

Creative Support Limited

Creative Support - Tameside Intense Support Service

Inspection report

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Date of inspection visit:
05 September 2016
06 September 2016

Date of publication:
25 November 2016

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 took place on 5 and 6 September 2016. The provider was given 48 hours' notice to make sure someone would be in. The last inspection was carried out on 2 April 2014. The service met the regulations we inspected at that time.

This service provides intensive support to people who have a learning disability and may have a mental health diagnosis. Some people may have a forensic background, have behaviours that challenge or may be in crisis. The service is across two locations with seven and four single flats respectively. There were 11 people using the service when we visited.

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.

This service provided tailor-made support that was designed to meet the very complex and challenging needs of people who may not have otherwise been able to successfully live in the community.

The service worked very closely with mental health and learning disability services to ensure a joint approach to the support and progress of people who used the service. It was very good practice that a clinical multi-disciplinary team meeting (MDT) was held every month to review individual people's current well-being.

All the health and social care professionals we contacted were very positive about the unique service each person received and the positive impact it had on their lives. For example, one health professional commented, "I believe the Intensive Support Service provides excellent care and support to people who have some extremely difficult behaviours and issues who ordinarily would not be able to live within usual 24 hour community supported living environments."

People said they felt safe and comfortable at the service. One person commented, "I feel really comfortable here. It feels safe in my own flat and I love it here."

Staff knew how to recognise and report abuse. The provider made sure only suitable staff were employed. Medicines were managed in a safe way, and records were up to date with no gaps or inaccuracies.

There were enough staff to support people. Each person had a core staff team who were specifically recruited and matched to them so they were very familiar with their individual needs. Staff received very personalised and relevant training about each person's needs so they knew how to support them in the right way. Staff also received regular supervisions and appraisals to support them in their roles.

People enjoyed good relationships with their key staff. One person told us, "My staff team are lovely – really nice and friendly. They made me feel very welcome when I moved here."

People felt their independence and daily living skills were promoted. One person told us, I've been here a couple of years and since then I can do much more for myself, like make my own meals and go out."

People had information about how to make a complaint and said they would talk with the registered manager if they were unhappy with any part of the service. There had been no complaints about the service for over a year.

People, staff and external professionals felt the service was well managed. People described the registered manager as "lovely" and said they could talk with her at any time.

People were asked for their views at individual key worker meetings and at tenants' meetings. People felt their views were listened to.

Staff felt there was an "open" and "approachable" culture within the service. Staff said they felt valued and fulfilled in their roles.

The provider and management team monitored the quality and safety of the service.

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 said they felt comfortable and safe at the service.

There was a clear system in place for the safe administration of medicines.

Comprehensive checks were carried out on all staff before they started work at the service, and there were enough staff to make sure people had the care and support they needed.

Risks to people were identified and managed in order to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received specific training in the individual needs of the people who used the service.

The service worked very well with other health and social care services to regularly review the progress of people who used the service.

Staff understood their responsibilities in relation to the Mental Capacity Act (2005) and the importance of any restrictions being in people's best interests.

Is the service caring?

Good ●

The service was caring.

People liked their key staff members and had good relationships with them.

People's independent living skills were encouraged and they enjoyed doing more for themselves.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Each person received a personalised service that was tailor-made to meet their complex individual needs.

There was excellent support for people to be involved and included in the community and to experience a range of activities and vocations.

People had information about how to make a complaint. They said they felt confident to do so if necessary.

Is the service well-led?

Good ●

The service was well led.

People, staff and other care professionals said the service was well-run. The registered manager was experienced and qualified for the role.

People were encouraged to make comments and suggestions about the service they received.

Risks to people's safety were managed and monitored and the provider checked the quality and safety of the care service.

Creative Support - Tameside Intense Support 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 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 5 and 6 September 2016. The provider was given 48 hours' notice because the location provides a supported living service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors.

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 any improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted a range of health care professionals, as well commissioners and safeguarding adults officers of the local authority, to gain their views of the service. We also contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we spent some time with seven people and asked them for their views of the service. We spoke with the registered manager, the support co-ordinator and five support workers.

We viewed a range of records about people's care and how the service was managed. These included the care records of five people, five staff files and the medicines records of three people.

Is the service safe?

Our findings

People told us they felt safe at the service. For example, one person said, "I feel really comfortable here. It feels safe in my own flat and I love it here." People told us they would be able to talk to their keyworker and the registered manager if they ever felt uncomfortable or unsafe at the service. There was easy read information about the safeguarding procedure in the entrance hallway so people could see these at any time.

Systems were in place to reduce the risks of harm and potential abuse. Staff told us, and records confirmed, they had completed up to date training in safeguarding vulnerable adults. Staff told us they felt able to approach the management team if they had any safeguarding concerns. A staff member commented, "I'm confident any safeguarding concerns would be dealt with appropriately." Staff could describe signs of potential abuse such as people flinching when others went near them, not eating or being lethargic. One staff member told us, "If I had any concerns I would speak to the team leader immediately or use the on-call service if no managers were on duty." This meant staff knew the signs of potential abuse to look out for and the procedure to follow.

Staff told us they felt people were safe at this service. One staff member said, "People are safe because staff are supportive and we know people well. Staff are confident in using physical techniques when necessary." Another staff member said, "People are definitely safe here." A third staff member told us, "People would tell us if they didn't feel safe. People have intercoms in their flats so they can ring down or come down to the office whenever they need anything."

The health and social care professionals we contacted said they had no concerns about the service. There had been no safeguarding incidents in the past year and this reflected the successful support people had received to help them manage their behaviours.

We found thorough recruitment and selection processes were in place that ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information and background checks, including a Disclosure and Barring Service (DBS) check and appropriate references. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

Most people who used the service had been assessed as requiring high levels of staff support to keep them safe. There were enough staff on duty to meet people's needs. We observed there were 12 staff on duty during the day and nine during the evening in total at both locations. At night time there were two members of staff, one waking night and one sleep-in at each location. The registered manager told us they rarely used agency staff, but if necessary they used the provider's bank staff.

Each person had a core team of staff to support them based on their individual needs and interests. Staff rotas were based on people's core teams and their individual daily routines. For example, if people needed support to attend an evening social event staff worked later to accommodate this. This meant people's

individual needs and preferences dictated staffing levels and working patterns. Where people who used the service needed two-to-one support to access the community, the rota reflected this. People and staff told us there were enough staff on duty.

Accident and incident forms were completed accurately and there was evidence of follow up action for staff and people who used the service. Where physical intervention had been used by appropriately trained staff, such incidents were recorded and a thorough report was completed. If staff members were assaulted by people who used the service the staffing team was changed immediately to ensure the situation was fully de-escalated.

The arrangements for managing people's medicines were safe. Medicines were stored securely in cabinets in people's homes which were only accessible to staff. There were clear policies in place for supporting people with their medicines. Each person had a medicines file and a one page medical summary which recorded details of people's specific medical needs. All staff members who administered medicines were trained in the safe handling of medicines.

We looked at three medicine administration records (MARs) for the previous month and these had been completed correctly. The provider had developed good guidance on 'as required' medicines, for example paracetamol. This meant staff could tell when a person was in pain and what steps should be taken to support them.

Is the service effective?

Our findings

Staff felt competent and capable in their support roles. They received very specific training in the needs of the individual people who used the service. One support worker commented, "The training we do is specifically aimed for our clients." The specialist training for staff included 'emotional development' and 'supporting offenders with a learning disability'.

Another staff member told us, "I feel the training programme at Creative Support is excellent and management make sure we are all up to date on training. There are also non-mandatory courses available for staff to do. Service users can also join in on some of the courses."

New staff received a comprehensive induction training programme that included the service's policies and procedures, health and safety and moving and assisting. Training records showed all staff members had completed up to date mandatory training in areas such as safeguarding vulnerable adults, physical intervention and medicines administration. Records showed the management team also carried out observations of staff competencies to assess how the knowledge and skills gained by the staff were being put into practice.

Staff felt their training, competency and compassion meant the service was effective for the people who used it. One support worker told us, "The framework at the service seems to work well, largely due to the capability and flexibility of the staff and their determination to meet service user needs."

Records confirmed staff supervisions were up to date and were scheduled for the rest of the year at regular intervals. The purpose of supervisions is to offer support, promote best practice and highlight any areas for development. Notes of supervisions were detailed and meaningful. This meant staff had frequent opportunities to discuss the people they supported and their own professional development. Records of annual appraisals were also up to date. Staff we spoke with said they would go straight to the team leader or manager if some things couldn't wait until the next supervision. The support co-ordinator told us, "Staff can have extra supervisions as and when they want it." Staff told us they felt supported.

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

Where people were unable to make specific decisions we saw that mental capacity assessments had been undertaken. We saw that where decisions had been made in people's best interests these had involved

contributions from the person, their families and other appropriate professionals. People's care records also contained 'benefits and burdens of environmental restrictions and personal restrictions'. For one person this meant not having flammable items in their flat. Support staff we spoke with demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) and deprivation of liberty safeguards. Staff sought permission from people before providing support and told us they always asked the person what they wanted to do. Support plans contained consent forms signed by people who used the service.

A member of a clinical multi-disciplinary team that met monthly at the service told us, "(We) discuss the restrictive practices that are in place. These restrictions are revisited at every clinical meeting and the managers of the service are keen to reduce them as and when they can with support from the wider clinical team."

The service worked very closely with mental health and learning disability services to ensure a joint approach to the support and progress of people who used the service. It was very good practice that a clinical multi-disciplinary team meeting (MDT) was held every month to review individual people's current well-being, health, legal restrictions, activity and progress. Before each meeting the service had also held a clinical summary review to prepare a report for the MDT and to highlight any actions needed. For example whether there were any changes to people's risk profiles or whether Court of Protection restrictions needed to be renewed.

The MDT team included the service director, registered manager, forensic social worker, behavioural nurses, forensic specialist behavioural nurse, health commissioners and a social work manager from the local authority. This meant people had frequent individualised reviews of their physical, emotional and psychological well-being by appropriate clinicians who could take immediate actions to support their continued progress.

A learning disability lead nurse told us, "The provider works in partnership with statutory services to ensure the people they support receive the right support at the right time and in the right place. We have regular clinical meetings (monthly) where each person is discussed and amendments are made to care plans and risk assessments that allows them to be able to develop and move on."

People told us they were fully involved in buying their own food shopping each week with support from their staff. Staff had a good understanding of people's specific nutritional needs as well as cultural and individual preferences. People's food and fluid intake was monitored daily and weights were recorded monthly, so action could be taken to address any significant weight fluctuations.

People were supported to maintain good health and to access to community healthcare services. People's care plans gave clear guidance about their health needs and medical history such as what foods people should avoid and when they needed blood tests. Essential information should a person need to be admitted to hospital in the event of an emergency was readily available in a 'hospital passport.'

Records were kept of all health care appointments, including the outcome and any recommendations staff needed to be aware of. People were supported to attend appointments with health care professionals such as the dentist, podiatrist, psychiatrist, speech and language therapist, occupational therapist and community learning disability team.

Is the service caring?

Our findings

People told us they liked their core staff and were keen to describe the individual members of their team. One person told us, "My staff team are lovely – really nice and friendly. They made me feel very welcome when I moved here."

All the people we spoke with or spent time with were highly engaged with the staff who supported them. People told us they enjoyed spending time with staff members who were on their core team and this was clear from the positive relationships we saw between staff and the people who used the service. One person told us, "Yeah, my staff are alright. I really like my key worker. I'm going away for a few days with some of my staff and really looking forward to it."

Some people had had extremely difficult backgrounds but staff spoke about everyone in a valuing and respectful way. Staff had made one person a collage with photos and comments about "what we love about (name)". The person told us they really appreciated it. One person who had been supported to find a voluntary placement as a gardener in parks had recently met the mayor and was extremely proud of this achievement, and so were staff on their behalf. One staff member told us, "Staff help vulnerable people be a part of the community and people are happy here."

People were treated with dignity and their privacy was upheld. For example some people had opaque coverings to their windows to support their privacy. Health and social care professionals who were highly involved in the service told us people were treated with respect. For example, one health professional told us, "Each person is treated as an individual and as such they receive the dignity and respect they deserve."

People felt their independence and daily living skills were promoted. One person told us, "I've been here a couple of years and since then I can much more for myself, like make my own meals and go out." Another person said, "I've got my own keys for my flat and the front entrance. I can do most things myself but if I need staff I just pull the cord (for the intercom) and they talk with me."

Care professionals felt the service was successful at supporting people at differing levels of daily living and social skills and supporting them towards greater independence. One care professional told us, "(The service) has moved people in when it's needed to due to a crisis and moved people into more relaxed 24 hour support settings when it has been recognised that the person has moved on. As such the service has developed a step down project to enable people to be supported to live more independently prior to living in more usual community houses."

Staff felt they and their colleagues were caring towards the people they supported. A staff member told us, "I think I'm a caring person. I go home after my shift happy knowing that I've done my best for the people we support. The staff here know how to communicate with people as individuals. I love them to bits." Another support worker commented, "I feel that all staff are caring and compassionate about our service users."

Some of the people who were currently using the service had input from independent advocates. A health

care professional felt staff were supportive of people and also championed their rights. They commented, "The staff team are very welcoming, they take on board advice and support from the wider clinical team, but will also advocate for the person they are supporting to ensure their rights are met appropriately."

Is the service responsive?

Our findings

People received an exceptionally personalised service that was tailor-made for each person's very complex and challenging needs. Some people who used the service had previously had very difficult and challenging lifestyles that had resulted in them being unable to cope in community settings and they ended up in long-term institutions for many years. For some people this had led to them losing (or never gaining) life skills such as the ability and acceptance of others to form friendships. As a consequence of the personalised intense support they had received at this service people had begun to improve their life skills to such an extent that they could tolerate other people.

The service had adapted its approach to meet another person's autism spectrum condition. Their condition meant they were unable to cope with heightened sensory situations such as crowds or high volume of noise. This had resulted in them becoming very distressed when they first moved to the flats. Creative Support staff had created a separate entrance for the person to access and exit their flat without having to use the main entrance to the flats. This meant the person was able to live in a shared environment in the community in spite of the challenges caused by their autism. The service had been extremely successful in responding to the person's individual and specific needs and this was evident by the significant reduction in the incidence of challenging behaviour.

Another person had 38 incidents of challenging behaviour in the first 36 weeks of using the service. Staff built a special hatch for the person to come and talk to them so they could calm down without becoming assaultative. In the past 18 months they had only one incident. The service had adapted the flat of another person to make sure electric wires were not on show as they would tamper with them which would place them at risk of harm. Also they could not tolerate curtains or blinds so the service had supported them by providing black-out windows.

The health and social care professionals we contacted were very positive about the unique service each person received and the positive impact it had on their lives. For example, one health professional commented, "I believe the Intensive Support Service provides excellent care and support to people who have some extremely difficult behaviours and issues who ordinarily would not be able to live within usual 24 hour community supported living environments."

Each person had their own core staff team who were recruited and selected because they matched the needs and wishes of the person. For example, one person's core team had been specifically selected for them because they spoke Bengali. This was very important to that person because it meant staff were able to support the communication between the person and their relatives. Another person, who wanted to improve their physical fitness and went to the gym frequently, had a core team who were all sporty. One person's core team were all experienced drivers so they could take the person out in the person's own car whenever they wanted. The person told us this was extremely important to them.

One person had very specific communication methods so all the staff on their core team had learned Makaton (a type of signed communication), as well as the person's own signs, gestures and use of picture

cards. We saw staff they understood the person extremely well and we saw how positively the person engaged with their staff team. The person was able to convey their choices and plans because staff understood their very individual communication methods. This meant the person was at the centre of the service they received and had control of their lifestyle and how they were supported.

People were fully involved in consultations about their care. They told us about the monthly meetings they had with their keyworkers. People were encouraged to say what was important to them and what their aspirations were for the future.

Each person had individual support plans that included guidance for staff on people's communication, understanding, decision-making skills and personal care. The care records were detailed and personalised. The records described people's abilities as well as their support needs.

Support plans also contained one page profiles which covered 'how to support me, what people say about me and what is important to me.' They included a 'who's in my life' document which described people's relationship circle. People also had a 'holistic assessment' which was a multi-disciplinary report on a person's background, diagnosis, behavioural issues and treatment. A 'wellness recovery action plan' (WRAP) contained a daily maintenance plan for overall wellness. This meant all staff had access to information about each person's well-being and how to support them in the right way.

One support worker told us, "All service users' care files have detailed information to provide the right care. All files have care plans, one page profiles, holistic reports and person centred plans. As a close staff team, we all communicate daily with each other and management on changes in behaviour and so on, and discuss any changes needed in care plans."

Each person's well-being was reviewed by the management team during monthly clinical meetings. These included a review of their needs in relation to medicines, health issues, core team issues, any incidents or complaints and activities the person had engaged in. Any actions identified at the clinical meeting were then discussed at the monthly multi-disciplinary meetings. This meant there was a continuous monthly cycle of review and action to support people towards their optimum well-being.

People's support packages included assistance with activities and social skills. Each person had a range of individual social and vocational activities that they took part in. For example, one person did voluntary administrative work in an office, and another person had applied for to work with a voluntary service in a hospital. Other people had been supported to join college courses. Some people attended activity sessions such as cookery and beauty at the provider's day centre.

We saw from records that everyone enjoyed individual activities in the community such as swimming, cinema, pub meals, gym, social clubs, visiting animal shelters and safari parks. All the people we spoke with said they had lots of opportunities to do the activities that they enjoyed with support from their core staff team. For example one person told us, "I go out all the time – shopping, clubs and trips out." One person told us, "I go out a lot. I was in Manchester shopping this morning, then going to pool this afternoon and a social club tonight." This meant people were supported with social inclusion and to be part of their local community.

There was clear information for people about how to make a complaint which displayed in the hallway of the flats. The information was also available pictures and easy read format. People in the larger group of flats held monthly tenants' meetings and were asked if they had any concerns or were unhappy about the service.

People told us they knew how to make a complaint and were confident these would be dealt with. One person said, "If I wasn't happy about anything I would tell [registered manager] but I love it here." Another person told us, "If I didn't like something I would tell [registered manager]. I would tell her if I was unhappy about anything."

For people who were unable to express their views verbally staff were very aware of their communication methods and demeanour and would recognise if they were dissatisfied with a situation.

There was a written protocol for staff to deal with complaints including timescales for actions and resolution. There had been no complaints in over a year. The last complaint was in July 2015 when a neighbour had complained about a person who used the service shouting and swearing at them. The service had supported the person and the complainant to seek a resolution through a restorative justice agreement, and the matter had been successfully resolved.

Is the service well-led?

Our findings

People made positive comments about the way the service was managed. All of the people we spoke with felt the registered manager was approachable and helpful. One person told us, "[Registered manager] is lovely." Other people told us they could talk with her about anything and were confident she would listen to them if they needed advice or were unhappy.

Staff also commented positively about the management of the service. One staff member told us, "[Registered manager] is one of the best I've worked with. They really make it a team. The service runs like clockwork." Another staff member said, "The manager is very approachable, easy to get on with and will listen."

People were encouraged to be involved in commenting on the service during monthly meetings with their keyworker. At one location there were also monthly tenants' meetings. The meeting minutes were displayed in the hallway for people to read and the date and time of the next meeting was advertised. We saw 'actions' were recorded on the meeting minutes where people had made a suggestion, for example some people had suggested all going for a meal in Chinatown as they had never been. The actions were not discussed at the next meeting so it was not possible to tell if they had been completed. The registered manager said they would introduce a way of demonstrating that people's ideas and suggestions were acted upon.

Staff told us there was a positive ethos in the service that centred on the support of people and their quality of life. A staff member told us, "People are well cared for here. Their wishes are promoted and people have a fulfilling life. Everyone has a positive attitude to the job." Another staff member commented, "This is the best place I've worked at. All the staff are really good. Everyone's supportive and the training is really good."

The staff we spoke with said they were given clear direction in their role. For example, one staff member commented, "They always take things through the proper channels and give you feedback. It's a brilliant staff team here. Everyone will help you out."

Staff told us staff meetings happened regularly and they had plenty of opportunities to discuss the service, individual people's support needs and to give feedback. One staff member said, "Staff meetings are very useful as we get feedback from the multi-disciplinary team clinical meetings."

Care professionals felt the service was well-run. For example one commented, "The service is very well led with senior managers taking an active role in providing support in order to model how they expect staff to perform."

The registered manager and senior staff carried out regular checks of the quality and safety of the service. These included weekly checks of safety of the premises, for example smoke alarms and weekly medicines audits. Monthly checks of safeguarding concerns, complaints and incidents were carried out as part of the monthly clinical meetings and were reviewed by the MDT team each month. Quarterly contract monitoring reports were also submitted to the local authority which included details of people's involvement and

inclusion in the service, accidents, complaints, staff training and supervision.

The provider's quality assurance system included comprehensive audits of the service and these had been carried out at the two locations in 2015 and January 2016 respectively. We saw the detailed report included any areas for improvement, such as reviewing safe bathing risk assessments and recording water temperatures. An action plan included timescales and showed all remedial actions had been taken to address these.

Commissioners of the local authority told us they had completed a validation of people's files in April 2015 to make sure the organisation had 'effective systems in place in maintaining records of support services for people to ensure they have safe and appropriate care, treatment and support that meets their needs and is developed in line with legislation'. They told us, 'The validation was positive with no actions.'