

Creative Support Limited

Creative Support - West Berkshire Service

Inspection report

118-128 London Road
Reading
Berkshire
RG1 4SJ
Tel: 0118 957 3709
Website: www.creativesupport.co.uk

Date of inspection visit: 7, 20 & 21 August 2014
Date of publication: 20/01/2015

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

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 and to pilot a new inspection process being

introduced by CQC which looks at the overall quality of the service. At our last inspection on 14 January 2014, there were no concerns. This was an announced inspection.

Creative Support-West Berkshire Service is a supported living service. It provides people with a learning disability support with personal care. People live in different types of accommodation varying from flats to shared houses.

Summary of findings

The service provides support to people across a wide geographical area in Berkshire. At the time of our inspection, 34 people were being supported with personal care.

A registered manager was employed by this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and those important to them told us they were safe. Staff knew how to keep people safe from abuse and knew what to do if they thought a person was a risk. Staff had a good working knowledge of the Mental Capacity Act 2005 (MCA) and knew what to do to make sure they had considered people's capacity and to act in their best interests.

Risk to people's safety were assessed and managed well. People were supported to be as independent as possible while remaining safe. Although there were enough staff to keep people safe, some people told us there were occasional difficulties communicating with agency staff who did not always know people well. The provider was currently undertaking a recruitment drive to ensure more permanent staff were employed. Recruitment practices were safe and robust and people who use the service were involved in the recruitment process.

Care workers were well supported by managers and had regular training and supervision to enable them to meet

the needs of people who use the service. People were helped to have enough to eat and drink and staff supported people to maintain a healthy diet, as well as with shopping and cooking. People were supported to remain healthy, and appropriate referrals were made to health care professionals when needed.

People told us staff were caring. They gave us positive feedback about the care provided by staff. Staff spoke to people who use the service in a caring and respectful way. People were involved in making decisions about their care and care plans were person centred.

People were involved in regular reviews of their care needs. Staff knew how to identify changes to people's care needs and the appropriate action they should take. The provider regularly sought feedback from people who use the service, relatives, staff and others, and acted on it. They had a robust complaints procedure in place, which people were aware of and knew how to use.

The service was well led. People and their relatives said managers were friendly and approachable. Staff were well motivated and gave positive feedback about working for the provider. The registered manager and provider had a strong emphasis on improving the quality of service. There was a robust incident and accident monitoring system in place. The registered manager led by example and promoted an open culture among staff.

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. People were protected from abuse because staff knew how to recognise abuse and what they should do if they thought a person was at risk. Staff also had a good working knowledge of the Mental Capacity Act 2005 (MCA).

Risks to people's safety were assessed and well managed. There was enough staff to meet people's care needs and recruitment practices were safe and robust.

Good



Is the service effective?

The service was effective. People were supported by staff who had the skills they needed to carry out their role effectively.

People had sufficient to eat and drink, and maintain a healthy diet. People were also supported to maintain good health and access on-going healthcare support

Good



Is the service caring?

The service was caring. People, and those that were important to them, were involved in the care planning process and care plans were person centred.

Staff spoke to people in a caring way and encouraged people to make decisions about their care needs.

Good



Is the service responsive?

The service was responsive. People received personalised care that was responsive to their needs. People were supported to participate in person centred activities as independently as possible.

The provider actively sought feedback about the quality of service and had a robust complaints procedure. Any feedback received was acted on.

Good



Is the service well-led?

The service was well led. The service promoted a positive and open culture and demonstrated excellent management and leadership.

The provider took a pro-active approach to improving the quality of service throughout the organisation.

Good



Creative Support - West Berkshire Service

Detailed findings

Background to this inspection

The inspection team consisted of an adult social care 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 service.

We visited the agency's office on 7 & 21 August 2014. We spoke with the registered manager, operations director and eight care workers. On 15 & 18 August we spoke with three people who use the service and five relatives by telephone. On 20 August we visited four people who use the service in their own home. We spoke with a social care and health care professional and received written feedback from other stakeholders. We reviewed a range of records including information about people's care, staff recruitment and training, and other records relating to the management of the service.

Before the visit we reviewed the Provider Information Return (PIR). The PIR was information given to us by the

provider to enable us to ensure we were addressing potential areas of concern and identifying good practice. We also reviewed records held by the Care Quality Commission (CQC) and notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People and those important to them told us they were safe. One person said “I’m not frightened, I would speak up”. A relative told us: “The service keeps X as safe as it’s ever likely to be for X, but X really gets out and about and really loves this”. Another relative said: “We’re sure Y is very safe and there’s no abuse”.

People were protected from avoidable harm and potential abuse. Staff were knowledgeable about safeguarding people from abuse and knew what action to take if they were concerned a person was at risk. All of the staff we spoke with knew how to raise concerns with the manager and how to use the provider’s whistleblowing procedure. Staff told us they were confident that any issues they raised would be dealt with appropriately. The provider had appropriate safeguarding and whistleblowing policies in place for staff to refer to if they needed to.

All but one of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person’s best interests. Some staff were able to give clear examples of when and why they had been involved in meeting with people who use the service, and others, to assess the person’s capacity to make a specific decision about certain aspects of their lives.

Risks to people’s safety were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff. Risk assessments were proportionate and encouraged people to have as much freedom as possible while remaining safe. The provider had appropriate plans in place to manage any unexpected emergencies which may arise, such as a fire or power failure. This was to ensure that the needs of people who used the service would continue to be met before, during and after any emergency.

There were enough staff to keep people safe and meet their needs. The provider was currently covering vacancies by using bank staff and overtime as well as agency staff. Feedback about agency staff was mixed. The manager said they tried to ensure that the agency staff were consistent so they knew the people they were supporting well. However, a person who uses the service, two relatives and two health care professionals said there were occasional communication difficulties with agency staff who were not familiar with the people who use the service. The person said they found it difficult to make themselves understood with some agency staff who did not have English as their first language. The relatives and health care professionals also said some agency staff had difficulty talking with people who were unable to communicate verbally. A relative said: “They (staff) are generally good. The only time we have any problems is when unfamiliar staff try to fill in”.

The registered manager said they were using agency staff because there were difficulties recruiting suitable permanent staff in the area. They were currently undertaking a recruitment drive to address this problem. The provider had commissioned bespoke advertising to explain the service to potential recruits. They had planned open days at the one of the houses so potential new staff could meet people who used the service and gain an understanding of what their new role would entail.

Recruitment procedures were safe and robust. We looked at the personnel records for seven members of staff. All of the appropriate checks had been completed. When recruiting staff the provider completed additional activities with potential new staff to ensure they had the appropriate skills to support people who use the service. Candidates were required to complete a written exercise which focused on the care needs of people. People who use the service were also involved in the recruitment process. They took part in group and individual interviews and were able to give feedback about candidates, which was used when the provider was making decisions about whether to employ the candidate or not.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to meet people's needs. A relative said: "They (staff) seem very well trained". Care workers gave positive feedback about the training and support they received. They said all of their training was up to date and training provided was "good". Trainers were approachable and staff were encouraged to ask questions when they needed to. Staff were supported to obtain further qualifications such as the diploma in Health and Social Care levels two and three.

Care workers said they felt well supported by management and they received regular one to one support during supervision sessions with senior staff. Staff said they were encouraged to discuss any issues they may have, including meeting people's care needs and any training requirements they may have. Some staff commented they would like to be supported to develop their skills further and progress to NVQ level three. Staff were also regularly observed providing care to people who use the service.

Most of the staff we spoke with said they had completed an appraisal in the last year. However, the registered manager reported they had identified 38% of staff were overdue an appraisal. They had taken action to rectify this and plans were in place to ensure all staff received an appraisal in the near future. We reviewed the providers training plan and

matrix and saw the majority of staff had completed core training and specialist training was planned and booked. The provider also offered training courses at weekends to enable as many staff as possible to attend.

People were well supported to have enough to eat and drink and to maintain a balanced diet. People were encouraged to plan their meals and shop for food. We observed staff supporting people to make menu choices and shopping lists in a respectful and supportive way. People were encouraged to make healthy choices and were helped to maintain a healthy weight. Staff ensured people had access to drinks throughout the day, and food and fluid intakes were recorded and monitored when needed.

Each person had a health action plan and hospital passport that identified their health needs and the support they required to remain well. This helped staff to ensure people had the contact they needed with health and social care professionals. Staff knew how to recognise if a person's health needs had changed or if a person had become unwell. Appropriate referrals were made to other health care professionals such as the GP or dietician. For example, one person had slowly gained weight and was referred to a dietician. Healthy eating advice was given and the person was supported to change their diet and successfully managed to lose weight. One person said: "If I need it they will get the doctor for me.....they would know what to do for me". A relative said: "They (staff) will always raise any issues and for example, if they need to they will get the GP".

Is the service caring?

Our findings

People who used the service and those important to them told us staff were caring. They gave us positive feedback about the care provided by staff. A relative said: "The main carer is really good, he deserves a medal and he is really good at getting the balance right for X". Another relative said: "X definitely benefits from their care and enjoys it. They've been supportive to us both but X has really blossomed".

All of the staff we spoke with talked about the people they supported in a very caring way. They knew people well and were able to describe in detail how they would meet people's care needs. Staff described how they would support people in a person centered way to make day to day choices. Staff understood the importance of enabling people to make their own decisions.

We observed staff treating people in a caring and kind way. People who had chosen to go shopping or out for lunch were well supported by staff. Staff ensured people were happy about where they were going and what they were doing. One person who had become anxious was supported in a kind and caring way by staff.

People and those important to them were involved in making choices and decisions about their care and support. For people who were not able to communicate

verbally staff used a variety of methods to understand what people's choices and preferences were. These included the use of sign language, pictures and understanding people's body language. One person said: "I talk with them at meetings" and "The staff listen to me".

Care plans varied depending on the needs of the individual. Where a person had complex needs a more comprehensive plan was in place. Some plans had been produced using pictures and simple language to ensure people could be fully involved in the process. Details included information about supporting the person's behavioural needs, personal care preferences and guidance for staff on people's communication needs. There was evidence of how the person and others important to them had been involved in making decisions about their care, as well as information about best interest decisions.

People had their privacy and dignity protected. They were treated with respect and listened to. One person said: "I talk with them at meetings" and "The staff listen to me". Another person said: "they (staff) are all very friendly. They are always polite and respectful". A relative said: "X needs full personal care. They always have gloves and use the right equipment. This is done with safety and dignity". When talking about people who use the service staff spoke in a very respectful way. Staff described how they respected people's choices and aimed to support people to be as independent as possible.

Is the service responsive?

Our findings

People's needs were regularly reviewed with the person, those important to them and health care professionals. People were supported to be involved as much as they were able. One person said: "Yes they do review. They talk with me. Staff come and talk to me nice. Things are a lot better." Care plans reflected people's choices, preferences and needs, to enable staff to provide person centred care. Care plans were updated when needed and staff informed of any changes that were made.

People told us staff supported them to do the things that were important to them. This included getting support to meet their spiritual and social needs. One person said "they help me get out including going to church, or today we will be going shopping later". A relative said: "X has social activities and a night out at the weekend. X certainly has a lively time". People were supported by staff to take part in activities and hobbies that were important to them, as well go on holiday.

Staff were able to describe how they would identify changes in people's health and how they would seek support from senior staff or make a referral to outside health care professional as soon as possible. Staff who supported people with more complex needs understood the importance of monitoring the individual's health closely, to prevent a rapid deterioration and possible hospital admission.

If the service began providing support to someone new who had a complex or rare medical condition, they found out all of the relevant information they needed to ensure they could meet the needs of the person. For one person this involved developing specialist training for staff to make sure the person was safe and well cared for. Staff were trained to respond quickly and effectively if an emergency arose.

Managers took a positive approach to gather people's views about the service. People were encouraged to be involved in an annual 'Service User Consultation Meeting'. The purpose of the meeting was to seek people's views about what was good and not so good about the service, as well as what people would like to see for the coming year. People who were unable to attend the meeting were invited to complete questionnaires about the service. The provider had also held a policy review meeting with people to discuss the provider's complaints procedure. This was to establish what was important to people if they ever needed to make a complaint. Feedback from this meeting was taken back to the provider and was used when developing the national corporate complaints policy.

The provider had a complaints procedure in place which staff were aware of and knew how to use. People and their relatives knew how to make a complaint if they needed to and said they felt confident the provider would act on any concerns they may raise. One person and one relative we spoke had raised a complaint with the provider. They both said the provider took their complaint seriously and took appropriate action to resolve the issue.

Is the service well-led?

Our findings

People and their relatives said managers were easy to contact, friendly and approachable. Staff said managers were accessible, helpful and supportive. They were able to discuss good and poor practice during regular staff meetings. There was an open culture which encouraged staff to make suggestions as to how the service could be improved. Staff told us when they gave feedback, management acknowledged their feedback and acted on it. One care worker said: “every time I have said something, they are quick to do something”. Staff said they felt well motivated and comments about working for the provider included: “I love working here” and “they do have high standards”. All of the staff gave complimentary feedback about the registered manager.

The registered manager led by example and spent a lot of time supporting people who use the service, as well as providing support to staff to help them develop their skills. The registered manager knew the people who used the service well, and was able to discuss individual’s care needs in detail. They dealt with any concerns in an open and objective way. The registered manager and provider had used feedback from previous inspections to develop the quality of service and were keen to participate fully in the inspection process.

The manager said there was good cohesion between the homes across the geographical area. There was excellent communication between locations and staff were good at sharing information about good practice. The service had good links with other organisations and had signed up to the local authority’s ‘Dignity Charter’. This is a scheme providers can join to ‘demonstrate their commitment to delivering high quality care services while putting the people who use the service at the heart of what they do’.

The provider and registered manager took a pro-active approach to improving the quality of service. A new role had recently been created within the organisation. A development officer had been employed to offer people opportunities to take part in organised activities and events provided by the service. Plans were in place to develop the

role further to improve links with other organisations in the local community. The registered manager said the introduction of this role meant they were able to spend more time with people who use the service, as well as supporting staff. Other changes to the management structure had also allowed care workers more time to support people with more meaningful activities.

The provider had a robust incident and accident monitoring system in place. Where an incident or safeguarding concern had occurred, it was thoroughly investigated and appropriate action taken to prevent the incident from happening again. The provider also kept a log of all incidents so they could identify any possible trends and make any changes to people’s care plans or overall service delivery if needed.

The provider had a strong emphasis on improving the quality of service throughout the organisation. Quality and governance meetings at organisational level were regularly held. Minutes from the meetings showed a broad range of topics were discussed, including supporting whistle-blowers, staff training needs and policy reviews.

The provider was in the process of completing their annual quality survey for this service. Questionnaires had been sent to people who use the service, their families and carers and staff. People were supported to complete the questionnaire in a way that best suited their communication needs. The provider was able to show us some interim results. These were mostly very positive. Where a concern had been raised this had already been identified by the provider and rectified. When the survey was completed the manager said they would review all of the results and develop an action plan to deal with any issues if it were needed.

There were other quality monitoring processes in place. The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These included regular audits such as the content of people’s care plans, environment and health and safety, and medication. Where concerns were identified, action plans were put in place and improvements were made.