Creative Support Limited

Creative Support - Derby 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

This inspection was carried out on 25 and 26 September and 2 October 2018. This is the second comprehensive inspection of the service and was announced.

Creative Support – Derby Service is a domiciliary care agency. It provides personal care and 24 hours support to people living in their own houses and flats in the community. It provides a service to adults with learning disabilities and autism and associated disabilities.

At our last inspection in February 2016 we rated the service overall as 'Good'. At this inspection we found evidence to support a continued rating of 'Good'.

At the time of our inspection visit the service supported 10 people living in four 'supported living' houses so that they could live in their own home as independently as possible. People's care and housing were 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 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.

People continued to feel safe using the service. Risks related to people's lives and wellbeing had been continuously assessed, monitored and reviewed to support people's safety. Independence was promoted.

Staff knew how to keep people safe and understood their responsibility to protect people from the risk of abuse.

People continued to be supported with their medicines in a safe way. People could choose the food and drink they wanted and staff supported people with this. People's nutritional needs were met, and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received co-ordinated care and support.

Staff recruitment systems reduced the risk of employing unsafe staff. There were sufficient numbers of staff available who worked flexibly to support people. Staff continued to be supported in their role and received regular training and supervision to provide effective care.

People continued to be involved and made decisions about all aspects of their care. People were encouraged to take positive risks. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to receive person centred care. They were involved in the development and review of their care, and advocacy support was provided, when required. The support plans were in formats that people could understand. Support plans reflected the care and support people needed, specific communication needs and their likes, dislikes, and interests. People's wellbeing and independence was promoted. People pursued their interests and hobbies and maintained contact with family and friends.

Systems were in place for people to express their views and to raise any complaints or concerns. Concerns were acted upon promptly and any lessons learned were shared with the staff team to improve the quality of care provided.

The provider promoted a culture of openness and worked partnership with other agencies. Quality monitoring systems were in place which supported continuous learning and improvement of the service. Regular audits were carried out on all aspects of the service and areas identified for further improvement had appropriate action taken.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Creative Support - Derby 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 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.

This inspection took place on 25 and 26 September 2018 and 2 October 2018 and was announced. We gave the service 48 hours days' notice of the inspection visit because we needed to be sure the registered manager would be in. Some people who used the service needed to give consent to speak with us by phone or to tell if they preferred an inspector to visit them at home. We contacted people's relatives by phone on 25 September 2018. We visited and spoke with people in their own homes, and spoke with staff on 26 September 2018. We visited the office location on 2 October 2018 to see the registered manager and to review care records and policies and procedures.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service and notification regarding important events at the service, which the provider must tell us. We contacted Derby City Council who commission packages of care for people. We also contacted Derby Healthwatch; an independent consumer champion for people who use health and social care services, for their views about the service. We received no concern about the service from either.

We spoke with six relatives of people who used the service. We visited four supported living houses where people who used the service lived. We spoke with five people and observed four people being supported in communal areas of their own homes. This was so we could understand people's experiences. By observing the care received, we could determine if they were comfortable with the support they were provided with.

We spoke five support workers and the registered manager. We reviewed four people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service such as training records and quality audits.

Good

Is the service safe?

Our findings

People continued to feel safe with the staff and the care and support they received. One person said, "It's always the same staff [working], that makes me feel safe." Another person said, "[Staff name] makes sure I'm safe. Staff will check that I've got my [mobile] phone when I go out in a taxi." They added that they would tell staff or their relative if they felt unsafe." A relative said, "I feel [person name] is safe, very settled and doing things like anyone else. I have no intentions to even consider looking for anywhere else."

There were systems, processes and practices to safeguard people from situations in which there was the potential to experience abuse. The provider's safeguarding procedure was clear, and available in alternative formats to make it easier for people to understand. Staff were trained to safeguard people from harm and knew what action to take if they were concerned.

Risks assessments covered all aspects of people's needs such as mobility and safety within home and when out in the community. Support plans gave staff clear instructions about how to keep people safe. For example, they contained information about people's communication needs, the number of staff needed to support the person, and how best to support people who had behaviours which could be challenging. Risk assessments and support plans were reviewed regularly to ensure that if people's needs changed, staff continued to promote people's safety.

Staff knew people well and promoted people's safety without restricting their rights and choices. For example, a staff member said, "[Person's name] does not understand road safety. [They] will link arms with us when we cross the road." This was consistent with the information found in the person's support plan. All staff understood their responsibilities to record any accidents and incidents that may occur. These were analysed to find the cause and actions needed to mitigate the risk of repeat events.

Staff told us and records confirmed, checks were made on their suitability to work with people using the service as part of their recruitment. These checks included a disclosure and barring service check (DBS), checks on previous employment history and references.

People and relatives told us there were sufficient staff available to meet their needs. One person said, "Staff [that worked at this supported living house] have worked for many years. We always know whose working." Relatives comments supported this view, "I feel [person named] is safe and happy because the staff group is stable." And, "Staff turnover is low. It's the same staff and they are flexible so [person name] can go out if [they] want to." The staff rotas confirmed the staffing arrangements met people's needs. Staff worked flexibly so people who required support to go to out could do so and covered any unplanned staff absences. The 24 hours on-call service meant staff could access support and guidance in an emergency.

People continued to be supported with their medicines safely. One person said, "All my tablets are in [blister] packs. I take my own [tablets] and staff will check that I've taken them on time." A relative said, "[Person's name] needs to be reminded to take [their] medicines, which [staff] do. I've got no concerns about [their] medicines." Records were completed accurately by staff to confirm each person had taken

their medicines. People had regular reviews of their medicines to ensure these remained appropriate to maintain good health.

Staff received training on infection control. Personal protective equipment (PPE), such as disposable gloves and aprons were readily available for staffs use.

Lessons were learned and improvements made when things had gone wrong. The registered manager had taken appropriate action when people's health and wellbeing had been put at risk. Lessons had been learned following some medication recording errors. For example, they had increased checks to ensure people were supported with their medicines and records were completed accurately. Staff were clear about their roles and expectations, and worked to a high standard that centred around people's quality of life.

Good

Is the service effective?

Our findings

People were supported by staff who were well trained. All staff had a comprehensive induction to the service and ongoing training that equipped them to support people. Staff spoke positively about the quality and range of training. A staff member said, "Training is very good. You're given an insight on how certain conditions affect people with a learning disability and autism; and why some people need familiarity and routine."

Systems were in place that ensure staff continued to be trained and supported in their role. Staff continued to receive training relevant to their role and to provide effective care. This was based on current legislation, best practice guidance in relation to supporting people with learning disabilities, autism and associated health conditions. Staff were encouraged to complete professional qualifications in health and social care and training records confirmed this. Staff received regular supervisions and annual appraisals. Supervisions gave staff the opportunity to discuss working practices and identify training needs. Team meetings took place regularly. These were used to share information about any changes and development within the service and ways to improve people's quality of life.

People's needs were assessed by the provider to ensure staff could provide the care and support needed. Records showed people's daily lifestyle and routines, cultural needs and interests had been documented and made known to staff; enabling them to provide effective care and support. People and relatives confirmed they were fully involved in the assessment process and review of their on-going care needs.

People were supported to eat foods they liked. One person said, "I choose what I want to eat. I do my own food shop and will decide on the day what I want to eat. Staff will either make it or help me make it." Another said, "It's usually fish, chips and peas on a Friday. We sometimes have take-away meals and go out to eat in the café or the garden centre." People said they were encouraged to help plan and prepare their own meals. During our visit to one person's home we saw they made themselves a cup of tea. Whilst another person indicated to staff they wanted a cup of tea, which was made for them.

People's dietary needs were documented along with the food preferences and the support required. Staff were aware of people's dietary requirements and said they encouraged people to make healthier food choices. A staff member said, "I try to encourage [person's name] to have more fruit and veg, so [they] have natural sugars not artificial ones."

People were supported to access external healthcare support as necessary. One person said, "I have regular [health and wellbeing] appointments. If you need to see the doctor, [staff] will make an appointment and come with you if you want them to." A relative said, "[Person name] attends medical appointments. If needs be staff will call me to see if I would go with [them]." Staff told us they had accompanied people to medical appointments when requested to do so.

Health action plans were kept up to date. This document provided health care staff the necessary information about how to support the person who required medical treatment. It included how the person

communicated. Staff described signs people used to indicate when they felt unwell which was consistent with the information found in the support plans. Records showed staff worked in partnership with other health care staff to enhance people's quality of life. For example, a person managed their health condition and treatment with the support of a learning disability community nurse.

People's homes were adapted to meet their needs and decorated to reflect their taste and interests. Staff members told us they would support people to maintain their home and when required liaised with the landlord if repairs were needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. Records showed the service continued to work within the principles of the MCA, and had carried out capacity assessments appropriately for people that required them. Best interest decisions were documented when people were unable to make some decisions for themselves. The registered manager continued to work with external agencies where applications to deprive a person of their liberty in their own home had been made to the Court of Protection.

People told us that staff supported them and assisted them when asked to do so. Staff sought consent and consulted with people to make choices and decisions about their care. For example, chose how they wanted to spend their time and what they wanted to eat or drink. When needed, staff used verbal prompts and gestures which were understood by individuals.

Good

Is the service caring?

Our findings

People told us staff treated them with care, kindness and respect. One person said, "They [staff team] have always treated me well. They listen to what I have to say and will help me when I need help." A relative said, "[Person's name] is very happy; [person] has a lovely bunch of carers; they are reliable, consistent and [they] get on with all of them."

People had developed positive relationships with the staff and were comfortable in approaching staff when needed. One person spoke about feeling sad after the death of a pet and how staff had supported them. They then said, "I like [staff named] because they all love me and look after me nicely." A staff member told us, "I know everyone. They are all different; have different needs and interests and it is important that we respect them." This showed staff continued to treat people as individuals; were compassionate about the people they looked after and when required, offered emotional support.

People had been involved in the development and review of their support plans and felt their opinion had been listened to and acted on by staff. People's support plans reflected their needs and wishes. For example, it was important for one person to visit their elderly relative regularly and staff supported them to do so.

People were protected from the risk of being discriminated against under the Equality Act, when making care and support choices. People were supported when required by their relative or an advocate to ensure individuals views and wishes were known. Decisions made had been documented and reviewed regularly.

Staff continued to support people with specific communication needs. People were confident to express emotions and felt staff would respect their lifestyle choices. We saw staff understood how one person communicated using sounds and gestures. Staff described some signs, action and gestures that people used and how they would respond. For example, they knew if the person was happy or unhappy and that actions signs such as putting on their shoes would show the person wanted to go out.

People had been supported to be independent. One person was confident using a taxi to go to out on their own. People kept contact with family and friends. A relative told us their family member enjoyed using the train to go to different places.

People and their relatives felt that staff were always respectful of their privacy and dignity. One person said, "[Staff] always knock before they enter my room." Staff gave examples of how they protected and promoted people's dignity and privacy. A staff member said, "Sometimes you have to pull the door shut if someone is in the loo" Another staff member said, "I have asked [person's name] to put on some clothes; it to protect their dignity and others who live here."

People's personal information was stored and managed securely. Staff were aware of the confidentiality policy and their responsibilities when handling people's information. That showed the provider met the requirements of the General Data Protection Regulation (GDPR).

Good

Is the service responsive?

Our findings

People told us staff provided them with care and support that was responsive to meet their needs. One person said, "It's very good support, [staff] know me well and I can ask them to help me whenever." Another person said, "[staff name] is my key worker who I talk to about how things are [for me]." A staff member described in detail the preferences and day to day routines of a person they supported. For example, they ensured the roast dinner was cut into smaller pieces for one person so that they could eat independently.

People and relatives all felt the staff team knew the people they supported very well. People made their own decisions about their daily lives and staff helped them when needed. Staff ensured people and their relatives, where appropriate, were involved in the ongoing review of their care. Support plans were detailed and personalised to reflect people's physical, social, emotional and cultural needs and goals to achieve greater independence. For example, a support plan stated, what others liked about the individual, described that they liked to wear bright coloured clothes and wore their clothes in a certain way. Another support plan informed staff when communicating to use short sentences and limit the choices to two or three options. This meant the person could make choices easily.

People's views about the service were sought individually and in small groups. Staff were aware of recent group discussions and felt the communication between staff team and people using the service was good. Staff shared information with other staff through shift 'handover' meetings and used a communication book to write down any information staff needed to know. This meant all staff would be aware of any issues or events which happened whilst they were not on shift.

Staff worked in a flexible way that ensured people received care and support that was responsive. Staff understood the importance of promoting equality and diversity; and respecting people's personal preferences. People helped with household chores. They maintained contact with family and friends. A relative told us their family member had been on day trips, holidays and a cruise. Photograph diaries were developed for some people to show the different activities they took part in. This showed people were encouraged, to be independent and enjoy social interests and hobbies.

Staff were trained to communicate with people using Makaton and other methods specifically used by some people. Makaton is designed to support spoken language using signs and symbols to help people communicate. People's support plans were written to promote their independence, privacy and dignity. Information regarding how people liked to be supported was clear and available in formats people understood. This included use of photographs and pictures. This showed the provider was complying with the Accessible Information Standard (AIS). It a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had a system and a policy in place about how people would be supported at the end of their lives, although at the time of our inspection visit no one was receiving end of life care. People had the opportunity to express how they wished to be cared for at the end of life and staff had been trained in end of life care.

People knew who to speak with if they were unhappy about any aspect of their care. One person said, "I talk to my key worker if I have any concerns." A relative said, "I've had no reason to complain. I'm sure management do take complaints seriously." A formal complaint process was used to respond to complaints. Records showed complaints were handled appropriately, investigated and actions taken to drive improvements.

Good

Is the service well-led?

Our findings

The registered manager continued to provide good leadership and managed the service well. They understood their legal responsibilities, one of which was to display the latest CQC inspection report and rating at the service. The provider's website also displayed this information. This is so people, visitors and those seeking information about the service can be informed of our judgments.

The registered manager accessed in-house training and attended conferences to continuously look at ways to improve the quality care provided. They shared information and new developments with the staff team to ensure collectively they enhanced people's quality of life and promoted the provider's vision and values. Clear accessible information had also been developed for prospective users. This included the people's charter which described the rights of people using the service and what they could expect from the service.

People who used the service, their relatives and staff were encouraged to look at ways to enhance people's quality of life and develop the service. People and staff told us there was an open, transparent and positive culture at the service. People using the service, relatives, advocate and staff team told us the registered manager approachable and could speak with them at any time.

People's views were sought individually through reviews of their care, group meetings and through surveys. Feedback from meetings had been documented and acted on. Surveys were produced in accessible formats. The survey results from 2017 were all positive. The next surveys were due to be sent out in November 2018.

Systems were in place to ensure staff were trained and supported in their role. Staff told us any issues raised with the registered manager and had been listened to. A staff member said, "[Registered manager] does encourage us to share information and ideas. If you need training or any professional development they will support you." Staff meetings were used to share information and provided staff with an opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to complaints and incidents.

The provider promoted a person-centred approach to everything the service offered and how the service was run. For example, one person continued to be involved in the staff recruitment process. People were involved in the development of newsletters, which provided information about developments in the service, staffing, local events and advocacy services.

The business continuity plan provided the registered manager and staff team with the guidance needed to enable them to continue to support people in an emergency. The registered manager shared lessons learnt with the staff team to improve people's safety and influence changes in how the service operated. For example, a protocol for when people used taxis was developed.

Quality assurance systems were in place to help drive improvements at the service. These included a range of internal checks and audits which helped to highlight areas where the service was performing well, identify

any trends to manage risks and the areas which required development. For example, there were regular checks to ensure people were supported with their medicines and people were involved in the review of their support plans.

We received positive feedback from the local authority about the quality of care provided, staff training and the improvements made to the premises. They told us that the registered manager engaged well in the process. The provider worked in partnership with other agencies such as the community health teams and Police, in an open, honest and transparent way. This demonstrated how joined up approach to approach to care and support people promoted their wellbeing.