

Creative Support Limited

Creative Support - Bury Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Creative Support Bury provides care and support to people living in a number of 'supported living' settings, including houses and flats, so that they can live as independently as possible.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service was supporting eight people with their personal care needs.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were at the centre of their care and were supported to be as independent as possible. People lived in a small, domestic setting and received support from staff who understood their needs and preferences. Managers and staff empowered people to their own decisions about their care and support.

Staff told us they understood their responsibilities in relation to safeguarding, and people using the service told us they felt safe when receiving care.

Medicines were managed safely. People received their medicines when needed and appropriate records had been completed. We saw people had access to healthcare professionals.

Risks to individuals and the environment were well managed. There were enough staff to meet people's needs. The provider learned from accidents and incidents to mitigate future risks.

Staff development was supported by a thorough induction, support from the management team and training relevant to the needs of the people they cared for.

Infection control procedures were robust and staff had taken additional measures to protect people from infection control risks associated with COVID-19.

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 did support

this practice.

The provider's quality assurance systems monitored the service provided to people. These included obtaining feedback from people about their satisfaction with the service they received. Improvements to the service were promptly made when needed.

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

Rating at last inspection

The last rating for this service was good (published 30 May 2019).

Why we inspected

This was a planned inspection

The overall rating for the service has remained the same. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Creative Support - Bury 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

This inspection was announced. We gave 48 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority and the community infection control team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the office and went to three of the supported living settings. The provider sent us a variety of documentation electronically. We spoke with three people who used the service. We made observations of the care provided and looked at documentation at the supported living setting. We spoke with members of staff including the registered manager, the service director and four care staff.

We viewed one person's support plan, daily notes and medication records, one staff recruitment and induction file, training and supervision information, and a range of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had detailed and up-to-date risk assessments. These included information about risks associated with behaviours, self and personal care, medicines and community activities. These were reviewed on a monthly basis and updated in response to any changes.
- Risk assessments relating to the environment were in place. This included evacuation plans and equipment to be used in case of fire.
- The registered manager continued to monitor accidents and incidents for any themes or trends. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.

Using medicines safely

- Medicines were managed safely. Staff responsible for administering medicines were appropriately trained. Medication administration records were completed correctly, and staff had access to information and guidance about how to safely administer people's prescribed medicines.
- Medicines audits were completed on a regular basis by the registered manager and senior staff to check medicines were being managed in the right way. Where there were medication errors, these were investigated to minimise risk of recurrence.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse.
- Staff were provided with training in recognising the signs of abuse and were confident to identify and report any safeguarding issues if needed.
- There was an open culture at the service, where staff felt able to speak out. One member of staff said, "As staff we wouldn't stand for any poor practice. I wouldn't hesitate if I needed to report concerns."

Staffing and recruitment.

- Staffing levels were carefully assessed around a person's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We received positive feedback from people that they were happy with the staff support. One person also told us, "The staff always help me when I need their support, I like them."
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Preventing and controlling infection

- The service had an up to date infection prevention and control (IPC) policy which had been updated appropriately for the COVID-19 pandemic with the latest government guidance.
- Risks to people accessing community settings had been thoroughly assessed and staff we spoke with were wearing personal protective equipment (PPE) such as masks.
- People's homes were clean and people we spoke with told us they cleaned their homes regularly, either by themselves or with support from staff. Environments had been assessed for any risks of infection and actions were in place to minimise this.

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 good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were provided with the skills and knowledge to perform their job.
- Training was provided both on-line and face to face by qualified trainers. Training provided staff with the skills and knowledge they needed to meet people's needs.
- New staff received an induction before working. This included training and shadowing of other staff. A staff member said, "I'm quite new and the support I have received has been great. The training on offer has been good."
- Staff received regular supervision meetings with team leaders and managers to enable them to discuss any concerns or development needs.

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

- People's needs were assessed before they started to receive care and support from the service. This included working closely with other health and social care professionals by completing joint assessments. This helped to ensure people's individual needs could be met.

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

- People were supported to have a healthy diet. Staff knew what people liked and people were involved in menu planning. One person told us, "I like to make my own meals, following recipes. Staff will help me with this."
- Where people had food allergies or required a specific diet, food information was clearly recorded in their care plans and well known by staff.
- Risks associated with people's food and drink intake were clearly recorded and guidance was in place for staff to follow in order to prevent harm occurring.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other health and social care professionals to make sure people's needs were met. Care records recorded important involvement from healthcare professionals such as, Psychiatrist, Community learning disability teams, speech and language therapist, occupational therapists and GP's.
- People's support plans included health action plans. These plans were in place to monitor people's physical health such as weight, family history, vaccinations and medication which helped staff assist and advise people to make informed decisions about their health.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service ensured decision specific mental capacity assessments had been completed and best interest process followed in relation to people's care and treatment.
- Staff were knowledgeable about the principles of the MCA. During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.

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 good. At this inspection this key question has remained the same. 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

- Observations showed people were supported by staff who were attentive to their needs, patient and compassionate. One person at the service said, "I like my home and the staff who visit me."
- Staff took time to get to know people's methods of communication in order to provide them with the support they needed and wanted. In many cases this had led to positive outcomes for people's health and wellbeing.
- Staff completed equality and diversity training as part of their induction. The needs of people from diverse backgrounds had been taken into account to ensure people did not experience any form of discrimination and this information was included in support plans.

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

- The service encouraged people where possible to make choices about aspects of their care where they had capacity to make that decision.
- Staff supported people to make decisions and understood when to involve families or outside agencies such as independent advocacy to support individuals in the decision-making process.
- Staff worked with people and relevant health professionals to ensure people could take part in making decisions around their care.

Respecting and promoting people's privacy, dignity and independence

- Peoples, privacy and dignity was respected by staff at the service. Where people wanted time to be on their own this was respected by the service.
- A strong ethos of the service was promoting people's independence. The majority of people went out independently. A person said, "I like to go out on my own at times, but I know the staff will come with me if I need help."
- All of the interactions we observed throughout the inspection between people and staff were dignified and respectful.
- Records within the service were stored in a manner that ensured people's confidentiality was maintained.

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 good. At this inspection this key question has remained the same. 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 received care and support in a way that was flexible and responsive to their needs.
- The care plan we reviewed clearly provided staff with descriptions of the person's abilities, risks associated with their care and how they should provide support in line with the person's preferences. Care plans at the service were regularly reviewed to ensure they were current.

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 carers.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats, such as easy read, and were aware of their responsibility to meet the AIS.
- There was information in pictorial forms, such as activities and tasks to support people to communicate their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff described how the COVID-19 pandemic impacted people's access to regular activities and how this had a negative impact on people. The staff team informed us they worked closely with people to ensure social outings still took place, such as taking walks where possible. One staff member told us, "In the pandemic it was important to keep our clients motivated and keep things as normal as positive, for some of our clients routine is very important to them."
- People were supported to maintain contact with family and people close to them. The restrictions due to COVID-19 had impacted the level of contact people were able to have but alternative methods of communication and contact had been adopted, such as skype calls and garden visits.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints. There had been no complaints received at the time of this inspection.
- There was a complaints procedure in place which was made accessible to meet people's different communication needs. Staff were vigilant and understood people's behaviour which may indicate a person was not happy.

End of life care and support

- The provider was not supporting anyone at the end of their life at the time of the inspection.
- The registered manager told us they would work with health professionals and people's families, where appropriate, should anyone become unwell with a health condition that might be terminal.

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 good. At this inspection the rating has remained 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

- There was a registered manager for the service, with additional management support providing oversight to a number of the supported living services. There was regular communication between the management team.
- The management team were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care.
- We received positive comments regarding the management team from staff, comments included, "I have worked for Creative Support for a long time and honestly I feel the support from the team leaders to the managers is great" and "Very supportive managers, especially throughout the pandemic."
- The management team had a system for monitoring the quality and safety of the service. Audits were completed in a range of areas such as support plans, health and safety, incidents and accidents, and medication.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had created an open culture and demonstrated, along with the staff, a commitment to providing person centred, high-quality care.
- The provider introduced a reporting system called 'code red'. Code red is underpinned by right support, right care and right culture guidance. People and staff were encouraged to share any concerns without the fear of reprisal.
- The service encouraged people and their families to be involved in day-to-day discussions about their care and support.
- The registered manager understood the requirements of the duty of candour, this is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People and staff continued to be involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the manager with a mechanism for monitoring satisfaction with the service

provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Staff told us they felt listened to and that the registered manager and higher management were approachable. They said they worked as a team to provide person centred care.
- The management team held meetings with staff where staff shared learning and good practice. This included updates of any changes in people's needs, guidance to staff about the day to day management of the service.