

Creative Support Limited

Creative Support - Warwickshire Supported Living Service

Inspection report

Napton House
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Warwickshire
CV34 4NX

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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

About the service

Creative Support – Napton House is registered to provide personal care to adults with learning disabilities, autism or autistic spectrum disorders. Care and support was provided to people at prearranged times in a specialist 'extra care' housing service so each person had their own flat. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building.

Each person has their own individual tenancy agreement and is the occupant's own home and Creative Support provides their care package. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection visit, five people received personal care as part of their support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People felt safe. Systems protected people from the risk of abuse and harm. Medicines were managed safely.

Staff had the training and knowledge to effectively meet people's healthcare needs.

People were treated with dignity and respect and were encouraged to maintain their independence. Staff showed warm and caring attitudes to the people that they supported.

The care and support people received reflected their personal needs and preferences.

People were supported to access appropriate professionals and services to ensure care remained responsive to their individual needs.

Processes were in place to monitor and improve the quality of the service, there was a culture of openness and of reflection and learning from any reported incidents.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Creative Support - Warwickshire Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Extra Care Housing:

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 [bought] [or] [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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However the registered manager was in the process of deregistering with CQC and the manager (referred to as 'the manager' in the report) had applied to become the registered manager.

Notice of inspection

This inspection was unannounced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information about the service including notifications and any other information received from other agencies such as the Local Authority. Notifications are information about specific important events the service is legally required to report to us. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the manager, senior operations manager and four care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with a healthcare professional who regularly visited the service. We took their feedback into account when we made our judgement about this service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. Risk management plans required more detailed information to provide support that was safe. At this inspection this key question has now improved to good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff and a manager that understood their responsibilities to safeguard people from abuse and harm.
- The provider's systems and processes helped ensure people that received a personal care service, were kept safe from the risk of harm or abuse.
- People told us that they felt safe. One person told us, "Staff are really good. I feel very safe with their care."
- Staff understood what to look for and what to do if they suspected abuse. Staff told us who they would contact and felt confident that any concerns would be immediately acted upon.
- We saw evidence where following concerns being raised by staff about people's safety, appropriate safeguarding referrals had been made with the local authority and CQC had been informed.

Assessing risk, safety monitoring and management

- People's risk assessments were comprehensive and detailed. They contained the relevant information to manage risks such as epilepsy, anxiety and behaviour management and moving and handling.
- Risks were assessed and reviewed using key information from staff, such as observations and their experiences of providing support to the person. Also, where required from external health and social care professionals. For example, staff were supporting a person to manage their anxieties and behaviours, with assistance from behavioural specialists.
- One health professional said, "Staff really do know what they are doing. We offer support and they really listen and take our advice on board. This means they really do support [person] with their behaviours really well." Staff we spoke with understood how to manage the risks with this person.

Staffing and recruitment

- There were enough staff to safely meet and support people with their needs.
- Staff were available to provide people with the care calls that were scheduled in a timely way, and with sufficient numbers of staff.
- The provider was actively recruiting new staff to reduce the amount of agency cover that was needed. The registered manager told us that they tried to ensure that where possible the same agency staff were used to promote consistency for people that used the service.
- The provider had a recruitment process which had the relevant checks to ensure that new staff candidates were suitable to work with vulnerable people.

- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely

- The provider had systems and procedures to ensure that medicines were ordered, administered and disposed of appropriately.
- People received their medicines in line with their prescription and from staff that had the training and knowledge to do this safely.
- Medicine records were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to disposable gloves and aprons. Staff understood the importance of good infection control and what measures needed to be taken, including effective hand washing. All staff had training in infection control from the provider.
- Guidance was in place to protect people from the risk of infection.

Learning lessons when things go wrong

- All incident and safeguarding reports were reviewed by the registered manager to identify points of learning to further improve the management of risk.
- Where actions were identified this was discussed and shared with the staff team. For example, following recent incidents of behaviours and anxieties from an individual, staff and the management team requested a review of the persons allocated hours with the local commissioners. As a result, the allocated hours had been increased and the number of incidents had reduced. This was confirmed by the documentation that we looked at, and from what staff told us.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. Staff were not always trained to meet people's needs. At this inspection this key question has now improved to good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff had received the appropriate training and support to consistently meet people's needs effectively. This is a breach in Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider had ensured that all staff had received training that was relevant to their roles. Training included moving and handling, medicines, safeguarding and the mental capacity act.
- Staff felt supported to expand their knowledge in other areas of care. For example, one staff member was completing advanced training around autism care. There was also more specific training that was provided by health professionals including epilepsy and behavioural management techniques. All staff told us they felt training had improved significantly since the last inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's had detailed assessments of their health and social care needs prior to the start of their care. This ensured the provider and staff understood what care and support needs were to be met.
- Where people had more complex needs, the provider liaised with other health and social care professionals such as nurses and doctors. Staff followed advice and guidance given by these professionals in a timely and effective manner.
- Staff said care plans and risk assessments contained the relevant information they needed to support people according to their needs and choices.
- People felt staff were able to support and meet their individual needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had choice of what they wanted to eat and when. One person told us how staff were working with them to make positive nutritious choices in what they had to eat and drink. Another person told us how proud they felt because the cooking and food preparation skills they were learning from the staff, helped improve their life skills and increase independence.
- People had the support they needed to ensure that they could safely. For example staff knew about any specific dietary requirements and any choking risks.

Staff working with other agencies to provide consistent, effective, timely care

- Where needed care workers supported people to access other healthcare professionals, and supported people to attend appointments, we saw evidence of this in people's care plans.
- Staff and the manager told us they worked in partnership with other health and social care professionals to meet people's needs. This was reinforced by what we read in people's care records.

Supporting people to live healthier lives, access healthcare services and support

- Any important information from other professionals was shared with staff and people's care records were updated promptly. People's care records showed that people were able to access a wide variety of core and specialist external healthcare services.
- Where people's needs were becoming more complex due to their health conditions, the manager made sure that reviews were held with the relevant professionals. We saw an example where a person's support hours had been increased after the manager had raised concerns over how the person was managing their time when there was no staff support.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We found the service was working within the principles of the act.

- Records showed people consented to their care and support plans.
- Care workers promoted people's choices and sought consent each time they supported people with personal care.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests' decisions if people lacked capacity.
- There were no DoLS in place at the time of inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. A lack of consistent management affected the delivery of care despite staff's willingness to provide care and support when people required. At this inspection this key question has now improved to good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "The staff are always kind to me."
- We observed staff throughout the day and found they had formed good professional relationships with the people they were supported. Staff treated people with dignity and respect.
- Staff were knowledgeable about the people they were caring for and were able to explain to us people's individual needs, interests and requirements.
- The manager and staff took care to ensure people's support was personalised so that people's experiences of care were focussed on what they needed.
- Staff understood the principles behind equality, diversity and human rights. We were assured that whatever denomination, sexual preference, gender or faith that no one would be prejudiced in any way.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and support decisions. There were regular reviews of people's care and this was with the full involvement of the person.
- People were supported to express their views and any concerns about their care and support. There were regular meetings for people that used the service. People had been consulted on agreeing how communal areas were used to ensure that everyone's wishes were considered and respected. Also, the use of CCTV in communal areas was discussed and agreed with all of the people who lived there.
- The provider and registered manager gathered the views of people and relatives on the service provided.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us people were treated with dignity, respect and that their independence was promoted.
- Staff told us they took pride in providing care that was high quality and tailored to people's individual needs. Staff reinforced the importance of promoting dignity and respect in everything they did. What we saw confirmed this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. Care plan information was not always detailed which meant staff did not support some people in line with their physical and emotional needs. Staff did not always provide the care people needed, as there had been limited flexibility for staff to support people outside of their agreed hours. At this inspection this key question has now improved to good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were comprehensively detailed in their care plans and care records and contained the information about how they wished to receive their care and support.
- People's own individualities were recorded in their care records. This reflected their own histories, hobbies and interests and likes and dislikes. One person told us how staff understood their interests and supported them to pursue their hobbies and interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care staff.

- We found where people had impaired communication, support and information had been gained from the relevant professionals and detailed in their care plans. This included prompts for staff on what to look for when communicating with the person.
- Staff had a clear understanding of people's own individual communication styles and understood what verbal and non-verbal cues were for people.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints and concerns that had been received. Complaints had been dealt with in line with the providers policy and closed.
- We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to who people could complain to. People told us that they felt they only had to mention something to staff or the manager and it would be listened to. Everyone we spoke with was positive about the care and support.

End of life care and support

- The provider did not currently have any people receiving end of life care.

- We discussed with the manager how they would support people at the end of their life. The manager said they would work closely with the person's GP and other professionals to maintain people where they wanted to be for the maximum amount of time and to ensure a dignified and pain-free death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection systems or processes were not robust, established and operated effectively by the provider to ensure risks to people were reduced and to provide a good quality service to people. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had systems and processes in place to monitor the quality of the service.
- The manager had frequent contact with the provider and was able to share any areas of concern or improvements and felt they had the full support of the provider with any recommendations. All of the areas identified for improvement from the last inspection had been addressed and systems had been put in place to sustain improvement in the service provided. For example, they had improved staff training, how they assessed risk and how they provided support to meet people's assessed needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a range of ways to involve people and staff including formal and informal meetings. This helped people to be able to communicate effectively with the manager and staff about any aspects of care or support.
- Staff had regular team meetings, supervisions and appraisals which ensured staff were up to date with important information. The registered manager said they had an open-door policy so that staff had access to raise any concerns straight away.
- Staff told us they felt well supported by the manager.

Continuous learning and improving care

- Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns.
- The manager reported incidents correctly and demonstrated a clear understanding of the types of incidents to be reported to the CQC.
- Sharing of Incidents takes place through daily handover meetings and regular staff meetings.

Working in partnership with others

- There was a good working relationship with other agencies such as doctors, pharmacies, and district nurses.
- The manager and provider had sought support and training from external professionals when needed, such as for epilepsy care.