

Creative Support Limited

Creative Support - Jarrow Service

Inspection report

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Date of inspection visit:
15 March 2023

Date of publication:
31 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Creative Support Jarrow is a supported living service providing personal care to people in their own homes. The service provides support to younger adults with a learning disability or autism spectrum disorder. At the time of our inspection there were 6 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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

Systems were in place to ensure the right support was being provided that ensured people's human rights were respected and their opinions were listened to and valued.

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.

There were sufficient staff to support people safely. Where there were staff vacancies the provider had a contingency plan in place to ensure people were safely and effectively supported, with minimum disruption to their lives.

Staff followed the provider's ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live more independent lives. A relative commented, "[Name] has really settled, they love it."

People were provided with a variety of opportunities to be part of the community, to make choices and fulfil their aspirations. A person told us, "I've been on holiday." A relative commented, "[Name] goes out all the time, bowling, to the park and meals out."

Right Care

People were supported over a 24-hour period in their own homes. Care was person-centred and promoted people's dignity, privacy and human rights. A person commented, "I like living here, this is my home."

Most relatives were complimentary about the care provided by staff. They said staff were kind, caring and supportive of people and their families. A relative told us, "Staff have hearts of gold, they are so patient."

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

Right Culture

The ethos, values, attitudes and behaviours of the managers and care staff ensured people using services lead confident, inclusive and empowered lives.

There was a positive atmosphere at the service. Staff spoke very positively about working at the service and the people they cared for. Staff said the management team were very approachable and they were supported in their role.

Relatives were involved in decision making about their relative's care, but some commented there could be improvements to communication from some households to keep them up-to-date about any changes in their relative's needs.

A governance system was in place to monitor the quality of the service through audits and feedback received from people, their relatives, staff and external agencies. Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 20 December 2017).

Why we inspected

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

Recommendations

We have made a recommendation that records should provide more detailed guidance for staff, so people receive care that helps them fulfil their potential and achieve their wishes, with a more regular system of evaluation and review to monitor people's well-being.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 6 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a

home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 15 March 2023 and ended on 22 March 2023. We visited the location's office on 15 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we communicated with 2 people who used the service and 4 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak, therefore they gave us permission to speak with their relatives on the telephone. We spoke with 9 members of staff including the registered manager, project manager, service manager and 6 support workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care records and 3 medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed.

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. At this inspection 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

- Systems were in place to safeguard people from the risk of abuse. The service worked with other agencies to do so. A relative commented, "[Name] is always very happy to return when they've been away. Staff are a lovely bunch."
- Staff were trained on how to safeguard people. They told us they understood principles of safeguarding and would report any concerns they had.
- Safeguarding concerns were reported and investigated with some action taken to minimise any future risk of abuse.

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm.
- Support plans contained some explanations of the measures for staff to follow to keep people safe. However, they did not contain guidance for staff about how to de-escalate a situation and reassure a person if they became upset, and when to use 'when required' medicines, where prescribed, as a last resort. This was discussed at inspection and was being addressed.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

Staffing and recruitment

- There were enough staff on duty to meet people's needs safely. Relatives and staff said there were enough staff. A relative told us, "I think [Name] is quite safe, they have 1-1 staffing."
- Due to staffing vacancies some agency staff were being used. The registered manager told us they used the same agency staff to ensure consistency of care. They also said they were working to recruit to vacant posts.
- Staff were recruited in a safe way. The provider had an effective recruitment and selection policy and procedure in place which included all appropriate checks.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. □
- Medicines risk assessments and associated support plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.

Preventing and controlling infection

- Systems were in place to promote effective infection control.
- Staff had received training in infection control practices.
- Personal protective equipment, (PPE) including masks, was provided for staff and was used appropriately.

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. At this inspection 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

- The ethos of the service promoted openness and inclusivity.
- People were at the heart of the service and involved in decisions about their care.
- People were provided with support which was analysed and evaluated to improve their well-being. We discussed more regular evaluation of people's support plans to monitor people's well-being.
- Staff knew people's needs and records provided information for staff to help the person achieve an improved and enhanced quality of life, but this was not always reflected in care records. We discussed that support plans should contain aims, aspirations and goals for people, with guidance for staff of how this was to be achieved, including how the person wanted and needed to be supported to ensure consistent care.

We recommend the provider ensures support plans provide guidance to staff to enable people to receive consistent care and to fulfil their potential, whatever the level of need, with a regular system of review.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was well-led. Regular internal checks and audits were completed to monitor service provision, and systems were in place to check the effectiveness of the audits carried out internally and to observe staff practice.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were listened to and engaged with to help promote positive outcomes for people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes being introduced into the home. Most relatives commented they thought communication could be improved, so they were kept-up-to-date. The registered manager told us this would be addressed and they were planning a tenant and relative meeting.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff team worked in a collaborative way with other agencies.

- There was a focus on learning and improvement. Staff were encouraged to develop their skills through training and personal development.