

Creative Support Limited

# Creative Support - Wolverhampton Service

## Inspection report

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Date of inspection visit:  
28 September 2016

Date of publication:  
22 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 28 September 2016 and was announced. Creative Support – Wolverhampton Service provides community support and personal care to adults with learning disabilities and mental health issues. At the time of our inspection there were 18 people receiving personal care.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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's relatives told us they were confident their family members were safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety. Risks to people had been assessed and were managed in a way that did not restrict people. Some relatives felt their family members would benefit from a more consistent staff team. There were systems in place to ensure people's medicines were managed safely.

People were supported by a staff team who had received training to ensure they had the skills required to meet their needs. Staff told us they felt supported by the management team. People were asked for their consent before care and support was provided. People received support to maintain a healthy diet and were assisted to access healthcare services when required.

People were supported by staff who were friendly and kind. Staff knew people's needs and preferences and people were supported to make their own decisions where possible. Staff understood the importance of supporting people in a way that protected their privacy and dignity and promoted their independence.

People and their relatives were involved in the planning, delivery and review of their care and support. Staff knew people well and were aware of people's likes and dislikes. People were aware of who to contact if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

People, relatives and social care professionals expressed positive views about the service. People and their relatives had been asked to give feedback about the service they received. This was then used to develop and improve the service. Quality assurance systems were in place to monitor the standards of care and support provided and the provider was aware of their responsibilities as a registered person.

## 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's relatives were confident their family members were safe. Staff understood their responsibilities in protecting people from harm. Risks were assessed and managed in a way that enabled people to take part in activities without feeling restricted. There were systems in place to ensure staff were safe to work with people and to ensure the safe management of people's medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge required to carry out effective care and support. People were asked for their consent before care and support was provided. Staff supported people to make their own decisions where possible. People were supported to access healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were friendly and kind. People were treated as individuals and were supported to make their own decisions where possible. Staff supported people in a way that maintained their privacy and dignity and promoted their independence.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support. People received support that was tailored to their individual needs and preferences. People knew who to contact if they had concerns about any aspect of their care and there was a system in place to manage complaints.

## Is the service well-led?

Good 

The service was well led.

People, relatives and professionals expressed positive views about the service. People and staff had been asked for their views on the service. There were systems in place to review the quality of care provided and these were used to drive improvement.

# Creative Support - Wolverhampton 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 28 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an 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. Their areas of expertise was learning disability. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people who used the service, their relatives and health and social care professionals to seek their views on the service provided. Of the 17 surveys we sent to people who use the service, 6 people responded. One of the 17 relatives we sent questionnaires to also responded. Not all of the people using the service were able to share their experiences due to their complex needs, so we spoke by telephone with eight relatives of people using the service to gather their views. We also spoke with five staff members, the registered manager and the provider. We looked at three records about people's care and support and records relating to the management of the service including systems used for monitoring the quality of care provided.

# Is the service safe?

## Our findings

Most people using the service were unable to share their views due to their complex needs, so where appropriate we spoke with their relatives to gather their views on the service. All of the eight relatives we spoke with told us they felt the service was safe. One relative said, "[Person's name] tells them [staff] what they want to do today and the staff take charge of their safety." Staff understood their responsibilities in keeping people safe and knew how to report any concerns relating to possible abuse. They told us they had received training in keeping people safe. One staff member told us, "If I had any concerns I would document everything and talk straight away to my line manager. We can always use on call if we're concerned, and if no-one was available I'd contact social services or the police." We spoke with the registered manager who demonstrated a good understanding of how to report concerns to the local authority in order to keep people safe and had made appropriate referrals where required.

Relatives told us staff had a good understanding of people's risks and managed them well. One relative told us how staff's knowledge of a person's potential triggers for anxiety kept the person safe when out in the community. Risk assessments were in place to minimise the potential risks to people's safety. The registered manager and team leaders carried out reviews and people, relatives and staff contributed to risk management plans, this information was then clearly recorded and shared with staff. Staff were able to share with us the risks relating to the people they supported. One staff member told us, "I support someone who uses a hoist. I'm aware to check the condition of the sling the person uses for fraying, as this would make it unsafe." Another staff member said, "There are always risks, but we try and make sure they don't restrict people. You learn to support people in a way that reduces risk but also lets them live their lives." Where accidents or incidents had taken place these had been recorded as well as actions taken by the registered manager to reduce the likelihood of them happening again. For example, an incident had taken place when a person was using the train. We saw that after discussion with staff and the person's relative, their support plan and risk assessment had been updated to reflect that other methods of transport should be used in the future.

People's relatives expressed mixed views about whether their family member's received support from a consistent group of staff. One relative said, "Because of their condition, [person's name] cannot understand the complexities of a rota or new staffing arrangements. It would be better if a smaller number of staff could be allocated who could work consistently." Another relative told us, "There are names I recognise from seeing them on the rota, but when they turn up I don't recognise their faces." Other people expressed more positive views. One relative told us, "The service has been excellent as staff [person's name] knows and trusts arrive reliably and engage with us to plan the most appropriate support day by day." We discussed these concerns with the registered manager who told us, "We have a care team allocated to each individual. We always try and cover support calls with a staff member the person knows. Even though their family member might not know the staff, the person will usually have met them before. Unfortunately there are odd occasions where we are unable to cover with staff the person knows and when this happens we try to give as much notice as possible." Staff were aware of the importance of consistency for the people they supported. One staff member told us, "As far as possible we are matched to the people we support on the basis of our skills and interests. We are usually introduced to people before we support them and this helps

us to build a good relationship." Although some relatives expressed concerns about consistency of staff, no-one we spoke with felt that this had detracted from their overall positive views of the service.

The provider had systems in place to ensure staff were safe to work with people. Staff told us the provider had conducted recruitment checks including requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

We were unable to speak with anyone who received support with medicines, however, we reviewed the systems used to ensure the safe management medicines and found them to be effective. We also discussed medicines with staff and the registered manager. Staff told us they received training in supporting people with their medicines and their competency to administer medicines had been assessed by a team leader or the registered manager. One staff member said, "I've had medication training both classroom based and online. Before I supported people with their medicines I was observed three times to make sure I was safe." The registered manager and team leaders carried out regular spot checks in relation to medicines, to ensure people were receiving them as prescribed. A monthly medication audit was carried out and where actions were needed to improve the quality of medication management, these were detailed and signed off by a member of staff once completed. This helped to ensure people received their medicines safely and as prescribed.

## Is the service effective?

### Our findings

All of the relatives we spoke with were happy with the support their family member received from staff. They also felt staff were trained and had the skills required to support people. Relatives described the staff as "Creative", "Skilled" and "Supportive". One relative told us how impressed they were with staff's understanding of their family member's needs and felt this enabled the person to live a full life. They said, "As [person's name] has experienced changes in their mental health Creative Support have kept going where other services have dropped out. Staff have worked with us to overcome difficulties".

Staff told us they received training relevant to their role and were offered additional training when required. For example, if they started to support someone new. One staff member said, "I feel equipped to do my job. I have had all the training needed to support people well." Another staff member told us they had recently undertaking new learning in diabetes and autism awareness, which had enabled them to be more effective in the way they supported people. Staff told us they received an induction when they first started working at the service and this included being introduced to the people they would be supporting. One staff member said, "I had a good induction and the requirements and expectations of the role were clearly explained to me." Where relevant the provider supported staff to undertake nationally recognised qualifications, to develop their skills and knowledge further. All of the staff members we spoke with felt supported by the registered manager and team leaders and received regular supervision. One person said, "You can speak to any of the managers and you are offered training as part of your supervision meetings."

People's relatives told us staff asked for people's consent before providing them with care and support. One relative told us how staff gained consent from their family member by discussing options to ensure they were happy to partake in the chosen activity. Staff understood the importance of gaining people's consent and told us they had received training in the Mental Capacity Act 2005 (MCA). One staff member said, "Some people are able to make their own decisions but others need support. I talk things through with the person and try to help them understand. It's then that I know if they agree or not." Another staff member told us, "It's about knowing a person well, and reading body language. I can soon tell if they are consenting or not. It's about listening to people." The MCA provides a legal framework for making 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. We discussed MCA with the registered manager and they demonstrated to us that they understood their responsibilities and people's individual wishes were acted upon. We reviewed information about capacity in people's care plans and found people had been involved in making decisions about their care and support and the provider had acted in accordance with the MCA.

Although no-one we spoke with received support from staff with meal preparation, some relatives were able to share with us positive views of how staff involved people in decisions about food and drink. One relative said, "[Person's name] enjoys going to the pub for a meal. Staff support them to make their own decisions and choices about food and drink. This makes [person's name] feel good." Staff were aware of people's dietary needs and any risks associated with nutrition and hydration. One staff member told us, "One person I



support is at risk of choking, I make sure their diet is soft, or food is cut into small pieces. We follow the advice from the speech and language therapist (SALT)." People's care records reflected their dietary needs and preferences and staff told us they used these for guidance about how to support people with food and drink.

People were supported to maintain their health. One relative told us, "Staff are aware of [person's] mental health. They respond to changes in mood and understand their complex diagnosis. Staff manage this very well." Another relative shared with us how their family member benefited from support from staff to attend appointments with their GP and dentist. Staff had the knowledge required to support people with their health needs. One staff member told us, "I am aware of people's health needs and have been trained in how to respond. I support a person who has diabetes to manage their condition by monitoring their food intake." Another staff member said, "A person I support fell and cut their head, I had to call for an ambulance, it was in the person's best interests." People's care records detailed their health needs, conditions and any prescribed medicines. This provided staff with the information they needed to support people to maintain their health.

## Is the service caring?

### Our findings

The majority of the people who completed surveys for us told us they were happy with the care and support they received and considered their support staff to be caring and kind towards them. All of the relatives we spoke with were positive about the friendly and caring nature of the staff. One relative said, "The staff understand [person's name] very well. They are kind and caring." Another relative told us, "The staff do a brilliant job. They are friendly and accommodating." Staff we spoke with were able to share examples of how they supported people in the way they preferred. One staff member told us, "It's about asking people and getting to know them. I always say, 'how do you want your support to work?'. " Relatives told us staff listened to them and their family members and understood their needs and preferences. One relative said, "We were apprehensive at first about [person] going anywhere with staff, but it's worked out really well. Staff are patient and understanding."

Relatives told us they and their family members were involved in decision making about their support. One relative told us, "When we have needed to discuss decisions about [person's name]'s support, the service leader has been consistently available." Relatives told us staff supported people in a way that promote their independence. One relative said, "[Person's name] wasn't able to do anything on their own, but since getting the support is now able to exercise a small degree of independence through being supported to travel on a bus." Staff we spoke with were able to tell us how people expressed their views and how they made decisions about their day to day support. One staff member said, "It's about getting people involved as much as possible, reading people's body language and facial expressions works well for the people I support." Another staff member told us, "Some people benefit from us giving a selection of choices, but not too many. Most people can make decisions, it's just a case of working out what works for them." People's care records were written in a positive way which included information for staff about what was important to people and how to support people to make their own decisions.

Relatives told us their family members were supported in a way that protected their privacy and dignity. One relative shared an example with us of how staff protected their family member's dignity when they went swimming, by prompting them to use a changing cubicle and closing the door. Another relative said, "Where [person] cannot maintain their own dignity, staff do it for them." Staff shared with us examples of how they treated people with dignity including closing doors and curtains when supporting people with personal care. One staff member said, "I am always mindful of people's privacy, some people try and talk to me about health issues in a busy place, I always suggest we move to a quieter place to maintain their confidentiality".

## Is the service responsive?

### Our findings

The majority of people who completed surveys for us told us they were involved in decision making about their care and support. All of the relatives we spoke with told us they were involved in discussions and decisions about their family member's support. Relatives also told us they had been involved in the initial assessment of their family member's needs and annual review meetings. One relative told us they valued the way in which review meetings were held to include all agencies who supported their family member. They told us they felt this worked very well to meet the person's complex needs. We saw from people's care records they were involved in the assessments, planning and reviews of their care.

Care plans were individualised and contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's specific daily living routines, health and medical information, communication, life histories and interests. For example, one person had a specific night time routine that staff must follow in order to prevent the person from becoming anxious. Another person disliked spicy food. People's well-being was promoted by staff who knew their individual needs. One staff member shared with us how they had learned one person they supported did not like their windows to be opened as it caused them distress, so they were mindful of that when supporting them.

People's care needs were regularly reviewed and any changes were recorded. Staff told us they reported any changes in people's needs to the team leaders and care records were then updated and other staff informed. One staff member said, "I record anything relevant and would contact other staff to see if they had noticed a change. I'd also speak to the team leader or manager and let them know." Care records we reviewed confirmed this.

The majority of people who responded to our surveys said they knew how to complain and felt staff would respond appropriately to their concerns. All of the relatives we spoke with told us they knew how to complain if they were not happy about any aspect of their family member's care or support. One relative shared with us details of a complaint they had made following an incident and said they were pleased that actions taken by the management team had led to improvements in the service. Staff were aware of how to deal with any complaints they received and were confident that the management team would address any issues raised. One staff member told us, "Sometimes people can be unhappy, but I try and talk things through with people. Any issues are passed on to the team leaders or manager." We discussed complaints with the registered manager who told us, "We don't get many complaints, but feedback comes through daily phone calls as well as surveys. If someone is unhappy, we will ask 'would you like this to be logged as a complaint?'." The registered manager had taken action to resolve complaints to people's satisfaction and learning had taken place which led to improvements in the service.

## Is the service well-led?

### Our findings

People who responded to surveys, relatives, staff and health and social care professionals all expressed positive views about the service. One relative told us, "It's a brilliant service. If we could get more hours we would." Another relative said, "I'm really happy with the support they provide. I'm very thankful." A social care professional who responded to our survey told us, "This service is excellent. Staff and managers are very accommodating and flexible. They always meet client's needs and promote independence and confidence building where possible. They have an excellent track record of working successfully with clients whom other services may not have wished to work with. Creative Support are my go-to choice for supporting clients with disabilities, especially those in transition." Staff also expressed positive views about the registered manager and provider. One staff member said, "I have worked for the company for 10 years now and I strongly believe that we provide a good, quality, person-centred service. We have a good support system from higher managers and a well-trained and caring team of support workers."

Staff spoke passionately about their role in supporting people and were positive about the support provided by the management team. One staff member told us, "I love working here. I believe our opinions are valued and if I've got any concerns or ideas I feel comfortable raising them." Another staff member said, "The management team are open to new ways of working, I suggested some changes to the way we audit medication, and these were taken on board." The provider operated an on-call system to ensure a member of the management team was available to support staff at all times. Staff told us this gave them confidence when working alone. One staff said, "I have no problems with on call, you can always get hold of someone."

The registered manager placed emphasis on trying to improve the service and was keen to learn from feedback and input from others. They recognised the importance of staff members feeling valued by the organisation and explained they wanted to increase the opportunities for staff to be involved in improving the service. This included scheduling more team meetings where staff were asked for feedback. Information was provided to people about events in their local community and quarterly meetings were held to give people and their families an opportunity to contribute to the development of the service. People who responded to our surveys told us they had been asked to give feedback about the service they received. Relatives we spoke with also confirmed they had been asked for their views. One relative said, "I have been asked to complete a questionnaire."

The registered manager also worked alongside other agencies in order to promote positive views of the care sector. Most recently this had involved working with an agency who supported young people, aged between 15-17 years to develop skills for work and life. The service also planned regular social and fundraising events which people and their families were invited to participate in.

The registered manager had a good understanding of their responsibilities as a registered person and had submitted information to us, as required by law. They regularly reviewed the quality of care provided and carried out audits of key areas of the service including people's care plans, staff training and medicines administration records. We reviewed recent audits and found they were used to drive improvement and

improve standards. The registered manager told us they planned to increase the frequency of their feedback questionnaires to enable them to respond more quickly to any issues raised. The registered manager had a service development plan and was committed to continuous improvement.