

Creative Support Limited

# Creative Support East Lancashire Personalised Services

## 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

We carried out an unannounced inspection at Creative Support East Lancashire Personalised Services on the 4 November 2016.

Creative Support East Lancashire Personalised Services is registered with the Commission to provide personal care. The service offers support to people in tenancy accommodation or within a community setting in their own homes. The range of services provided includes personal and social care and domestic assistance. At the time of our inspection there was one person receiving a service.

We last visited Creative Support East Lancashire Personalised Services on the 25 November 2013 2014. The service was fully compliant in all areas assessed.

At the time of this inspection there was a registered manager in post. 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.

During this inspection we found the service was meeting the current regulations.

People using the service received care and support from a team of staff who had been recruited safely and trained to deliver safe and effective care and support. Supervision of staff meant there was good oversight of how staff conducted themselves, protected people from abuse or harm and ensured they were treated with respect.

Staff had been trained in safeguarding vulnerable people and knew what to do if they suspected any abusive or neglectful practice. Safeguarding procedures were in place to guide and direct staff in reporting any concerns they had. People had the opportunity to report any concerns regarding the staff who supported them to senior management.

Risks to people's health, welfare and safety were managed very well. Risk assessments were thorough and informed staff of the actions to take to support people safely. People knew they could contact the agency at any time and had emergency contact details for out of office hours.

There were appropriate arrangements in place to support people to take their medicines. People received their medicines as prescribed by staff that had been trained to do this safely.

Staff knew what to do in emergency situations and had guidance around keeping themselves and people they supported safe. Good arrangements were in place for staff to gain entry into people's homes without placing them at risk.

Staff were trained in the principles of the Mental Capacity Act 2005 and understood the principles of 'best interest decisions' regarding people's care and support. People's diversity was respected and care plans were well written, person centred and focused on the needs of people using the service. People's right to privacy, dignity, choice and independence was considered and reflected in their care plan.

Staff were well trained and supported by the manager to gain further skills and qualifications relevant to their work. Staff were effectively supervised and were subject to quality monitoring checks to make sure high standards were being maintained at all times.

The service provided was flexible in meeting people's needs. Visit times were scheduled to suit personal requirements. Assessment of people's needs was an on-going process which meant any changes to their care was planned for. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

People had opportunities to raise any issue of concern or pass on compliments about the service to the manager and registered provider.

Staff expressed their confidence in the registered manager and felt the agency was very well managed. Their performance was monitored well and they were accountable for their practice. They worked together as a team, felt valued and expressed job satisfaction.

We found there were good systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

The provider had achieved the Investors In People award (IIP) demonstrating the provider's commitment to good business and excellence in people management.

## 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 was safe.

People were cared for by staff that had been carefully recruited and were considered to be of good character.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was good guidance in place for staff in how to support people in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received care and support that was specific to their needs.

People were supported by staff that were well trained and very well supervised in their work.

Staff and management had an understanding of the Mental Capacity Act 2005 legislation and best interest decisions.

People's health and wellbeing was consistently monitored and staff worked in partnership with health and social care professionals when delivering care and support when necessary.

### Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and their privacy and dignity was respected by staff.

People's care and support was provided according to their expressed wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review.

Staff were knowledgeable about people's needs and preferences and the agency offered a flexible service that responded well to any changes in people's requirements.

There were good opportunities for people to raise issues with regard to the service and have confidence in the registered manager to address their concerns appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to regularly assess and monitor the quality of the service that people received.

The manager had ensured sound social care ethics were embedded in practice and core values of honesty, involvement, compassion, dignity, independence, respect, equality and safety were central to people's care and support and that staff were valued and managed well.

There was open and effective communication between the management, staff, other professionals, people who used the service and relatives. This meant everyone was fully involved in developing and improving the service.

# Creative Support East Lancashire Personalised Services

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 November 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

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.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service. We did not receive any information of concern about this service.

During the inspection we did not speak with the person using the service because of their complex needs. We spoke with one staff member and the registered manager. We looked at the care records of the person who used the service and other associated documents such as policies and procedures, safety and quality

audits and quality assurance surveys. We also looked at two staff personnel and training files, service agreements, staff rotas and staff supervision records.

# Is the service safe?

## Our findings

There was one person using the service who had complex needs. We reviewed all the person's information held at the office to establish what measures had been taken to protect this person.

The registered manager told us they had enough staff employed at the service to meet the person's needs safely. Care needs and the number of hours of support they required were calculated to determine the necessary staffing levels required. If the person's needs changed or new people started to use the agency, the staffing levels would be reviewed. This helped to ensure there were enough staff to provide a reliable and consistent service.

The staff member we spoke with told us they were a regular carer for the person receiving the service. There were two main carers and any additional visits that may be required were managed by the office. They had a pool of staff on call to cover if a staff member failed to attend for work. This was usually because of sickness. Annual leave was planned for. All staff were equipped with unrestricted work mobile phones with essential emergency numbers programmed in such as on call, out of hours service and local emergency numbers such as crisis teams. Staff were also issued with panic alarms.

We looked at the recruitment records of two members of staff who supported the person using the service. We found a safe and fair recruitment process had been followed and checks had been completed before they began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This helped protect the safety and well-being of people who used the service.

We noted the person using the service was supported to take their medicines by being prompted to do so. We looked at how this was managed to ensure the person's safety. Records showed that training in the safe management of medicines was provided to all staff as part of their induction. Newly trained staff were 'competency' checked during their shadowing training and as part of their supervision. Staff recorded medicines had been taken on daily records. We looked at a sample of Medication Administration Records (MARs) in the person's file and found they were completed as required.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic.

The staff member we spoke with was fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively



encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice and were also aware of the service's whistleblowing policy. They expressed confidence in the registered manager to deal appropriately with any concerns they raised.

The registered manager was clear about his responsibility to report incidents and safeguarding concerns and had experience of working with other agencies. We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. There were policies and procedures written to support staff to work safely and were included in the staff handbook. These were comprehensive for example, safe outreach and lone working, health and safety, safe bathing/showering, missing persons and people handling.

We found the assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received. The scope of assessment was wide ranging and covered for example nutrition, medication, mental health and social network, money and welfare rights, aspirations and change. In addition to these, assessments were also carried out on the environment and any equipment people used to make sure they were safe.

Information we received in the provider information return (PIR), informed us risk assessments were in place to ensure the safety of both staff and people using the service. Staff knew for example what to do if they were unable to gain access to people's homes or were concerned about people's health and welfare.

Management of identified risks was very well documented and provided staff with detailed guidance on how to keep people safe. Security of people's homes was taken into account. Staff were instructed to ensure the property was safe and secure before they left. We saw documentary evidence to demonstrate all risk assessments specific to the person using the service were updated on a regular basis.

We noted a Business Continuity Plan had been developed. This set out contingency emergency plans which meant disruption to people's care and support was minimised because the registered provider had plans in place for dealing with this

# Is the service effective?

## Our findings

We looked at the qualifications and training of staff providing support to the person using the service. We found the staff had received training relevant to their role. This included for example an introduction to the agency's policies and procedures and essential training such as the role of the health and social care worker, personal development, effective communication, equality, diversity and inclusion, safeguarding, health and safety, duty of care and medicine management.

All staff had a personal development plan which was regularly updated. Supervision was provided every 6-8 weeks. The quality of supervision was very good and was focused on the needs of people using the service and on staff members' personal development. Training needs were clearly identified and goals set to meet those needs. Training was recorded on a matrix 'traffic light' system which highlighted training review dates. According to the PIR, plans were in place to "introduce additional themed supervisions such as dedicated personal care supervision and the dignity challenge supervision. And, potential new staff recruits will all follow the new care certificate induction pathway". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

One staff member spoken with told us, "When I started work I completed induction training. I've had plenty of training since, some of which is e-learning updates. Training is very good and if we need more training we get it. It's of a good standard and we have refresher courses at regular intervals. We have regular supervisions and we can speak to the manager in private anytime about any concerns we have." Communication was seen to be very good and the staff member told us they were kept up to date about people's changing needs and the support they needed all the time.

Staff had been trained in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation 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.

It was clear the person using the service's right to make decisions was foremost in the planning of their care. We could see how they were consulted during their assessment as to the level and type of support they required and there was evidence to show they were encouraged to be self directing with regards to how their needs would be met. Health issues were also discussed and we noted good reference to people's healthcare issues had been recorded in their health history and how this impacted on their current wellbeing and daily life. Staff had good guidance on what these health problems meant for the person they supported, and what they should be mindful of when providing their care. For example a contingency plan was in place to deal with any deterioration of the person's mental health. This meant that staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns.

We noted weight loss was an identified risk for symptoms of deterioration in mental health. Care notes showed nutrition was not a significant issue at the moment. We discussed the importance of having some

means of keeping this under review. The registered manager told us they would introduce regular weight checks and liaise with family members regarding this.

## Is the service caring?

### Our findings

The service had a code of conduct and practice that staff were expected to follow. We saw evidence this was being monitored with spot checks being carried out on staff. The registered manager told us it was their responsibility to ensure staff were monitored and following best practice guidance. Any practice issues would be discussed in a one to one session with the staff member. Emphasis was placed on gaining feedback from people using the service. Staff were also required to read and sign the skills for care code of conduct upon commencing their roles and copies were kept in their supervision files.

According to the PIR the registered manager told us "At each stage of the support planning process, attention is focussed entirely on the choices, needs and wishes of service users to ensure that there is a person centred approach. Managers liaise with care coordinators/keyworkers to ensure that individual wishes are respected." We could see from care records, staff were instructed for example to 'ask' how [person using the service] was feeling when they supported them and to 'give extra time' if needed.

Staff were trained in how to provide for the equality and diversity needs of individual people. The care plan we viewed was very well written placing the person at the centre of their care. Personal profiling was used that provided staff with a good insight into the person's values. We saw that the views and wishes of the person were recorded and it was clear they were involved and able to make decisions about their care and support.

We looked at rotas for staff and noted that the same staff were assigned to the person therefore providing consistency wherever possible. The staff member we spoke with talked respectfully about the person they supported. They had a good understanding of their role in providing person centred care and support. They said, "[Person using the service] tends to have just two carers to provide that consistency of care and support he needs and to build up a good trusting relationship with him. Care plans are very detailed and we have been working with [person using the service] to reduce the dependency level. It's working well. We always discuss everything we do with him and whatever we need to do is done in agreement with him." We looked at the person's care plan. It was very well written and included the person's views and wishes and included sufficient background information to ensure the person was at the centre of their care.

We were informed in the PIR that "The service handbook which is issued to all service users, emphasises the ethos in terms of staff being warm and caring. There are guidelines in the handbook and local policies for areas such as professional boundaries, which are in a plain, easy read format." This meant people using the service should be confident they would be cared for by staff who were professional, kind and caring

## Is the service responsive?

### Our findings

The registered manager told us that when they had a referral for the service they visited the person to discuss their requirements with them and carry out an assessment. The assessments focused on people's individual circumstances and their immediate and longer-term needs. Information in the PIR stated "At referral/support planning stage, individual tailored support plans are developed with the service user at the forefront, along with families, carers and professionals involved in their care where appropriate. Individual needs are discussed at this stage and we offer transparency over what we can and cannot provide as a service."

We looked at the assessment of the person who used the service. The assessment identified the level of support the person required and any associated risks to their health or wellbeing. We saw information about the person had been gathered from a variety of sources such as health and social care professionals, relatives and the person themselves.

Care planning was based on activities required at specific times and was risk based. For example support to get up, washing and dressing, bathing, meeting nutritional needs, medication support and social care. The plans were very clear about what the carer supporting the person needed to do and also what they should be mindful of when supporting them. We found the person could change their requirements for a service whenever they chose. We were told staff were recruited with flexibility in mind as the needs of people using the service can change with little notice due the personalised nature of the service they provided.

There were processes in place to review the person's care plans. This was done as routine at regular intervals. This was to help ensure the service was continuing to meet the needs and expectations of the person and to discuss if any changes were required. This also enabled staff to monitor and respond to any changes in a person's well-being. We noted for example a change to medicines was requested in response to a changed need. Health action plans had details of emergency information in the event of hospital/medical intervention being required.

A record of the care provided was completed at the end of every visit. We looked at some of these records that had been returned to the office for confidential storage. They were well written and very clear as to the level of support the person had received. The reports were written respectfully and with sensitivity to the person's circumstances and care provided was user led. The registered manager told us records returned to the office were audited to ensure staff followed the service procedures for maintaining records. There were policies and procedures and contractual agreements for staff regarding confidentiality of information.

The staff member we spoke with told us they were well trained and were given enough information to know what people required. Care plans were in people's homes and these had good information about people's needs. There were regular dedicated handover meetings to give updates to staff about people's care and support. They said, "We communicate very well with each other. That's important and at hand over we brief each other if there are any changes to people's care. The manager will give us guidance on what we need to do about the changes. He is really involved and supports us very well. There is always someone to speak to

and we know to ring the office straight away if we are worried about someone."

We found the service had systems in place for the recording, investigating and taking action in response to complaints. The registered manager told us the service had not received any complaints in the past 12 months.

The registered manager told us satisfaction surveys were sent out periodically to people, their relatives and carers, professionals and stakeholders. We found evidence people using the service were consulted regularly with regard to the quality of their care as part of the service they received. Feedback from quality monitoring was evaluated and fed back to interested parties by the way of 'you said, we did' feedback forms. A newsletter was distributed to people using the service keeping them updated with current news and changes.

## Is the service well-led?

### Our findings

There was a manager in post who had been registered with the commission in February 2013. The registered manager had responsibility for the day to day operation of the agency. He told us he attended quarterly peer support and regional registered managers meetings. Good practice issues were discussed and they had held a CQC workshop to discuss the key lines of enquiry (KLOE) linked to inspection. As a preferred provider with the local authority, the registered manager told us he also attended forums in the area such as 'care navigation meetings' to keep abreast of current best practice issues.

According to the PIR, there were systems in place to ensure the quality of care practice. We were able to confirm this during our visit. They had an 'open door' policy encouraging communication, transparency, and a positive working culture between everyone. We were told "team meetings had safeguarding, health and safety, CQC as part of the standard agenda and these were discussed and good practice and obstacles addressed and action planned. A positive atmosphere was always encouraged within the offices as it was appreciated that support staff undertook at times a quite stressful role. Themed supervisions throughout each year focused attention on specific areas e.g. safeguarding or dignity which keeps these areas fresh in the minds of staff."

We found the staff member we spoke with was positive about their work. They were well informed and had a good working knowledge of their role and responsibilities and duty of care. They told us they had received the training they needed and were well supported by the management team. The registered manager and senior staff were approachable and they considered the service was well led. They said, "I do feel very well supported. The manager is very good and will always try to help if he can. Senior staff are very good too. I think because they've worked their way up they understand what it is really like. On the whole we have an excellent team. We all get together to help each other. I do feel valued and appreciated for what I do." They also told us they felt able to raise any concerns with the registered manager and had confidence these would be taken seriously and promptly investigated.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to reflect any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and to be professional at all times.

The company used a range of systems to monitor the effectiveness and quality of the service provided to people. An internal quality audit was conducted by the provider on an annual basis against the Commission's five outcome areas. We looked at the audit which showed the outcome was positive. There was also a process in place to monitor any incidents such as accidents or complaints. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Formal audits in areas such as staff records and training, health and safety, care planning, and medication were carried out which meant all aspects of the service would be checked at regular intervals throughout the year.

The registered manager set out detailed planned improvements for the service in the PIR under the domains of safe, effective, caring, responsive and well led. This demonstrated the registered manager had a good understanding of the service and was focused on improvements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.

The registered provider had achieved the Investors In People award which is an external accreditation scheme that focused on the provider's commitment to good business and excellence in people management.