

Creative Support Limited

Creative Support - Dudley Service

Inspection report

Unit 3, Park Street
Lye
Dudley
West Midlands
DY9 8SS

Date of inspection visit:
17 January 2019

Date of publication:
02 April 2019

Tel: 01384896737

Website: www.creativesupport.co.uk

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

About the service: Creative Support – Dudley Service provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. The service was providing personal care to 29 younger and older people at the time of the inspection.

People's experience of using this service:

People were supported by staff who were aware of the risks to them and how to keep them safe from harm. Where safeguarding concerns had been raised, they had been responded to and acted on appropriately. Individual lessons were learnt when accidents and incidents took place, and work was underway to analyse the information collected for any lessons to be learnt.

Staff felt well trained and supported in their role. People were happy with the care they received and felt it met their needs. Staff practice was regularly observed to ensure people were supported safely and effectively and in line with their care needs.

Staff had received training that was appropriate to them in their role and supported them in providing care in the way people wanted.

Staff were aware of people's health needs and liaised with other health care professionals to support their wellbeing. People were supported where appropriate at mealtimes.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were well cared for by staff who treated them with dignity and respect and encouraged them to maintain their independence. People were supported to be involved in decisions regarding their care. People received care and support based on their individual assessment, needs and preferences.

People were confident that if they raised a concern, it would be dealt with appropriately. Where complaints had been raised, they had been responded to and acted on appropriately.

People and staff were complimentary of the service and considered it to be well led. People were asked for feedback on their experience of the service through surveys, meetings and telephone calls. Staff felt supported and listened to and able to contribute to the running of the service. A number of quality audits were in place and the registered manager had plans in place to drive improvement in the service.

Relatives told us they would recommend the service, one relative told us, "I would recommend them because I feel good care is hard to come by and they do provide good care".

Rating at last inspection: At the last inspection the service was rated 'Good' (published 5 October 2016).

Why we inspected: This was a planned inspection.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Creative Support - Dudley Service

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector. An expert by experience, who has personal experience of caring for someone who uses this type of service, made phone calls to relatives to people using the service, following the inspection.

Service and service type: This service provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separated contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 Hours' notice of the inspection site visit to ensure the registered manager would be present and to ensure people's consent was gained for us to speak to them for their feedback. This meant we were able to visit and speak with two people in their own homes on 17 January 2019.

Inspection site visit activity started on 17 January 2019 and ended on 18 January 2019. We visited the office location on 17 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with three people using the service and four relatives, to ask about their experience of care. We spoke with the registered manager, the acting service manager, a project manager, acting team leader and four care staff. We looked at the care records for three people, one staff employment related record and records relating to the quality and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received training in how to recognise signs of abuse people may be at risk from and were aware of their responsibilities to report and act on concerns. A member of staff said, "When you have a concern, you approach your line manager and if agreed, go online (to raise a safeguarding) and write what happened. It's very easy and within a few hours a social worker will come back to you".
- Where safeguarding concerns arose, the provider had responded and acted on the concerns appropriately, including reporting them to the local authority and putting in measures to keep people safe. For example, working with people and educating them on how to keep safe when online. A relative told us, "I have complete confidence in the staff, no worries on that score".

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them on a daily basis. For example, where a person was at risk of choking, additional training and guidance had been provided to staff to ensure they supported the person safely. Staff confirmed their practice was observed on a regular basis to ensure they followed the latest guidance provided.
- People were confident staff knew how to keep them safe from harm. A relative said, "[Person] has no perception of danger so needs somebody with them, they go out a lot and I am happy they are safe".

Staffing and recruitment

- People were supported by sufficient numbers of staff. It was acknowledged at one location that there had been a higher than expected turnover of staff and relatives commented on this. One relative said, "It seems to be the same carers although I have noticed a higher turnover of staff in the last 18 months". Staff confirmed that where possible, the same agency staff were being used, in order to provide continuity of care whilst vacancies were recruited to.
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. People spoken with confirmed this. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training in how to administer medication and confirmed management observed their practice to ensure they remained competent in this area.

Preventing and controlling infection

- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were routinely recorded and individual lessons learnt where necessary. The registered manager analysed incident forms as soon as they were completed, to ensure appropriate action was taken following these events. The registered manager confirmed additional work was being carried out in this area in order to analyse the information collected, for any potential trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to offering support, people's needs were assessed to ensure the service was able to support them effectively and safely. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives.
- The assessment process in place provided staff with the information they required to effectively meet people's individual needs. A member of staff commented positively on the information provided to them prior to people being supported by the service. A relative told us, "As far as I can tell, the staff are trained properly, they all seem to know what they are doing and are very good with [person]".

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction that prepared them for their role and included opportunities to shadow more experienced staff.
- Staff told us and records confirmed, they were supported through training and guidance to provide effective care for people. For example, staff described how particular training gave them the confidence to support people who were unable to eat and drink by mouth and received their food, fluids and medicines via a tube.
- Staff felt well trained and supported in their role. A member of staff said, "We are given a training catalogue to look through". A training matrix was in place which enabled the registered manager to check that staffs training was relevant and up to date.
- Systems were in place to ensure all staff were provided with the same information regarding the people they supported. A member of staff told us, "We also have a one page guide which gives a quick snapshot [of the person] and it's given to agency staff as well". A relative said, "Staff are very good, and come across as caring and professional. They make us feel relaxed about [person] living there".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink and maintain a healthy diet. Staff supported people where possible, to make their own meals and were aware of their preferences. A relative told us, "They [staff] do all this [preparing meals] for [person]; they wouldn't be able to do it themselves. I am happy as they always look healthy and happy".

Staff working with other agencies to provide consistent, effective, timely care

- The provider had obtained additional training for staff from external professionals, for example, speech and language therapists, in order to provide effective care. Staff spoke positively about this additional training and the impact it had on their practice.
- Effective systems were in place to ensure the smooth transition of people through services.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's healthcare needs and knew when to contact outside assistance. Records showed when healthcare professionals had been contacted in support of people's health. For example, each person had their own health action plans in place and details of professionals involved in their care, such as their GP, district nurses, opticians, dentist and mental health support services.

Ensuring consent to care and treatment in line with law and guidance

- 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.

- People were supported by staff that knew the principles of the MCA and recognised the importance of people consenting to their care.

- People told us staff obtained their consent prior to supporting them and they were in control of their care. A relative said, "They [staff] are always telling [person] what they are doing or where they are going when they go out".

- Staff described to us how they obtained people's consent prior to supporting them. These discussions demonstrated that staff encouraged people to make their own decisions and that staff respected these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All people we spoke with told us they were treated with kindness and we observed people had positive and warm relationships with the staff who supported them. One person told us, "The staff are lovely and kind". A relative said, "The staff are very good. I worked in care and can tell when the staff are good. It is more like a little family, which is excellent".
- Staff spoke warmly of the people they supported and showed a caring nature when talking about people, their lives, their challenges and successes. For example, one member of staff described how following a serious illness, they had worked with a person to 'choose the right goals' to help them maintain good health. They spoke proudly of what the person had achieved, adding, "It's all about setting the right goal".

Supporting people to express their views and be involved in making decisions about their care

- Staff were aware of what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were involved in the planning of their care, that staff listened to them and supported them in the choices they made.
- A relative told us, "They [staff] do everything for [person], they have no communication but staff know what [person] wants and probably know them better than we do".
- We saw that advocacy services were accessed for people who required this additional level of support. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with dignity and respect and we observed this. Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy, for example, by making sure curtains were closed and acknowledging the right moment to step out of a room to respect when a person needed their own space. A relative said, "Yes they treat [person] with dignity and respect".
- We were provided with a number of examples where people were supported by staff to maintain their independence and develop their skills. For example, a member of staff described how they supported a person to cook their favourite meal. They told us, "I take a positive risk and give [person] the chance [to cook] being as discreet as possible with the support".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received the support they needed in the way they preferred and were involved in the planning and review of their care. Staff were knowledgeable about the people they supported. A relative said, "I would definitely say [person's] care is tailored to suit them. It is very personal to them".
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals. For example, a member of staff described how they communicated with an individual through facial expressions. They told us, "I will know from [person's] reactions if they are upset. I will go through the options until I get a smile". A relative told us, "Staff know [person] inside out which is good as they only have visual cues and body language to work with".
- Staff knew what was important to people, their likes and dislikes and recognised when people needed additional support and the best way to offer that support. A relative commented, "They [staff] know what situations would make [person] distressed and they would remove them from the situation before they got distressed. They know [person] very well".
- People told us they were supported by regular staff and we observed they had positive relationships with the staff who supported them. One person explained how staff had supported them into work and how much they enjoyed their job. They told us they were 'very happy' and that staff encouraged and supported them to go out and socialise. A relative told us, "[Person] has had the same staff for a long time, the odd one changes but [person] knows them all and likes to go out and they get them out".
- People were supported to access a number of activities that were of interest to them and to have new experiences. For example, a case study had been produced, which showed the positive impact of introducing a person to a variety of activities that they enjoyed and benefitted from, including swimming, horse riding and socialising with other people. A member of staff said, "All staff are so proud how far [person] has come, when they first came to us they just spent the whole day in front of the television".

Improving care quality in response to complaints or concerns

- One person told us, "I have no complaints". People were aware that they could raise a complaint if they had any concerns and were confident they would be listened to. Where complaints had been raised, they were responded to and acted on appropriately and lessons were learnt. A relative provided us with an example of a concern they had shared and told us they were listened to and the matter dealt with appropriately, adding, "They [staff] are very responsive".

End of life care and support

- The service does not currently provide people with end of life support.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they were happy with the service they received. A relative said, "We feel confident [person] is receiving the best care", describing the service and staff as 'fantastic'.
- The provider promoted an open culture within the service and was able to describe the action they would take, and how they would share that information with staff, to ensure the service learnt from any incidents that occurred.
- The provider had introduced a campaign entitled, 'Code Red' which encouraged staff to act on their duty of care and raise any concerns they may have regarding the support people received from the service. Staff were encouraged to report concerns to their line manager or use a dedicated email address or telephone number if they were unable to contact their manager.
- The registered manager was open and honest regarding safeguarding concerns that had been raised and had worked with the provider to ensure the safety of the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well run and there was a clear staffing structure.
- People and staff spoke highly of the service. A relative said, "Both the service and the staff are excellent".
- There was a culture of striving to provide the care people wanted and needed.
- Staff felt supported, valued and listened to and considered the service to be well led. They were given the opportunity to have their voice heard through staff meetings and supervision sessions.
- Staff were aware of their roles and responsibilities. For example, we saw where incidents or accidents took place, they were recorded in detail by staff, checked by management and advice given was recorded and acted on including the updating of risk assessments where appropriate.
- The Registered manager was aware of the regulatory requirements of their role. They had submitted notifications to us appropriately and completed their Provider Information Return when required. The registered manager had met the requirement to display their most recent rating on their website and within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to take part in the running of the service. For example, by being involved in interview panels or acting as a 'Service User Representative for Excellence' which was a paid role and involved speaking to their service users to obtain their thoughts on the service they received.

- A variety of measures were in place to obtain feedback on the service and to provide people with the opportunity to discuss any worries or concerns they may have. For example, at each location, there was an office identified as 'the pod' where people could access a member of staff. At a recent meeting, people had been consulted on the best ways to communicate if the office was being used for a private meeting and the feedback [to use particular signage] was taken onboard and put into place.
- Regular unannounced visits took place at each of the locations supported, to monitor the service provided and obtain feedback from the people living there.
- Feedback was obtained on the service through phone calls, visits and the completion of questionnaires. A relative told us, "We've been asked for feedback and are involved in the reviews [of care]". We noted arrangements were in place for a family forum meeting to take place in the coming months to provide people and relatives with the opportunity to meet and discuss any issues or concerns they may have.

Continuous learning and improving care

- There were a number of quality audits in place to provide the registered manager with an overview of the service. It had been acknowledged that this information had not been collected consistently during the last 12 months and work was underway to rectify this and analyse the information collected for any lessons to be learnt.
- Any areas for action identified through audits and feedback from people were added to an action plan which was monitored closely to ensure areas identified were acted upon in a timely manner.
- The provider had their own quality team who conducted quality checks and provided the registered manager with information, for example the latest best practice.

Working in partnership with others

- The provider worked in partnership with other agencies to develop the service and to improve care delivery. For example, people were supported to work for 'Garden Pathways'. This is a free gardening service for people who were registered with Dudley Council. People were supported to gain a qualification as part of the project as well as provide a gardening service to people living in the community.