

Creative Support Limited Delos Pyramid Northampton (Creative Support)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This first comprehensive inspection took place on 30 October and 03 November 2017 and was announced.

Delos Pyramid Northampton (Creative Support) is a charitable organisation who provides care support for people with learning disabilities, mental health needs and complex needs in their own homes. At the time of our visit there were 13 people using the service.

The service did not have a registered manager. However the area manager was in the process of registering with the Care Quality Commission (CQC) and would act as manager until a new manager had been recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the staff that supported them in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe. There was sufficient staff, with the correct skill mix, to support people with their support needs. Effective recruitment processes were in place and followed by the service to ensure all staff employed at the service were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction programme and a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported by the manager and had regular one to one time for supervisions and annual appraisals. Staff gained consent before supporting people with their care. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005. People were able to make choices about the food and drink they had, and staff gave support when required. People were supported to access a variety of health professionals when required and staff were available to support people to attend health appointments. .

Staff provided care and support in a compassionate and meaningful way. They knew the people who used the service well and this ensured that people felt they mattered. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People's needs were assessed before they were provided with a care package and the care plans reflected how their needs were to be met. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. There was a complaints procedure in place to

enable people to raise complaints about the service.

People and staff were positive about the management of the service and staff told us they felt well supported. A variety of quality audits were carried out, which were used to drive improvement and allowed people and staff to express their views about the delivery of care.

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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 ●

This service was safe.

Staff had received safeguarding training and had a good understanding of the different types of abuse and how they would report it.

People had risk assessments in place to keep people safe.

Staffing arrangements meant there was sufficient staff to meet people's needs. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

This service was effective.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

The service worked in line with the principles of the Mental Capacity Act 2005 and capacity assessments were carried out as required.

Staff provided people with support to eat and prepare meals where required as an assessed part of their care package.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

This service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their

care.

Staff ensured they promoted people's privacy and dignity.

Is the service responsive?

Good ●

This service was responsive.

People and their relatives were involved in decisions about their care and their care planning.

Support plans were personalised and reflected people's individual requirements.

People knew how to make a complaint if they needed to and the manager listened to feedback in order to make improvements to service delivery.

Is the service well-led?

Good ●

This service was well- led.

There was an open and positive culture at the service, between staff and people who used the service.

Systems were in place to ensure people and staff were always well supported by the management and the provider.

Robust quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Delos Pyramid Northampton (Creative Support)

Detailed findings

Background to this inspection

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

We carried out our announced inspection visit of the service on 30 October 2017 and made phone calls to people using the service on 03 November 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection team consisted of one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people using the service.

We spoke with five people who used the service. We also spoke with the manager, the senior quality practitioner and four care staff.

We looked at four people's care records to see if they were reflective of their current needs. We also reviewed five staff recruitment and training files and four weeks of staff duty rotas. We looked at further records relating to the management of the service, including quality audits and service user feedback, in order to

ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe and told us that the support they received from staff kept them free from harm, both inside their own homes and when being supported in the wider community. One person said, "I do feel very safe with the carers that come. I like my staff and I know who is coming." Another person told us, "They do everything I need and I feel safe with them." People told us they felt comfortable and relaxed with staff and were reassured that staff took every effort to maintain their safety.

Staff had a good understanding of the different types of abuse that could occur. They explained about the signs they would look for and told us what they would do if they thought someone was at risk. One staff member told us they were aware of the reporting processes that should be used and were confident that any allegations would be fully investigated by the management team. They explained, "I would report any concerns straight away to the manager." Another staff member said, "I have reported concerns before and it was dealt with quickly and properly. You can't put people's well-being at risk."

We saw that the service explored lessons learned following a safeguarding concern. For example, we saw that a staff member noticed a small amount of a person's pain relief could not be accounted for. In response to this the service put in place a daily stock check of people's medicines. Staff told us they reviewed and confirmed this. We saw there was safeguarding information in a pictorial format that was suitable for people using the service. There was also a pictorial safeguarding communication plan to help people with limited communication to understand what has happened in relation to any safeguarding concern raised about them. Records demonstrated that appropriate action in response to safeguarding concerns and investigations had been taken. This meant that there were effective systems in place to support staff to keep people safe.

Risks to people's safety had been assessed and detailed guidance was available for staff within people's care plans. One person told us they were aware there were some risks associated with their care delivery and understood that they had to be assessed on a regular basis to keep both them and staff safe. Staff felt there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. One staff member said, "I think that the risk assessments are helpful; they link in with the care plans and tell us what to look out for."

Risk assessments were specific to each person's individual needs. Evidence of up to date risk assessments were seen within people's support plans and we found that these were reviewed on a regular basis.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Accidents were reported directly to the manager so that appropriate action could be taken. We saw records of accident reporting records, and saw that these were well recorded and were analysed for any emerging trends, so that where required, action plans could be developed.

Recruitment procedures were thorough to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles. One staff member told us, "I know they did all the checks

before I could start working; they got all my references and made sure I was safe to work with people." Records confirmed that safe recruitment practices were followed. For example, new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. We saw completed application forms, a record of a formal interview, personal identity checks and health declarations. All staff were subject to a probationary period before they became permanent members of staff.

People thought that there was enough staff to meet their needs safely. They told us that staff were reliable and made sure that all aspects of their care was completed in full. One person said, "My carers are very good. They are always here to help me." People were also keen to tell us that they had consistent staff members, for which they were thankful as it enabled them to build up positive relationships. Staff also considered there was enough staff to meet people's needs. One member of staff told us, "I would say that we do have enough staff. I never feel rushed or under pressure." Staffing levels within the service were reviewed and adjusted when people's needs changed. We reviewed staff rotas and saw that there were sufficient numbers of staff available to keep people who used the service safe.

Systems were in place to ensure people's medicines were consistently managed. We saw that regular medicines audits were carried out, and areas identified for improvement were addressed directly with the staff concerned and discussed at staff meetings. People who required support with medication told us they received their medicines on time. One person said, "Oh yes, they always give me my medicines at the right time."

Staff told us that they always signed the medication administration records (MAR) after giving medication. People had medication profiles in their care plans that recorded how they preferred to take their medicines, how they we looked at MAR charts and noted that there were no gaps or omissions. The correct codes had been used when medication had not been administered, and the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Is the service effective?

Our findings

People using the service felt that staff had the appropriate knowledge and skills to provide them with effective care and support. One person told us, "They always look after me how I like it." Another person commented, "I'm very happy with how my carers help me."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One member of staff told us, "I had an induction and was able to shadow other staff before I started working on my own. That helped me a lot." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. From our discussions with staff and from looking at records we found all staff received a range of appropriate training applicable to their role and the people they were supporting. This gave them the necessary knowledge and skills to look after people properly. We looked at the training matrix, which showed staff had access to training such as: health and safety, first aid, medication, food hygiene and safeguarding.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. We looked at staff records that supported this. A staff member told us that supervision was used to help identify any shortfalls in staff practice and identify the need for any additional training and support. They said, "We have regular supervision and I know I could ask for further supervision if I felt I needed it."

People's consent was sought by staff. They told us that staff always asked permission from them before they carried out any task or personal care. One person said, "They [meaning staff] always ask me first if it's okay to do things." Staff spoken with demonstrated an understanding of the Mental Capacity Act. One member of staff told us, "We always ask people for their permission before we do anything."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. At the time of our inspection three applications had been submitted for approval, but had not yet been authorised.

People were encouraged to follow a healthy diet. Where it had been identified that someone may be at risk

of not eating or drinking enough appropriate steps had been taken to help them maintain their health and well-being. People explained that the support they required with nutrition, food shopping and meal preparation was incorporated into their care plans and part of an assessed package of care. One person said, "I get all the help I need with my meals." Staff told us that where possible they encouraged people to be involved with the preparation of their meals. Within the support plans we saw there was guidance for staff in relation to people's dietary needs and the support they required with shopping and purchasing food items. Details of people's dietary likes and dislikes were also recorded.

People's healthcare needs were carefully monitored. Care records showed that people had access to dentists and GPs and were referred to specialist services when required such as an Occupational Therapist and Speech and Language Therapist if required. In the satisfaction survey we saw one comment from a person using the service that read, "I like having someone with me at doctors' appointments so they can explain to me the outcome of the meeting."

Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments. Staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The manager told us that every year a letter is sent to people using the service to ask them if they need support to manage their health care needs and attend health appointments.

Is the service caring?

Our findings

People who used the service told us the staff were very kind and caring. One person said, "My carers are the best. I'm happy." Another told us, "I like [name of staff member] the best. They are brilliant. I couldn't ask for any better." Comments from people using the service in satisfaction surveys included, "Happy, joking, they calm me down when I feel frustrated about certain things." Another comment read, "I think they are friendly, happy and funny. I like that it makes me comfortable."

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "It's not like a job. You have to care and I want to make sure I give the best care." Another member of staff said, "We know what people like and don't like, we become like family and build that relationship." Staff we spoke with told us they had forged meaningful relationships with the people they cared for and felt this was because they tended to provide care to the same people, so they were able to really get to know them, their likes, their dislikes, their hopes and dreams.

We saw that the service kept a record of good practice by staff. For example, we saw that one staff member had made a visual aid for food and menus to support one person they provided care for to make choices. This was going to be implemented for other people using the service. Another example was about a staff member who was caring for a person that had repeatedly declined a specific health screening test, because they were scared about the process. The staff member attended a health promotion training course in relation to the particular health condition on their day off. They sourced easy read materials to support the persons understanding of the process. This resulted in the person attending the health screening with a good outcome for the person.

People felt fully involved within their care and support. One person commented that staff took time to explain what they were going to do before they started to give care so that they made sure that the care was right. They felt involved and supported in making decisions about their care and treatment and were listened to when they contributed an idea. Care records contained information that staff needed to know, to enable them to support people. The care plans outlined people's needs and the support they required from staff to ensure care was delivered in a personalised manner. Records showed that people had been asked if they wished to be cared for by a male or female staff member and where specific requests had been made the manager told us, and records confirmed that appropriate staff would be provided.

The manager told us that if the need arose they would assist anyone who used the service to access the services of an advocate. An advocate is an independent person who can speak for and act on behalf of someone.

People were treated with dignity and respect. One person commented, "Yes they are respectful to me. They always talk to me with respect." Staff demonstrated they understood the importance of respecting people's privacy and ensuring that their personal space was maintained. One staff member told us, "I treat people how I would like to be treated. There is no excuse for rudeness." Staff told us that when they provided personal care they would respect the person's dignity and communicate with them about the care they

were providing. For example, staff confirmed they would always cover people when providing them with personal care.

Staff were aware of their responsibilities regarding confidentiality. One staff member said, "We make sure we never talk about anything confidential in other people's homes or where it could be overheard." Computers in the office were password protected and documentation was stored in locked cabinets.

Is the service responsive?

Our findings

People received personalised care that fully met their needs and the focus for people living in their own homes was person centred, ensuring people felt they mattered. One person told us, "They [meaning staff] help me a lot. I get to go out and do the things I want. If I don't want to do something they don't push me." A staff member told us, "The care we provide is person centred and all revolves around the people we support." We saw a comment from a relative in the satisfaction surveys that read, "The support my [relative] gets is excellent. They are always happy when we see [staff member]."

People's needs had been assessed before a service was provided. This ensured that the service was able to provide the care and support needed by the individual. One person told us, "They [meaning staff] talked to me about my care and asked me what I wanted." People were supported by staff who understood their specific needs and how to support them in the ways that they wanted. The things that were important to people were also recognised. For example, we saw information about people's interests, self-expression, circle of support and relationships and well-being and lifestyle. These gave staff detailed information about people which helped them to take the appropriate approach to support the individual.

Records showed that following the initial assessment, a care plan had been drawn up which showed people's strengths as well as the support they required, their preferences and family involvement where appropriate. Care plans had been written in a personalised way for each individual and were reviewed regularly to ensure they were reflective of people's changing needs.

Staff told us they thought the care plans were detailed and gave them all the information they needed to be able to support people. One staff member said, "The care plans are very good. We have all the guidance we need to support people." Another staff member told us, "We know that the care plans have the correct information; they help us to know what people want."

We were told that SMART phones had been introduced to the service to improve communication. Staff felt these had made a big difference to the information they received and had improved how quickly they received information about any changes. One staff member said, "They have been a god send. It's made communication so much better. We have our rotas on the phones, care plans and risk assessments. If we need to ask a question we can send a text and we get the information almost instantly." This enabled them to provide an individual service that was reflective of people's current needs. We were told that the mobile devices were encrypted using encryption software which meets current standards to protect personal data.

There was information available to people about what to do if they were unhappy with the service. This was called, 'How to report complaints and suggestions.' This was available in a pictorial format suitable for people using the service. There was also a 'Is there something you're not happy with?' pictorial policy to support people to raise their concerns and understand the process. One person said "I would talk to [Name of staff] if I was not happy." Another commented, "I would talk to my carer. They would sort things out for me."

The service kept a written log of all complaints received by the service. We saw that three complaints had been received in 2017. Two of these were about a staff member's attitude towards people. The actions taken were robust and well recorded and the outcome for people had improved. Complaints were also used to explore lessons learned. Where appropriate they were discussed at team meetings. The manager told us that they had previously completed a group exercise at a team meeting to go through the code of conduct policy to reinforce staff understanding of expected behaviour. We saw that where complaints had been made these had been responded to within the timescales set within the providers complaints procedure.

Is the service well-led?

Our findings

There was no registered manager in place. The area manager for the service was in the process of registering with the care Quality Commission and would act as the registered manager until a new manager had been recruited.

Staff and people who used the service knew who the manager was and we received positive feedback from people about the service. One person told us, "It all runs smoothly. I am lucky to have such good care." Another person told us, "Its good care by good staff." People were also very complimentary about the attitude and approach of the office staff and the care staff. They told us they were appreciative of the kindness and friendly nature of the staff. One person commented, "They [meaning staff] always cheer me up and help keep me calm."

The culture within the service focused upon kindness, compassion, dignity, empowerment, equality and respect. People were supported to participate in activities that they chose to enhance their overall quality of life. For example we saw that for one person they had recorded in their care plan that playing golf was important to them. Records showed they were supported to do this on a regular basis. All the staff were committed to providing a high standard of personalised care and support and they were focussed on the outcomes for the people who used the service.

Staff told us they were supported by the management team and could speak with them openly One staff member said, "We are very well supported here by the management. We are listened to and can raise our views and new ideas." The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One member of staff commented, "This is a lovely place to work. We all work really well together and support each other." Another commented, "Since I started work here I have never looked back. We have so much support from management and other team members."

. Staff meetings and supervisions had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues and we are listened to." They also told us that when they had concerns they could raise them and felt their concerns would be dealt with appropriately. One staff member told us, "I would be more than comfortable raising any concerns. I know, through experience, that any concerns I raise would be taken seriously and dealt with quickly." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Our records showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law.

There were internal systems in place to report accidents and incidents and the manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The manager was aware of the need to report certain

incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were quality assurance systems in place to carry out checks as the service developed. The views of people and their relatives were included and the focus of the evaluation was on the experiences of people who used the service. We saw pictorial satisfaction surveys had been completed and used to drive improvement at the service. For example, we saw that some people's menus were not meeting their expectations. Actions were implemented to put in place menu planners that were tailored to the individual and were more person centred, to provide healthier and balanced diets.

Internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were in place. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints, medicines daily records and risk assessments.