Creative Support Limited

Creative Support - Gateshead 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

This was the first inspection, since a change in registration in November 2016, when the service had moved to a new address.

Creative Support - Gateshead Service provides care and support in a 'supported living' setting, so that people can live as independently as possible. Care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living. At the time of the inspection personal care was provided to one person who had been supported by the service for a number of years. This inspection looked at the personal care and support provided to the person, who had a learning disability and lived in a shared house with staff support.

The service had a registered manager. 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.

We found that a safe service was provided by small staff team who were appropriately trained and supported. Established systems were in place for preventing harm and abuse. Robust arrangements had been made to protect against risks, maintain health and wellbeing, and give medicines safely.

The person using the service received effective, personalised care that was thoroughly planned and had been adapted to meet their needs. They directed and agreed to their care and the principles of mental capacity law were applied in upholding their rights.

Staff were supportive, caring and provided dignified care. They understood the individual's preferences and supported their lifestyle and social interests. Information was given in an accessible form, helping the person to express their views and make choices.

The service had an open, inclusive culture and was well managed. Feedback was sought and there had been no complaints. The governance of the service ensured regular monitoring of standards and the quality of care provided.

Further information is in the detailed findings below.

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.

Steps were taken to protect the person from abuse and risks to their welfare. Lessons were learned from any untoward incidents.

Sufficient staff provided a safe and reliable service. Infection control measures were followed. Medicines were safely handled.

Is the service effective?

Good

The service was effective.

Staff delivered effective care, based on best practice and the advice of other professionals. There was good teamwork and staff were suitably trained and supervised in their roles.

Support was provided to maintain good health, nutrition and to access health care services. Care was given with consent and the implications of the Mental Capacity Act 2005 were under

Is the service caring?

Good

The service was caring.

Staff had a caring approach, had formed supportive relationships and respected privacy and dignity. The person was well supported to express their views and make choices and decisions about their care.

Is the service responsive?

Good

The service was responsive.

Person centred care was provided that was responsive to changes in the individual's needs. The service aimed to meet future care needs and had trained staff in providing end of life care.

Feedback about the service was obtained and a clear complaints procedure was in place.

Is the service well-led?

Good

The service was well-led.

There was good governance, leadership, and inclusive working arrangements.

Standards were regularly evaluated and the management were committed to developing the quality of the service.

Creative Support - Gateshead 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 was 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.

The inspection was announced and took place on 14 and 18 December 2017. We gave short notice that we would be visiting as we needed to be sure someone would be in at the office and to arrange to meet with the person using the service. The inspection was carried out by an adult social care inspector.

Before the inspection, the provider had 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During our inspection we visited the person using the service at home and had telephone contact with a relative and a healthcare professional involved in their care. We talked with the registered manager, project manager, senior support worker and a support worker. The inspection was also informed by feedback from questionnaires completed by seven staff. We examined the person's care records, staff records and other documentation related to the management and quality of the service.

Good

Is the service safe?

Our findings

The service provided an easy read policy with pictures and symbols that explained abuse and the safeguarding process. Safeguarding and other safety issues were talked about at each tenants' meeting to help promote understanding. For example, discussion at the latest meeting had been about how to stay safe with money.

Staff had access to the provider's safeguarding and whistle-blowing (exposing poor practice) policies and had completed safeguarding training. Safeguarding was discussed during team meetings and supervisions to continue to raise awareness and check staff understood their responsibilities. The provider had also implemented a 'Code RED' (Responsibility, Escalation and Duty of care) initiative to encourage reporting of any concerns about people's care.

Staff told us they knew what to do if they suspected someone was being abused or was at risk of harm. A longstanding staff member commented, "I can honestly say I have never seen anything that has concerned me. However, working for this company has made me able to recognise in other companies when they are doing bad practice." The registered manager had ensured safeguarding allegations were acted on and notified to the relevant authorities. Suitable arrangements were made to account for the safekeeping of the person's money and the support they received in managing their finances.

Any new staff recruited were checked and vetted to ensure their suitability. The person using the service received continuity of care from a small team of support staff. Staff told us the service made sure people received care from familiar, consistent support workers. Rosters were planned in advance and, if needed, regular bank or agency staff were used to cover absence. The management were able to be contacted during and outside of office hours, so staff could get advice or support at any time.

The person's relative told us they felt their family member was safely cared for. We observed that monitoring the person's safety was balanced with respecting their freedom. They always had either one-to-one or shared staff support at home and precautions were taken to reduce risks during the limited unsupported time they spent in the local community. Robust measures were in place for all other risks associated with the person's welfare which we saw were kept under regular review.

A lone working risk assessment had been devised and staff confirmed the lone worker policy kept them safe in their work. Staff followed infection control procedures and used protective aprons and gloves. They undertook safety checks to support the person within a safe and secure home environment. Appropriate support was given with prescribed medicines by staff who were trained and had their competency assessed. Medicine administration records were accurately completed.

The person's records gave thorough guidance on how to provide their care safely. Records were readily available to staff, were recorded to a good standard and kept up to date. Staff were instructed on confidentiality and data protection policies and were being trained in the handling of personal information.

There was a system for reporting and following up on any accidents or untoward incidents. The service had a business continuity plan for emergency situations, and the person had a plan to support them in the event of needing to be evacuated from their home.

Lessons were learned when things went wrong in the service and were used to make improvements. For instance, policies and safe practice had been reinforced with staff following safeguarding concerns. A medication support group met monthly to discuss any errors that had occurred in the provider's locally-based care services. The meetings were used to identify trends, reflect on what had happened and share solutions with staff teams.

Good

Is the service effective?

Our findings

The person was supported by staff who were appropriately skilled and trained. Any new staff completed the Care Certificate, a standardised approach to training for new staff working in health and social care. They were given time to get to know the person and shadowed experienced workers until they were confident and competent in their roles. Staff confirmed they had completed induction which had fully prepared them for their roles before working unsupervised.

Staff were provided with face-to-face and e-learning training. This included safe working practices and courses relevant to the needs of the person, including learning disabilities, mental health, dementia awareness, and positive behaviour support planning. Staff told us they were informed about and received training that enabled them to meet the needs, choices and preferences of the people they supported. One staff member said, "Since the day I started, Creative Support have always been very good with training, so from day one I knew how I was expected to behave and work within my job role." The senior worker had a vocational qualification in dementia and was the designated 'dementia champion' for the service. They provided support and information to the team staff and kept up to date with current best practice, including meeting with a local group of dementia champions.

There was a delegated system for providing staff with individual supervision and annual appraisals to support their personal development. This included observations and supervisions focused on different areas of practice such as dignity, safeguarding, finances, and medicines. Staff confirmed they received supervision and appraisal that enhanced their skills and learning.

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 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.

Staff told us they had been trained in and understood their responsibilities under the MCA. The support provided to the person took account of their fluctuating abilities and avoided any undue restrictions. They had consented to their support plans, sharing of personal information and being photographed for specific purposes. The person was able to direct and make choices about their lifestyle. They were well supported by staff and health care professionals who had given them information to help with decision-making. Their rights had been respected, for instance, when they had taken a prolonged time before deciding upon treatment that had benefitted their health and wellbeing. A formal decision had been made in the person's best interests in relation to appointeeship and support in managing their finances.

The person's care was holistically planned, specifying the impact of their mental health, as well their strengths and daily living skills. The senior support worker told us staff consistently followed support strategies and felt staff worked well together in achieving effective outcomes. For example, the person preferred a structured routine and told us, "I can do things for myself." The staff supported them in their

routine and retaining independence, such as going food shopping each week and continuing to be involved in preparing food and drinks.

We saw staff worked collaboratively with other professionals in caring for the person. This had included input from a dietitian, dentist, and on-going support from a consultant psychiatrist and learning disability community nurse. The community nurse monitored the person's health and told us staff were good at following their advice.

The person had an action plan addressing all areas of maintaining their health. The person's GP carried out an annual health check. All contact with health care professionals was documented. A hospital passport was also prepared with vital information to help co-ordinate their care in the event of admission to hospital.

Good

Is the service caring?

Our findings

We observed the person was relaxed and comfortable in the company of staff and was afforded privacy in their home. Some staff had supported the person for a number of years and it was evident they had formed supportive relationships. The person pointed out one of their support workers and said, "She's my favourite. She's lovely and likes me." The person's relative told us, "(Name) likes the carers. They look after her and know her well."

The registered manager told us the provider had a working group looking into enhancing values-based recruitment and employing staff of the right calibre with caring qualities. 'I Care Ambassadors', experienced staff with roles to inspire and motivate people to understand more about working in social care, had been nominated to support recruitment. The person, and other tenants they lived with, continued to be given opportunities to be involved in selecting new staff. A meeting to introduce a new support worker who would soon be working with them had been arranged.

The management and support staff had a good understanding of the person's needs and were respectful and sensitive when talking about the person to us. Staff told us they had enough time to give all the care and support required by the person's care plan and support their independence. They felt that staff always treated the person with respect and dignity. The person's community nurse said they found staff to be very caring.

The provider had created a DVD about treating people with dignity that was used as a training tool. Staff received themed dignity supervisions which included observing their practice and the ways they engaged with people. The senior support worker worked alongside staff and monitored that a caring culture was embedded. They told us they would not tolerate poor attitude or undignified care and had no concerns of this nature about the current staff team. The registered manager also did spot checks and talked with people to get their feedback about their support experiences.

We observed the person was encouraged to make choices and be involved in their care. They showed us their bedroom and said they had chosen their favourite colour for the decoration and furnishings. Staff told us the person exercised control over the clothes they wore, the food they liked and how they preferred to spend their time.

Information was provided in a way the person could understand and was discussed and explained by staff, usually in tenants' meetings. This included easy read versions of policies, a guide to personal safety, and advocacy information. The Creative Support North East newsletter was shown and read through to keep up to date with what was happening in local services. A new guide 'To help services treat people equally and fairly and get their human rights' was planned to be introduced at the next meeting. Reviews of care and questionnaires were also used to check satisfaction with the service.

Good

Is the service responsive?

Our findings

The person's relative told us they talked with staff and were kept up to date with any matters affecting their family member's welfare. We found the service was responsive to changes in the person's needs and had adapted their care accordingly. Staff had been trained in dementia awareness and provided increased levels of supervision and support with personal care, as needed.

Measures had been put in place to ensure the person could safely continue their usual routine of going to a local shop unaccompanied. Staff at times undertook discreet checks from a distance, the person had agreed to wear a 'tracker' aid that would alert their whereabouts, and there was an individualised protocol to be followed should they ever go missing. Environmental issues and aids/equipment which might be needed had also been considered to anticipate the person's future care needs and safety.

We saw care was tailored to the individual and recorded to a very good standard, giving staff clear, easy to follow guidance. Support plans addressed all areas of personal care and the best approaches to take in supporting the person's physical and emotional well-being. They were highly personalised, recorded in precise detail how to meet the person's assessed needs, and were reviewed at regular intervals. Staff recorded daily reports of the ongoing support provided and handovers were held between shift changes to make sure important information was passed on.

Easy read information, including the complaints procedure, was readily available. The person and their relative expressed no concerns about the service. One minor complaint, which did not involve the person using the service, had been received and responded to.

Accessible information was used to good effect in meeting the person's communication needs. Achievements and goals were set out in a format with photographs and captions. Pictures were used for choosing meals and symbols of faces depicting different emotions helped the person when they were unable to verbally express how they were feeling.

A personal profile and other records captured details of the person's background, identity and social interests. An activity planner and support plan were in place which described the ways they preferred to spend their time. The person showed us they had a large screen television and said they liked to watch football. They had an IPad and read through the newspaper they went for each day.

Staff understood the person's preference for routine, dislike of crowds and told us they encouraged and helped them for taking part in activities in the community. The senior support worker said, "We use the same taxi firm for continuity" when the person was visiting family. The provider's marketing team produced an annual 'what's on' guide with a community event calendar and programme of activities, campaigns and competitions for people and staff to get involved in.

The management told us the service had capacity and resources to accommodate providing personal care to the other tenants if this became necessary. They aimed to provide long term support, including end of life

care and had discussed and documented the person's wishes for their future care. Some staff had past experience of and had completed end of life care training and the remaining staff were being trained.

Good

Is the service well-led?

Our findings

The service had a registered manager who understood their registration responsibilities and ensured the Care Quality Commission (CQC) was notified of any incidents or events affecting the service. They told us consideration was being given to managing the service from another of the provider's registered locations, due to the limited personal care currently provided.

The governance structure supported the management and smooth running of the service. The registered manager and project manager worked from the office and maintained oversight of the service. They visited the supported living house, checked standards, and had regular contact with the senior support worker who kept them appraised of operational and performance issues. The senior support worker commented, "They are always there when you need them." A community professional told us, "It's a really good service and performs well."

The organisation's philosophy was commitment to delivery of person-centred services with core values including promoting rights, opportunity, choice and wellbeing. During 2017-2018 campaigns were being run with emphasis on involving people who use services in the community and achieving quality, a bi-monthly awards programme for staff. The registered manager confirmed they were actively involved in work being undertaken locally to put the campaigns into practice. They told us the provider also had two development officers who did a lot of work with people using services around engagement, involvement and communication.

Quarterly governance meetings were held and the sharing of good practice and impact of legislative changes were cascaded to the provider's managers and staff teams. There was a focus on understanding and meeting the CQC standards of quality and safety. This had included provision of training, guidance, workshops and peer group sessions for registered managers. Audits based on the standards were carried out and files of evidence, to demonstrate how each standard was met, were being introduced.

Team meetings took place every six weeks and staff surveys were conducted annually to obtain feedback. Staff told us their managers asked them what they thought about the service and took their views into account. They felt confident about reporting any concerns or poor practice to their managers. One staff member said, "I'm very happy working for Creative Support." Staff had been given opportunities to meet the senior management team through 'meet and greet' sessions. A staff newsletter communicated updates, initiatives and achievements within the organisation. Benefits for staff included recognition of length of service, a discount scheme and a confidential employee assistance programme. The provider participated in external accreditation schemes and had been awarded the silver standard by Investors in People, a nationally recognised people management standard.

The service's policies and procedures were in the process of being reviewed and streamlined. The management understood the 'duty of candour' policy and this was being disseminated to staff. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

There was an effective quality assurance system for the service. Annual satisfaction surveys were completed and the summary of findings showed predominantly positive responses. The management routinely reported on the quality of the service, and records were audited to validate the care provided and check medicines and finances were safely managed. Developments planned for the service included exploring further assistive technology, more spot checks by the project manager and extending the team of bank staff.