygiene. In addition, areas designed to enhance people's caring skills, such as person centred planning and positive behaviour support, were also included in the induction programme.

All new staff were required to complete the induction programme within a set time period. This included casual workers. Careful monitoring took place by managers at the service, to ensure all workers completed their mandatory training within the specified timescales and received regular refresher training.

Processes were in place to regularly assess care workers understanding of the training they had completed, either in one-to-one supervision sessions, or staff team meetings. These processes included 'test your knowledge quizzes' in areas such as safeguarding.

There was a detailed supervision programme in place which ensured all staff had access to regular one-to-one supervision with a manager. During these sessions, staff were enabled to discuss areas such as personal development, training and general performance, as well as

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any areas of concern. There were processes in place to provide additional supervision when necessary, for instance for people working in their probation or induction period.

Is the service caring?

Our findings

We received some positive feedback from people who used the service and their relatives about the care provided. In addition, people spoke highly of care staff and expressed satisfaction with their attitude and approach. People's comments included;

"I know (name removed) is treated in a caring manner and with respect." "Staff are kind and caring." "They know him well and they understand his needs, he is treated with care and compassion." "I can honestly say I have no concerns at all about (name removed). It's clear that the staff really care about him." Another person told us she felt staff understood her loved one's needs and they were caring and respectful.

One community professional we liaised with commented, "In my experience of working with Creative Support, I have found them to be caring and person centred in their interventions."

We visited some people who used the service and observed staff providing support. We saw that care workers

approached people in a kind and gentle manner and responded to any requests for assistance immediately. For those people who were not able to verbally request assistance, we saw care workers anticipated their needs well and regularly checked on their comfort and wellbeing.

It was apparent that people who used the service got along well with their support staff and were seen spending one-to-one time with them, which they clearly enjoyed.

We viewed a selection of people's care plans and saw that they reflected the opinions and wishes of the people they belonged to. Care plans provided clear information about how people wanted to be supported and the things that were important to them, such as significant relationships, valued pastimes and preferred daily routines.

The involvement of external advocates was promoted throughout the service. People were supported to access the services of external advocates to assist them in expressing their views. In a number of cases, the involvement of external advocates had been arranged by staff from the service, which demonstrated a positive view that people should have access to external representation.

Is the service responsive?

Our findings

People we spoke with were able to give us a number of examples of how the service had been responsive to their or their loved one's needs. People's comments included, "The service is very flexible and was very supportive with the transition process." "Staff have been supportive during a family emergency." And, "They listen and they do take action."

People expressed satisfaction with the care provided and felt their or their loved one's needs were well met. "They have a good quality of life; they are always out." "Myself and my husband are very pleased with Creative Support. They encourage my son to do things he may not have tried. I am confident that my son is happy there."

Community professionals we spoke with also expressed satisfaction with the service. One comment we received was, "The senior worker I have dealt with in particular has been proactive in her practice and has actively worked with individuals to promote their inclusion and independence and develop a bespoke service and modify as required to meet service users' assessed needs." Another community professional reported mixed experiences, and told us working with some staff teams was more positive than working with others.

In viewing people's care plans we could see they were based on their own views and wishes. People we spoke with confirmed they felt fully involved in their or their relative's care planning. One person commented, "We have felt involved all the way. We have had a say in everything and they wouldn't change anything without us agreeing." Another person told us they were regularly invited to express their views and opinions. They said there were regular reviews held but if any problems were identified which they needed to discuss, additional meetings would be held.

We viewed a selection of care plans and found them to be comprehensive and well detailed. Care plans were individualised and focused on the needs, goals and aspirations of the people they belonged to. Where appropriate, care plans included a 'pathway to independence' and were focused on people's strengths and goals.

Each care plan included a one page profile. This was a document that provided a picture of the person's likes, dislikes and the things that were important to them, such as important relationships and how they wanted to be supported on a daily basis.

People's care plans included a good amount of lifestyle information and detailed their preferred hobbies and pastimes. We noted there was an activity planner in every person's care plan, which included a weekly timetable and any support they required to engage in their chosen activities.

We received positive feedback from people about the support provided to engage in fulfilling activities. One person described how their relative was supported to pursue his interests, which included canal walks, socialising in the community and taking part in music shows. She described her relative as 'very happy' with the service.

Another person described how they had been supported to learn to horse ride and enjoyed shows, concerts and a trip to Coronation Street. We heard about lots of other activities enjoyed by people who used the service, including discos, picnics and swimming, Zumba and cinema trips.

People told us about the support they or their loved ones received to learn new skills. One person commented, "(name removed) is learning to shop and cook." And another explained they were supported to buy their own food and cook it.

People felt support was provided to maintain valued relationships. One person explained that their loved one had a close friend who they were regularly supported to see. This person also commented, "Visiting is very flexible, we can visit when we want to."

We found there was a good level of information provided to people who used the service and their representatives. This information included a Service User Guide, which provided guidance about what people could expect from the service and how to raise concerns. This information, as well as various policies and procedures, was provided in a range of formats, including easy read, which helped to ensure they were accessible for people who used the service.

There were a number of processes in place to provide people who used the service and their representatives with the opportunity to be involved in the running of the service

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and express their views and opinions. These included arrangements for the Service User Forum who met regularly to discuss a variety of issues. In addition, the registered manager regularly arranged for external speakers to attend, for example, a fire safety officer to provide advice.

Individual 'house' meetings were also held, which included people who used the service and their relatives. These meetings were an opportunity for people to discuss their own part of the service and any areas specific to them.

The registered manager was able to provide us with a number of examples of changes and developments made at the service as a result of feedback from people. For example, changes to the processes used for ascertaining people's wishes about holidays and how they were planned had been made, to better evidence people's involvement.

We were told that some people who used the service and some of their parents had been involved in staff interviews and the selection of new employees. This information was supported by documentation we viewed, which included evidence of people's views about the candidates they had interviewed.

Regular satisfaction surveys were held to enable the registered manager to obtain the views of people who used the service and other stakeholders. We saw there was an effective system in place to ensure that all responses were analysed so that any areas of dissatisfaction could be identified and addressed.

There was a complaints procedure in place which provided advice and guidance for people about how to raise concerns. This information was available in various formats including an easy read version, which demonstrated the needs of people who used the service had been taken into account.

We viewed records of concerns raised since the last inspection and noted there were appropriate arrangements in place to record them, as well as any action taken in response. The records demonstrated that the registered manager responded appropriately to complaints and worked closely with complainants to resolve any issues raised.

Is the service well-led?

Our findings

There was a clear management structure in place, which included a long term registered manager. People we spoke with were aware of the management structure and lines of accountability within the service. This meant people knew who to contact if they required any information or guidance.

There was a tailored training programme provided to managers within the organisation, including people carrying out senior support worker roles. The courses included areas such as providing supervision, leadership, advanced safeguarding and health and safety. This training helped to ensure people with management responsibilities were supported to develop their management and leadership skills.

The registered manager described a good level of support from the senior management team. We were advised that the area manager and service director had regular input to the service and were available for advice and guidance at all times. This was supported by our observations, as both the managers were present during the inspection and demonstrated good awareness of the needs of people who used the service.

Feedback we received from people who used the service, their relatives and community professionals was generally positive. One community professional commented, "From my involvement they do appear to be well led and staff are aware of who to approach from the management team in the event of any issues or concerns that are required to be dealt with at management level." Other comments included, "I don't have any concerns about speaking to the manager and can speak to the manager at any time." "We have a good relationship with the Manager. There are Annual Reviews, but we can raise concerns at any time and have additional meetings." "The Manager is always one step ahead and very well organised."

During our visit we spent some time at the service's office. The registered manager told us there was an open door policy where people who used the service were encouraged to 'pop in' throughout the day. This information was supported by our observations throughout the inspection.

Staff we spoke with expressed satisfaction with the management of the service and confidence in the

management team to deal with any concerns or issues. One care workers said, "There were lots of issues when (registered manager) came, but she is working through them now and there have been a lot of improvements." Another commented, "I have to say I find them (managers) very approachable. You can pick up the phone at any time you need, it's never a problem."

There were a number of processes in place, which enabled the registered manager and the provider to monitor quality across the service. Audits were carried out by the registered manager, which assessed areas such as health and safety, medication and finances. There was also a process whereby registered managers from other services run by the provider would carry out quality checks of each others' services, which helped to bring an objective approach to monitoring quality.

A regional quality team was employed by the provider. This team carried out in-depth audits and quality checks on behalf of the provider, usually on an annual basis. However, the team were available to carry out additional inspections, should there be any concerns about a service.

The service also employed quality teams, which included people external to the organisations known as lay assessors. This team's role was to assess quality and the experiences of people who used the service. The involvement of lay assessors, who sometimes had experience of using a service, or caring for someone who used a service, helped to ensure the process was objective and impartial.

The registered manager was able to give us examples of action taken as a result of necessary improvements being identified. For instance, in relation to some medication errors in one part of the service, a detailed action plan had been implemented to ensure the necessary improvements were made in a timely and effective manner. This demonstrated the registered manager was able to identify issues and address them.

There was an effective system in place which enabled the registered manager and provider to monitor all adverse incidents, such as accidents, complaints or safeguarding concerns. A social care governance team oversaw all incidents to ensure that appropriate action had been taken. In addition, this analysis and monitoring helped to

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ensure that any themes or patterns could be identified and addressed and that any lessons learned from adverse incidents, could be cascaded to all the provider's registered services.