

Creative Support Limited

# Creative Support - London Services

## Inspection report

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15 June 2023  
20 October 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Creative Support is a domiciliary home care service, providing regulated activity personal care. The service provides support to people who require support to live as independently as possible either in shared houses or individually. At the time of our inspection there were 18 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff enabled people to access specialist health and social care support in the community.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's care, treatment and support plans reflected their range of needs, and this promoted their well-being and enjoyment of life.

#### Right Culture:

People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. Staff placed people's wishes, needs, and rights at the heart of everything they did. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The rating for this service in our last inspection was good (published 26 May 2021) .

### Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

# Creative Support - London Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 May 2023 and ended on 20 June 2023. We visited the location's office on 15 June and one of the community based shared accommodation blocks on 20 June 2023.

#### What we did before the inspection

The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information we had about the service to plan our inspection.

#### During the inspection

We spoke with 1 person using the service at a particular project, 2 people using the service at a different project and to 4 relatives over the phone. We spoke with 4 staff altogether including, 2 care workers, 1 project manager and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear process in place to safeguard people from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. This meant they had a good understanding of how to protect people from risk of harm. There was a safeguarding policy in place to provide staff with guidance if they needed it.
- All notifiable safeguarding alerts had been sent to the local authority and CQC. Investigations into concerns were recorded, including actions and outcomes.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were identified and monitored by the provider.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.
- Guidance about people's health conditions was available for staff. This meant they had up to date information to follow should they need it. Staff were able to explain to us what risks people may face and how to offer support, so risks were reduced as much as possible.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. Staffing levels were based on people's needs. There was enough staff on duty to meet people's needs. Staff knew how to consider people's individual needs, wishes and goals.
- We looked at eight staff personnel files. Every record contained information about background checks, both original, reviewed or transferred over in some case from services that were previously operated by a different provider.

Using medicines safely

- Medicines were managed safely.
- Medicine records reviewed showed there were no gaps. Audits of medicines were carried out regularly. This meant issues or concerns could be picked up and addressed quickly.
- Staff had training in medicine administration and competency checks were carried out regularly. This meant staff had the skills and competence to administer medicine safely.

Preventing and controlling infection

- There was a clear protocol in place to prevent the spread of infection and keep people safe.

- Staff told us used personal protective equipment when providing care. This meant people were protected from the risk of infection. There was an infection, prevention and control policy in place which gave staff guidance to follow when needed. Staff also had training in this area.

#### Learning lessons when things go wrong

- The provider had a system in place to learn lessons when things went wrong. For example, a complaint was raised about call co-ordination and planning at one of the local services which had recently been taken over by Creative Support. The registered manager told us about the mechanism they had established to identify these concerns and to take action to resolve them.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Care plans were put in place using information obtained in these initial assessments.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory support needs.

Staff support: induction, training, skills and experience

- Staff had the skills and experience to perform their duties well. Staff completed an induction into the service including shadowing experienced staff. Staff had training in a range of areas to help them do their job and we saw from looking at some staff employment records that induction procedures were being followed.
- The service had clear procedures for team working and peer support that promoted good quality care and support. Staff received support in the form of continual supervision, appraisal, and recognition of good practice.
- Two members of staff told us about their positive view of the training and support mechanisms that were in place.

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

- A person using the service told us, "Staff help with my evening meal but I prepare other meals myself."
- People were supported to eat and drink enough to maintain a balanced diet.
- Most people did not need any support to prepare most meals although this assistance was available whenever needed.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Care plans outlined eating and drinking guidance for staff to follow where needs in this area were identified.

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

- People had hospital passports which were used by health and social care professionals to support them in the way they needed. Hospital passports are documents containing useful information about people such as a description of their health needs, their preferences and how they communicate.
- Multi-disciplinary team professionals were involved in support plans to improve people's care. People were referred to health care professionals to support their well-being and help them to live healthy lives.

- Care records showed the involvement of a range of health and social care professionals. This meant people had the relevant support when needed to meet their needs.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the Mental Health Act. People's consent was obtained in line with legislation. Staff told us they would ask people's permission before offering them care or support.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision making. For example, we saw a detailed MCA record that included key words to better support the person's understanding, an assessment of proposed restrictions, and detailed documents of best interest decision meetings involving professionals and family members.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers promoted a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- Staff told us they were valued and listened to, staff said the management team were supportive and approachable. One staff member said, "We have meetings, I feel able to raise anything that I feel I need to in the meetings or at other times."
- Staff told us they had no problems with raising concerns or suggesting better ways of working.
- A person using the service told us "If I wanted to say something I feel that I would and staff listen to me."
- Outcomes for people were recorded in their care records. Staff understood how to support people to achieve their personal goals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of the duty of candour, the need to be open and transparent when things went wrong. They explained the need to make an apology to people for failings on their part. Complaints made about the service were taken seriously to make improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a range of audits in place to check the quality of care and address any areas of improvement that were identified.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. This demonstrated that they were knowledgeable about the needs and personalities of the people they supported.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Complaints and compliments made by people, relatives and health care professionals

were received and acted upon if areas of change were needed and compliments about staff were shared with them.

- The provider had an improvement plan in place. This meant any actions could be monitored and used to make improvements in the service. Regular meetings took place and actions were recorded.

Working in partnership with others

- The provider worked well with local authorities and health care professionals. This meant people received care and support in a coordinated and seamless way.