

Creative Support Limited

# Creative Support - Whitby, Stockton and Redcar and Cleveland

## Inspection report

The Penthouse, The Colluseum  
Victoria Place  
Whitby  
North Yorkshire  
YO21 1EZ

Tel: 01947825091

Date of inspection visit:  
24 April 2018  
21 May 2018

Date of publication:  
27 June 2018

## 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

Creative Support –Whitby, Stockton and Redcar and Cleveland are registered to provide personal care to people with a learning disability in the Whitby, Stockton and Redcar and Cleveland area. The service is one of a group of services provided by Creative Support Limited which is a not for profit organisation with charitable status. They also provide support living services which are staffed 24 hours a day.

Inspection site visit activity started on 24 April 2018 and finished on 21 May 2018. At the time of this inspection, the service supported 11 people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and on-going 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.

There was a manager in post who had registered with the Care Quality Commission. They assisted throughout the inspection process.

Safe recruitment processes continued to be followed. Staff received safeguarding training and were familiar with the process they needed to follow if they had any concerns. Risk assessments were completed when any risks were identified. Staff received medicines training and we found medicines were stored and administered safely.

New staff completed an induction when they joined the service. People were supported by a regular team of competent staff who had completed training, relevant to their role. Staff received supported through a regular system of supervisions and one to one discussions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had good working relationships with other health professionals and sought advice and guidance where needed.

People told us they were well cared for. Staff demonstrated a positive regard for what was important and mattered to people. Staff promoted people's independence in line with the vision of the service.

People and relatives confirmed they were actively involved in the planning of care. Care plans contained guidance specific to the individual. People and relatives told us they knew how to make a complaint. The provider had a complaints policy in place which was available in large print and displayed within services.

Records had not always been completed fully. For example, MCA assessments, best interest decisions and regular reviews of people's care plans and risk assessments were not fully recorded. The registered manager took swift action to address this during the inspection.

A range of quality assurance processes were in place to monitor and improve the service. The registered manager attended meetings, presentations and training courses to ensure they kept up to date with best practice guidance. Staff told us the registered manager was approachable, responsive and listened to any ideas for areas of improvement.

People and relatives were asked to provide feedback on the service. However, action plans to address any concerns raised specific to the service were not in place.

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 - Whitby, Stockton and Redcar and Cleveland

## **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.

Inspection site visit activity started on 24 April 2018 and finished on 21 May 2018. It included visits to the provider's office location, visits to people in the community and telephone calls to relatives of people who used the service. We gave the provider 48 hours' notice of the inspection site visits because we needed to make sure someone would be available at the office location.

The inspection was carried out by two adult social care inspectors.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had been requested to complete a Provider Information Return which was returned within required timescales. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited three supported living services and spoke with four people who used the service, three relatives and six staff including the registered manager. We reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. Comments included, "I have no concerns about [person's name] safety what-so-ever" and "I know [person's name] is safe and well cared for."

Safe recruitment processes continued to be followed. Records showed that appropriate checks had been completed before new staff started working with people. Interview questions were further developed since our last inspection and demonstrated the registered manager ensured people were suitable for the role which they had applied for.

For people who required assistance with medicines this had been managed safely. Records contained clear information of when prescribed medicines should be administered and how they should be stored. Regular audits were completed to ensure there were no discrepancies with regards to medicines. When concerns were identified a thorough 'lessons learnt' process was in place and followed. Training records showed, where required, staff had received medicines training and their competencies in this area assessed.

Risks to people and staff had been managed appropriately. Care records contained clear information and guidance with regards to potential risks and how these should be managed. Records did not always show how often risk assessments had been reviewed to ensure they remained up to date. We discussed this with the registered manager who took action during the inspection to address this concern.

Staff supported people to remain safe in their home environment. They ensured landlords, who had responsibility for the property, arranged appropriate servicing for items such as the gas appliances and electrical testing. Staff ensured water temperatures were within safe limits, completed regular checks of the fire safety equipment and understood what to do in the event of an emergency.

A safeguarding policy and procedure was in place and records showed referrals were made to the local authority as required. Staff had a clear understanding of their responsibility to report and act on any concerns identified. One member of staff told us, "We have had training and I certainly understand what I need to do if I have any concerns. I would report anything to the service manager and I am confident they would manage this appropriately."

Throughout the inspection, observations showed there was enough staff on duty to support people and meet their needs. People were supported by a regular team of staff whom they were familiar with. One person told us, "I like [staff member's name.] We do cooking together and we are going out later. I like the staff."

People were encouraged to maintain a clean environment with prompts from staff. Throughout our visits to the supported living service we witnessed people contributing to cooking and cleaning. All the services we visited were well maintain and had no malodours. Staff received training in infection control and demonstrated good knowledge in this area.

# Is the service effective?

## Our findings

People and relatives told us they thought staff were well trained and provided an effective service. Comments included, "Staff are clearly well trained. [Person's name] has progressed so much" and "Staff are quick to seek professional advice when it is needed. They work well with other professionals."

New staff completed an induction when they joined the service and their performance was closely monitored until they passed a probation period. They had monthly one to one supervisions to discuss how the person was performing and any concerns. Clear action plans were put in place when improvements were needed.

Training records were thorough and showed staff completed training the provider considered mandatory. Staff also completed specialist training, in areas such as epilepsy and diabetes, to ensure they could meet the needs of the people they supported. Staff spoke positively about the training opportunities they were provided with.

Staff received one to one support and guidance and these were recorded on a supervision document. Staff received an annual appraisal which focused on their previous 12 months performance, training needs and areas for further development.

People 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. However, we found MCA assessments and best interest decisions had not been recorded when people lacked capacity. We discussed this with the registered manager who took action following the inspection to ensure MCA assessments and best interest decisions were clearly recorded.

We observed staff asked people's permission before providing care and support. This meant staff ensured they had people's consent. Staff understood the importance of consent and respected people's rights to make their own decisions.

People were supported to maintain a balanced diet. Staff provided guidance to people where needed to ensure they maintained their health. One person had a specific medical condition which limited the amounts of calories they could consume. This was closely monitored by staff in a dignified way. They had worked with the person to improve their knowledge of appropriate meal choices and their understanding of their medical condition. A member of staff told us, "Originally we had to have a lock on cupboards because [person's name] didn't understand their condition. Now they understand and there is no need for the locks anymore. They are in control and we just support them."

Although people lived together in one house they were very much supported as individuals. They were able to choose what they wanted to eat and when, had access to their preferred GP and spent their days as they wished. People were supported to access health appointments when required and this was clearly recorded in care records including outcomes and if any additional appointments were required.



# Is the service caring?

## Our findings

People and relatives told us they were well cared for by polite and friendly staff. Comments included, "Staff have taken time to get to know [person's name] and understand their needs" and "[Person's name] life has been transformed massively, thanks to the staff."

During the inspection we observed staff respecting people's privacy and dignity by knocking on doors before entering their personal space and asking people if it was okay to look around the service (their homes). One member of staff told us, "This is people's homes and we respect that. If people wish to spend time in their own rooms then who are we to stop them. If people want to have a lie in, they have a lie in. We respect decisions people make."

Staff were polite and kind towards people. We saw numerous friendly conversations and good interactions, which demonstrated staff cared about the people they supported. It was clear staff had built positive relationships with people and were aware of their likes, dislikes and preferences. We found staff had time to chat with people and acknowledged them as they moved around the building. People responded warmly towards staff showing us they valued their companionship.

People were supported to remain as independent as possible and make decisions regarding the care and support they received. They were encouraged to express their views through regular discussions with staff. Relatives we spoke with told us they were "delighted with the progress [person's name] had made since receiving support from the service."

Information was available about the use of advocacy services to help people have access to independent sources of support when required.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. We saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

## Is the service responsive?

### Our findings

People at Creative Support told us staff responded to their needs and wishes. Relatives told us, "[person's name] has become an independent person with a full, active social life" and "It is clear staff have sat down and given their care a lot of thought. They are doing a lot more now."

People had care and support plans which were developed with input from the person, their relatives, staff and professionals. They contained person-centred information which was specific to their needs.

We discussed the regularity of care and support plan reviews with the registered manager. They told us monthly meetings were held with support staff to discuss the person's needs and if there had been any changes. However, we found this was not always recorded to evidence such reviews had taken place. We found no evidence this had a negative impact on people as support plans contained information which related to people's current needs.

At the end of their shift, staff completed detailed handover notes to ensure any important information was shared with other staff. Appropriate monitoring documentation was in place where required, for example to monitor a person food and fluid intake, and had been completed appropriately.

People were provided with the required support from staff, when needed, to participate in activities or outings in the community.

People were able to choose activities that were of interest to them. Planning outings such as shopping, trips into local towns and visits to the seaside were encouraged. Other activities to promote people's independence, were encouraged by staff. One person told us how they had a 'brilliant time' whilst holidaying in Blackpool and another trip had been planned with the help from staff.

The provider had a procedure which outlined how complaints about the service would be managed and responded to. Information about how to complain was available in an accessible format. This ensured people had information about who to speak with and how to raise concerns. We found complaints had been managed appropriately.

# Is the service well-led?

## Our findings

There was a manager in post who had registered with CQC November 2011. 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 was supported by service managers who were responsible for the day to day management of an allocated supported living service. Service managers completed weekly and monthly quality audits to monitor the service. They assessed areas such as medicines, health & safety and staff records to ensure any concerns were identified and action taken where needed. The outcome of the audits were then shared with the registered manager.

The registered manager and senior managers within Creative Supported also visited the supported living services on a regular basis to ensure people were receiving a quality service.

Staff told us they did not have regular contact with the registered manager but they could seek support and guidance from the service manager at any time. Comments included, "I feel I have enough support. The service manager is always available and I know they have regular contact with the registered manager."

Records had not always been completed fully. For example, MCA assessments, best interest decisions and regular reviews of people's care were not thoroughly recorded. We discussed this with the registered manager who agreed improvements were needed. They took action during the inspection to address these concerns.

People and relatives were asked to provide feedback on the service on an annual basis. However, the feedback provided was then submitted to Creative Support head office and collated with feedback from all other services within the North region. Action plans were developed but they were not specific to the service. We discussed this with the registered manager who agreed it was difficult to establish if feedback was positive and if any concerns specific to their service has been raised. They told us they had good relationships with people and relatives and were confident they would be approached direct if there were any concerns. People and relatives we spoke with confirmed this.

Staff were given the opportunity to attend regular meetings to keep them up to date and contribute ideas on how the service could improve. These meetings were also used to discuss people who used the service, their progress or any areas which needed addressing. Staff told us if they were unable to attend these meetings, minutes were made available.

The registered manager attended meetings, presentations and training courses to ensure they kept up to date with best practice guidance and ways they could improve the service. Information was also distributed via head office on a regular basis.

