

Creative Support Limited

# Creative Support- St Helens

## 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 

### Overall summary

The inspection was announced and took place on 23 December 2015. We gave the community based adult social care service 48 hours' notice to ensure we could access the information we needed.

Creative Support offers support to people to enable them to live independently in their own homes. The service provided personal care and support to 10 adults with learning disabilities. The service was supporting 10 people at the time of the inspection.

The last inspection of Creative Support was carried out on 24 February 2014 and we found that the service was meeting the regulations we assessed.

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

# Summary of findings

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.

Relatives told us they felt their family members were safe. Comments included "[Name] is quite happy, very safe and extremely well supported" and "The manager really listens to the family and the communication is good".

Staff had received training in how to recognise and report abuse. All staff were clear about how to report concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service.

People were supported to take their medicines by staff that were appropriately trained. People received care and support from regular staff that knew them very well, and had the knowledge and skills to meet people's individual needs. Relatives spoke very positively about staff; their comments included "The quality of the staff is good" and "Staff are very caring".

Before people started using the service the registered manager visited them to assess their needs and discuss

how staff could meet their care needs. From these assessments individualised care plans were developed with the person and their relatives to agree how the care and support would be provided.

Care plans provided staff with clear direction and guidance about how to meet people's individual needs. Relatives told us the manager was approachable and makes herself available.

People said they would not hesitate to speak to staff if they had any concerns about the service they received. People and their relatives knew how to make a formal complaint if they needed to. One relative said, "I have had cause to raise concerns and I felt my views were listened and responded to".

There was a management structure within the service which provided clear lines of responsibility and accountability. There was a positive culture within the service, the management team provided strong leadership and led by example. Staff said "The registered manager is very approachable" and "It's a very welcoming place to work".

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

#### The service was safe.

There were good systems in place to ensure risks to people's safety and well-being were identified and addressed.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of the people who used the service.

Good



### Is the service effective?

#### The service was effective.

People received support from staff who knew them well, and had the knowledge and skills to meet their needs.

Relatives told us that people had experienced positive outcomes as a result of the support they received.

People were supported effectively with their health and dietary needs.

Good



### Is the service caring?

#### The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and where appropriate, their relatives were involved in their support and were asked about their preferences and choices.

Staff had built meaningful relationships with people who used the service and were given sufficient time to meet people's needs and provide companionship.

Good



### Is the service responsive?

#### The service was responsive.

Changes in people's needs were promptly recognised and acted upon with the involvement of external professionals where necessary.

People were regularly encouraged to give their views and raise concerns or complaints to improve the service.

There were systems in place to help ensure staff were up to date with meeting people's needs.

Good



### Is the service well-led?

#### The service was well-led.

The manager promoted strong values and a person centred culture. Staff said they were well supported.

Good



# Summary of findings

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

# Creative Support- St Helens

## 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 23 December 2015 and was announced. One adult social care inspector undertook the inspection. The registered provider was given 48 hours' notice because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available for the inspection.

Before the inspection, we checked the information that we held about the service including notifications we had

received. A notification is information about important events which the registered provider is required to send us by law. We contacted the local authority to gain their views of the service.

During the inspection we went to the registered provider's office and spoke with the registered manager and two support workers. We also visited three people in their homes and looked at their care records including daily records, medication administration records (MAR), financial records and communication logs. We spoke with three relatives and we contacted two staff members by telephone.

We reviewed a range of records held at the office, including the care records for two people. We also looked at other records relating to the management of the service. These included two staff training, support and employment records, quality assurance audits and findings from questionnaires the registered provider had sent to people and relatives.

# Is the service safe?

## Our findings

Relatives said “I believe [Name] is very safe and the staff understand his needs well” and “Initially I had doubts about [Name] using the service but now 11 years later I couldn’t be happier. I know [Name] is safe and really well cared for”.

Risk assessments were carried out to identify risks to people who used the service and to the staff supporting them. Individual risk assessments were also in place for specific activities people had chosen to participate in. Staff had clear guidance about what the risk was and the procedure for managing this. The registered manager demonstrated a clear process for the management of risk while they encouraged people to engage in an activity within the community.

Staff recruitment was managed safely. We reviewed two staff record files and found they included completion of an application form, interview records, staff recruitment checks, such as obtaining two valid references from previous employers and verifying people’s identity and right to work. Necessary vetting checks had been carried out through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or people at risk.

Staff had received training on safeguarding adults. Staff spoken with demonstrated a good understanding of abuse. They described the different types of abuse and signs which indicate abuse may have taken place. They talked about the steps they would take to respond to allegations or suspicions of abuse. One member of staff told us “People should always feel safe and their care package should be all about them”. Staff were aware of their own responsibilities to raise a safeguarding concern with the local safeguarding team. A copy of the local authority safeguarding policy and procedure was available. The

registered provider had a very informative safeguarding policy which all staff had signed to say they had read and understood. All staff had an annual safeguarding supervision which highlighted areas of good knowledge and identified any areas for further development.

There were enough staff on duty to keep people safe and meet their individual needs. Staff told us they felt the staffing levels were safe and they had time to provide people with the care and support they needed. Staff rosters for the previous month showed that there had been a consistent number of staff on duty over this period. People were given copies of their weekly staff rota that included a photograph of each member of staff working with them along with the days and times they would be supporting them. The registered provider had not used any agency staff since the last inspection and had two bank support staff employed to offer continuity for staff holiday’s and sickness cover.

There was an appropriate system in place for the management and administration of people’s medicines. The medication policy had a clear process to be followed in the event of any errors occurring. Staff followed current regulation and good practice guidance. Staff administering medicines had undertaken appropriate training for this role. This included competency assessments which were repeated annually. Medicines were stored in locked cupboards within the person’s home. People received their medication on time and in a safe manner.

Incidents and accidents were clearly documented. They were rated using a low, medium and high risk scoring system. The rating dictated the responses required by the registered provider. All incidents and accidents were reviewed regularly by the registered manager but also forwarded to the head office for regional analysis. Risks were highlighted and consideration was given for the reduction of future risk.

# Is the service effective?

## Our findings

One person who used the service told us that they liked the staff. Another person said “I like my staff and the manager”. Everyone we spoke with said the staff were competent. A relative said “[Name] has regular staff and he enjoys their company. I have no complaints at all about the staff they look after [Name] really well”.

Staff completed a comprehensive induction when they commenced employment. This included organisational corporate induction as well as role specific local induction within the service. Staff daily working practices were observed for good practice to ensure people received appropriate support.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said they were fully supported by the registered manager and that there were good opportunities for attending additional training to enhance their knowledge. Training undertaken included moving and handling, health and safety, infection control, fire safety and food hygiene. There was a programme in place to ensure staff received relevant training and all refresher training was kept up to date. Staff received regular supervision and an annual appraisal from the registered manager and team seniors. This gave staff an opportunity to discuss their performance and identify any further training or skills development they required.

Staff demonstrated a good understanding of people's needs. They said that they looked and listened for signs and clues through observation to ensure people's needs were met. This meant that when people had limited communication their needs were still met.

Staff explained their role and responsibilities and how they would report any concerns they had about a person's

health or wellbeing. Care plans reflected the support being offered. Information was up to date and regularly reviewed. All staff were informed of any changes or significant information to ensure they were kept fully up to date.

Staff worked successfully with healthcare services to ensure people's health care needs were met. They supported people to access a variety of healthcare professionals including GP's and dentists as required. Care records demonstrated that staff shared information effectively with professionals and involved them appropriately.

People were observed being offered choice and support with food and drink. One person was supported through prompting and encouragement by staff to make themselves a drink. Staff encouraged healthy options and also offered people choice. One person was supported with a weight management programme. Staff had supported them to prepare menus and shopping lists for items required to prepare individual meals.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack capacity to make particular decisions for themselves. Daily records showed how staff used encouragement and involvement to enhance choice making, in particular in relation to the preparation of food and drink as well as undertaking activities of choice. Some evidence of capacity assessment was demonstrated within the initial assessment documentation from social services prior to people using the service. Training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) was included in the training programme that all staff were required to participate in.

# Is the service caring?

## Our findings

People said that the staff looked after them well. A relative said “Staff are very caring, they treat [Name] like their own” and “Staff look after [Name] very well”.

Quotes within the family satisfaction questionnaires included “The staff are always approachable”, “Staff are caring and efficient” and “The staff have a wonderful rapport with [Name]”.

Staff were interacting positively with people. They were working together with people to undertake daily tasks of laundry and meal preparation. People were offered choice and encouraged to participate in each activity. One person said they enjoyed listening to music and singing along with staff.

People received care and support from a regular team of staff that were familiar to them. Relatives confirmed that there was a regular and consistent staff team that understood people’s needs. People told us they were very happy with the staff and got on well with them.

Reviews of care plans were held regularly and included the relatives who said they were encouraged to attend and offer their opinion. A relative said that although they were unable to attend a review the manager ensured they were involved and kept fully informed with their relative’s agreement. We saw pictorial documentation that showed an easy to read version of a person’s review. One relative told us “The staff are caring” and “The staff treat [Name] with dignity and respect. They seem to really care”.

Daily records were maintained of the care and support people had received or had been offered throughout the day. They included choices of activities, food, drinks, as well as what time people wanted to get up and go to bed.

The staff had a good knowledge and understanding of people. Staff spent time getting to know people and to understand the best way to support them. Staff were motivated and passionate about making a difference to people’s lives. Staff spoke positively about working for the registered provider, comments were, “This is a very welcoming place to work” and “It is a great place to work”.

Staff were respectful of people’s privacy and maintained their dignity, for example they gave people privacy whilst they undertook aspects of personal care and remained nearby to maintain the person’s safety. All staff had undertaken training in relation to dignity and respect. Staff were observed promoting people’s independence for example people were observed making their own hot drinks. Care plans were very detailed and included people’s likes and dislikes as well as specific detail relating to each person.

People were supported to express their views in ways that were meaningful to them and to be involved in making decisions about their care and support. This meant people were valued and treated as individuals with an opinion. People’s care files included lots of photographs within them of chosen activities undertaken. The registered manager had regular contact with all people who used the service and where appropriate their relatives.

People had access to advocacy information from an organisation that works with people with learning disabilities.



# Is the service responsive?

## Our findings

Prior to people using the service the registered manager visited them at their own home to assess their needs and discuss how staff could meet their wishes and expectations. From these assessments comprehensive care plans were developed, with the person and where appropriate with the involvement of their relatives, to agree how they would like their care and support to be provided.

Care plans were personalised to the individual person and detailed each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide people with the care and support they needed. They also explained how staff could support people to develop their independence including activities of daily living. Daily records detailed activities undertaken throughout each day, choices offered, as well as mood and information relating to personal care, food and nutrition.

Care plans were reviewed regularly and were updated as people's needs changed. Evidence of review and update was seen within the care plan files reviewed. Staff told us care plans were reviewed regularly and kept up to date. They said the care plans held all the information they required to provide the right care and support specific to each person's needs. Staff demonstrated a good understanding of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People had a hospital admission document which included medical history, communication, mobility, personal care

requirements, dietary needs, likes, dislikes and responses required for the management of behaviours. People told us they had been fully involved in the collation of information and had welcomed these. They said it helps staff at the hospital to understand them better.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to, but felt that issues would be resolved informally. People told us the registered manager was open to feedback about any area of the service both positive and constructive. There was a complaints policy in place with a clear procedure to be followed. People all had access to a complaints procedure both in written and DVD format which supported people to raise concerns or complaints. There had not been any formal complaints received since the last inspection.

A member of staff talked about a person who had been low in mood. Through discussion they found out they were fed up with activities offered at a day centre they attended. The member of staff asked the person what activities they enjoyed and would like to undertake. The person then agreed that the day centre could be contacted to discuss the person's concerns. The day centre amended the activities to ensure the person had a positive experience. This showed a person centred approach.

People and relatives had been invited to complete feedback questionnaires. The comments included "Staff are caring and efficient", "I am more than happy with the service" and "Good".

# Is the service well-led?

## Our findings

The registered manager was committed and knowledgeable in her role. Staff told us “The manager is very approachable”, “I feel really supported by the manager, seniors and colleagues”, “The manager is brilliant, she is very accommodating and I cannot fault her” and “I love working here, we are like a family”.

The registered manager was active in ensuring a good team ethos and promoted regular communication through supervision and team meetings. She was open to all views and everyone spoken with said they were comfortable with raising any concerns with her. She was knowledgeable about the people who received support. Everyone including people who used the service, relatives and staff spoke highly of the registered manager, seeing her as a good support who led by example. They said the registered manager was approachable and always available.

Staff meetings were held regularly throughout the year. Minutes from the meetings were recorded and shared with any staff that were unable to attend. Staff signed to record they had read and understood the minutes. Staff were happy about working for the service and felt supported in their role.

The registered manager had effective systems in place to manage staff rosters and there were quality assurance

systems in place to make sure any areas for improvement were identified and addressed. She regularly visited people to seek their views about the service. Staff working practices were observed to monitor the quality of the service being offered.

There was a system that recorded when care plan reviews, supervisions, annual appraisals, and staff training was due. This helped to ensure the quality monitoring system was effective and up to date. Care plans and risk assessments were regularly reviewed to ensure they were up to date. People were supported to participate fully in the development of their care plans. This meant the registered manager ensured people received appropriate care and support to meet their individual needs.

Systems were in place to check that accidents and incidents were recorded and outcomes were clearly defined, to prevent or minimise re-occurrence.

Regular daily and weekly audits took place including medication and daily records. A comprehensive quality audit which covered all areas of the service was undertaken each month by the registered provider. The process included action plans with completion dates. This demonstrated the registered provider's commitment to continually improving the service and ensuring the quality of the service provision for people.