

Creative Support Limited

Creative Support - Derby Service

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

We inspected this service on 24 and 25 February 2016 and the inspection was announced. This was to make sure that there would be someone in when we visited.

Creative Support – Derby Service provides personal care and support to younger adults. This included people with learning disabilities or mental health. At the time of this inspection there were 10 people using the service, which included 7 people who received personal care.

There was a registered manager in post. 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 using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff understood their responsibility in protecting people from the risk of harm. Sufficient staff were available to meet people's needs.

Risk assessments and support plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

People received their medicines as prescribed and safe systems were in place to manage people's medicines.

Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people better.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

People's needs and preferences were met when they were supported with their dietary needs. People were supported to maintain good health and to access health care services as required.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

Suitable arrangements were in place to assess and monitor the quality of the service, so that actions could

be put in place to drive improvement.

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 felt safe and staff understood their responsibilities to keep people safe and protect them from harm.

Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's support plans.

There were sufficient staff to support people.

Recruitment procedures ensured that the staff employed were suitable to work with people.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff felt competent in their role as they told us that they had completed relevant training to enable them to care for people effectively.

Staff had an understanding of the principles of the Mental Capacity Act 2005 to enable people's best interests to be met.

People were supported to eat and drink enough to maintain their health.

Staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes

and preferences.

People were supported to maintain their privacy and dignity and to maintain significant relationships.

Is the service responsive?

Good ●

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified.

People were supported to maintain their interests.

The complaints policy was accessible to people who used the service and their representatives.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was working in an open and approachable management style. Staff told us they would not hesitate to raise any concerns and felt that concerns would be dealt with appropriately.

People using the service were asked for their opinions and views of how the service was run.

The provider had systems in place to audit the quality of the service being provided.

Creative Support - Derby 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 24 and 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with four people who were using the service and two people's relatives. We spoke with the registered manager, operations manager and four support workers.

We reviewed records which included two people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us that they felt very safe. People told us they also felt safe when they were supported by staff and said they had no worries or concerns about the way they were treated. One person said "We feel safe, the staff are nice." One relative said "[Name] seems to be looked after well and is safe." Another person's relative told us "I feel that [Name] is safe."

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. We saw that safeguarding referrals were made when necessary. Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies. This showed that people who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw people's personal finances were recorded and audited regularly to ensure they were managed safely. Staff told us they thought the procedures were good and two staff were required to sign all transactions. The registered manager told us that due to staff often working alone it was not always possible for a second staff member to sign to confirm the transaction. The registered manager told us that at each shift the balance was checked. This ensured people's money was managed well.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. For example, we saw that one person had been supported by staff to visit their partner independently. This had been achieved by staff working with this person and identifying the most suitable form of transport for them to use. Discussions with staff and information on people's support plans ensured people were supported safely.

In the interactions we observed between staff and people using the service, we saw that the staff were mindful of people's safety. For instance one person did not like the internal doors closed and the staff member ensured these were left open to reduce any anxiety which they may have experienced.

The registered manager told us that personal emergency evacuation plans were in place, which provided information on the level of the support people would need in the event of a fire or any other incident which required their home to be evacuated. The staff we spoke with were aware of the needs of the people and the level of support they required in such circumstances. A member of staff told us that when a fire test took place, people that they supported followed the evacuation procedure. This provided assurance that the provider had measures in place to maintain people's safety.

Systems were in place to record any incidents and or accidents. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. This provided assurance that appropriate action was taken to ensure the safety and wellbeing of people.

People told us there were enough staff to meet their needs and support them as agreed. People told us that there was always a member of staff at their house and they were able to support them if required. For example one person said "There is always a member of staff if you need any support."

During the inspection visit we observed that there were sufficient staff available to support people at their homes or accessing community facilities. The registered manager told us that staffing levels were determined according to the needs of each person and the activity they were undertaking. To accommodate for unexpected absence's the registered manager told us that existing staff picked up additional hours. The service had a bank of staff to call upon and used regular agency staff to ensure continuity of care. The registered manager told us that there was a vacancy for a senior support worker, which was being recruited into. Staff said that there were enough staff to support the people using the service.

The provider checked staff's suitability to deliver personal care before they started work. Staff we spoke with told us that recruitment processes were thorough and that all the required pre-employment checks were completed prior to them commencing employment. Recruitment records we looked at had the required documentation in place.

We looked at how staff supported people to take their medicines. The PIR stated that the service had clear medication procedures in place and that all the people using the service had medication assessments in place. We saw that assessments were completed to determine the level of support a person required with their medicine so that staff could support the person according to their needs. Staff told us they had undertaken medicine training and records confirmed this. We looked at a sample of medication administration records and found these had been completed correctly without any signature gaps or omissions. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. People's medicines were stored securely.

Is the service effective?

Our findings

We asked people for their views about the care and support provided by the staff. They told us that staff knew their needs and supported them well. One person said "The staff are always here to support you."

Staff we spoke with had received induction and training which equipped them to support people who used the service. Staff felt that they had the necessary skills and training to meet people's needs and promote their wellbeing and independence. One member of staff told us "Training is always available." Another member of staff said, "The training I have received has helped me to support the people using the service. For example we have had autism training which was useful."

The registered manager told us that staff received regular supervision, so that they were supported in their roles. Staff confirmed they received regular supervision. One member of staff said "I have regular supervision with the manager. It's an opportunity to formally sit down and discuss practice issues, training and a discussion on how I am getting on." This showed us that staff had the appropriate skills, knowledge and support to meet people's needs.

The registered manager told us that some people using the service assisted in the recruitment process. One of the people using the service had been involved in interviewing prospective staff and told us that they were going to be part of an interview panel the following week. This was to promote positive working relationships.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager confirmed that some of the people supported required support to make some decisions. The information in people's assessments and support plans reflected people's capacity when they needed support to make decisions. Staff we spoke with knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff told us that they had been provided with training to support their understanding around the MCA. People we spoke with told us that staff always sought their consent before they provided them with any support and that staff did not force them to make a decision. This demonstrated that staff supported people to make informed decisions.

People were supported to maintain their nutritional health. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people were supported to choose meals of their choice. People were supported to prepare meals according to the level of support they required. One person told us, "We decide what we want to eat and go shopping for food." Another

person told us "I can make myself a snack." Staff told us that they encouraged people to have healthy choices at meal times. This showed us that people were supported to eat healthy meals and to maintain a diet that met their needs.

People's health needs were identified in their care records. Staff were aware of people's health conditions. People told us that staff supported them with their healthcare needs which included visiting the dentist and opticians. One person said "My toe is sore and the manager is taking me to the doctors to have the dressing changed." A relative we spoke with told us that they were kept informed of any changes to their family member's health which was important to them as they did not live locally. The registered manager told us that to ensure people were treated in an individualised manner when accessing hospital services a "Traffic light system hospital information assessment" was in place. This contained key information about the individual such as any medication they were taking, preferred way to communicate, likes and dislikes. This showed that people were supported to access appropriate health services.

Is the service caring?

Our findings

Our observation of people's care over the two days showed that staff were caring and helpful. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people in a dignified and caring way. People using the service and some relatives that we spoke with told us they were happy with the support they received. They felt that the staff were kind and caring. One person said, "[Name] is nice to me. Another person "The staff always knock on my bedroom door before coming in."

The PIR sent to us by the provider before our inspection visit confirmed that people using the service were treated with dignity and their choices and wishes were respected. We saw people's privacy and dignity was maintained when personal care was being carried out. Staff ensured doors were closed when people were using the bathroom. Staff we spoke with gave us examples of how they respected people's privacy. One member of staff said "I always make sure that the door is closed when I am supporting a person with their personal care needs." This demonstrated that staff treated people in a respectful and caring manner.

Staff told us that they supported people to maintain as much independence as possible. We saw staff taking an interest in people's well-being by the way they spoke with people about their support. We heard staff checking out what people's choices and preferences were in a way that was positive and promoted independence. When we visited people in their own home, we saw the member of staff knocked on the front door and asked people for their permission before entering.

Support plans were written to promote people's independence, privacy and dignity. There was clear information about the person in their support plan regarding what they liked and how best to support them. Information was available to people in pictorial formats to aid their understanding.

The registered manager told us that advocacy services were available to support people in the decision making process. Where an assessment identified a person did not have capacity to make a decision an advocate was appointed to ensure any decisions made were in the person's best interest. This meant that the people were being supported in making decisions about their care when they required support to do so.

People told us that they were supported to maintain relationships which were important to them. One person said "I go to see my mum." Another person told us that they maintained contact with a family member via telephone and in the past has been to see them with the support of their keyworker. This showed that people were supported to maintain contact with people who were important to them.

Is the service responsive?

Our findings

The PIR sent to us by the provider before our inspection visit confirmed that people using the service were involved in their reviews. People told us they were involved with reviewing their care. One person said "A review meeting took place and I was able to say what I liked." We looked at this person's care file which confirmed that the person was involved with reviewing their care.

Support plans we looked at were person centred and individualised. Areas of need had been identified and associated risk assessments carried out. Staff we spoke with were knowledgeable about people's needs, preferences and routines. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This showed that the support people received was personalised to meet their individual care needs.

People told us that they were supported to pursue hobbies and interests they enjoyed and accessed the local community. One person told us, "I am going to watch a football match tonight, one of the staff will be coming with me." This person also told us that they were looking forward to going to a cruise later in the year. Another person told us that went to a local school and played cricket which they enjoyed. A relative of another person using the service told us that their family member's keyworker had supported them to integrate into the local community and enjoyed the outdoors. People were taken out to go shopping, for walks and for lunch on a regular basis. During the inspection visit we observed people being supported in the community, for example one person went to the bank with a member of staff and another person was going out to have their hair cut.

Staff understood people's method of communication, which was clearly recorded in their care records. This information was individualised and specified the person's communication methods. For instance one person's support plan stated "[Person's name taps shoe or foot when wanting to go for a walk." During the inspection we observed the person carrying out this action. The member of staff supporting the person responded appropriately asking them if they wished to go out for a walk. We observed the person being supported by the staff member going for a walk. Makaton and pictures were also used as part of the person's communication method. This showed that staff had detailed knowledge of how to communicate with people using the service, which enabled people to make decisions about what they wished to do.

People told us they felt comfortable speaking to the registered manager or staff about any concerns or complaints. One person said "Of course I can complain, I would tell the manager about any issues." We saw the provider's complaints procedure was accessible to people using the service; this information was available in pictorial format to support people. A system was in place to record complaints, this ensured the action taken and outcome was recorded. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the registered manager.

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager at the service. They told us that the registered manager was available to speak to them when needed. Relatives of some people we spoke with were complimentary of the management of the service.

The PIR sent to us by the provider before our inspection visit confirmed that there was a clear management structure, with an 'open door' approach, so that management were accessible to people using the service and staff. The registered manager at Creative Support Derby Service was based at the project and if required worked hands on support shifts. The registered manager told us that they operated an 'open door' policy and encouraged people who used the service, their representatives and staff to approach them at any time with any concerns they may have. This showed management were committed to the continued development of the service.

The registered manager had been in post since 2010. This demonstrated that there had been consistency in the management of the service. Staff we spoke with told us that they felt supported by the manager. One member of staff said "[Name] is approachable, she is a good manager." Another member of staff said "The service is well managed."

Staff felt that the service provided, had a positive impact on the lives of the people who used the service. One member of staff stated "I think this is a very nice project. I would be happy for my family member to use the service."

House meetings were held for people in each house who were supported by the service. People we spoke with confirmed that they were involved in the house meetings and were able to discuss things such as house rules. This showed that people were consulted regarding their views and opinions on the service that they received.

The service gathered information from people who used the service, their representatives and staff to continually improve the service. Annual satisfaction surveys were completed by the people using the service regarding their views on the service. Feedback from the survey during March 2015 was generally positive; most people felt that the staff encouraged them to be independent. However some people felt that staff did not treat them with respect. The service took action and addressed this through staff supervisions, ensuring people were treated with respect. The registered manager told us that the provider had arranged a consultation with people during 2015. This was an opportunity for the people using the Creative Support - Derby service to provide feedback on the support they received at the project. The registered manager informed us that a regional conference would be taking place during April 2016, which will be aimed at people using the service, families and staff to continually improve the service. People we spoke with confirmed that they were asked for their views on the service they received. This demonstrated the provider sought the opinion of people who used the service and took suitable action to address any areas for improvement.

We were told by staff that team meetings took place. Staff told us that if they were unable to attend minutes were available to them or the registered manager provided them with any updates. We looked at a sample of team meeting minutes which showed that these meetings took place regularly. This provided assurance that staff were given the opportunity to make their views known and for management to share information about the service.

The registered manager carried out monthly audits at each house; they told us that this was a new system which was implemented during November 2015. The registered manager told us that the system was working; as it ensured people received good quality care and that any issues could be identified and addressed immediately. Audits were completed to ensure care planning documentation were up to date. Medicine and financial audits were also completed to ensure staff were following the procedures in place. We saw that where shortfalls were identified action was taken, which included speaking to staff. This demonstrated that the service was monitored to ensure safe standards were in place.

We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.