Creative Support Limited

Creative Support- Bedfordshire Service

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 21, 22, 28 and 30 October 2015. We gave the provider 48 hours notice of our visit so that they could arrange for people to be available to talk with us about the service. When we last inspected the service in August 2013 we found that the provider was meeting their legal requirements in all the areas that we looked at.

Creative Support Ltd- Bedfordshire Service provides personal care and support to people who live in extra care housing schemes across three locations: St George's court in Leighton Buzzard, Redhouse Court in Houghton Regis and Lavender Court in Ampthill. They also provide support to six people within a supported living service. At the time of our visit there were 56 people receiving personal care.

Although it is required to have one, the service did not have a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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. The previous registered manager had left the service in July 2015 and a new manager was due to start at the service imminently.

We found that there was not always enough trained and competent staff on duty to reduce the risk of harm to people using the service although the service ensured staff were suitable to work in the service through appropriate recruitment practices. However, staff carried out procedures for which they had not been trained. People did not always receive their calls on time and staff were not always able to spend the correct amount of time with people. Staff were negative about the amount of pressure they were required to work under and did not always receive appropriate levels of supervision, performance management or management support.

Staff received an induction to the service and were trained to care for people, however some staff hadn't received a full induction before starting. Staff were trained and knowledgeable in the requirements of the Mental Capacity Act 2005. Staff that worked in the service were kind and caring. Care staff were knowledgeable about people that used the service and understood their needs and preferences.

People using the service had care plans which were person-centered, detailed their likes, preferences and needs and were reviewed regularly. People were encouraged to access healthy, nutritious and varied meals. Detailed assessments of risks to people had been completed.

People had opportunities to provide feedback on the service and the views of people, families and professionals were regularly sought through questionnaires and residents meetings. Complaints received by the service were resolved quickly and satisfactorily. Some people did not know who the manager was and weren't sure who to complain to.

The service undertook effective regular internal audits and kept up to date with best practice.

During this inspection we found that there had been breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

There were insufficient trained staff at all times to keep people safe.

The service had an effective recruitment process to ensure that staff were suitable for the roles in which they were employed.

Medicines were managed appropriately.

Requires improvement

Is the service effective?
The service was not always effective.

Staff carried out manual handling for which they had not received the required training.

People were not unlawfully restricted and staff understood the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink appropriately.

The provider worked closely with other professionals to provide effective support.

Requires improvement

Is the service caring?
The service was caring.

Staff were dedicated and committed to caring for the people who used the service.

People's dignity and privacy was maintained and people were encouraged to live as independently as possible.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and support plans were reflective of their individual support.

Staff took into account people's needs and preferences and adhered to their daily routines.

The provider had systems in place to handle and respond to complaints.

Good

Is the service well-led?
The service was not well-led.

There was no Registered Manager in post.

Requires improvement

Summary of findings

People didn't always feel that management listened or acted upon their concerns.

There was very little management oversight in one area of the service and there was an overall lack of managerial support.

Creative Support- Bedfordshire Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 21, 22, 28 and 30 October 2015. We visited each of the three extra care housing schemes. The provider was given 48 hours notice as people were being supported in their own homes and therefore had to give permission before we could speak with them.

The inspection was carried out by two Inspectors 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 care service. The Expert by Experience had cared for older people previously.

Prior to the inspection we reviewed notifications and information we held about the service. The inspection took place in response to concerns raised by people using the service in regard to staffing levels and management. We also spoke with four health and social care professionals involved with the service

During the inspection we spoke with 15 people that used the service, one visitor, one chef, eight members of the staffing team, one Team Leader, the Area Manager, the Regional Director and two relatives

We looked at support plans for nine of the people using the service and nine staff files. We also looked at records of meetings, complaints, medicines administration, policies and records of accidents and incidents. We also reviewed information on how the quality of the service was monitored and managed.

Requires improvement

Is the service safe?

Our findings

People in two of the schemes we visited generally felt there were enough staff on duty to keep people safe. A person we spoke with told us, "Yes there's usually enough staff." People we spoke with told us they felt safe using the service. "Yes I feel safe- the staff keep us safe."

However we looked at staffing rotas for the three schemes and found that the service was consistently understaffed. In two of the schemes there were regularly three or four people working across the morning and evening shifts. However in the Lavender Court we found that on occasions the service ran with only two staff available due to unplanned, short notice absence of staff due to sickness.

A relative of a person who received service in this scheme told us "This is an accident waiting to happen. Carers are trying their best but people are being put at risk." A member of staff in the scheme felt that a lack of staffing impacted on the safety of care offered to people using the service. "We try our hardest but people are at risk because of this (lack of staffing)."

We looked through duty rotas in this scheme for three months and found that there were occasions when two staff had been required to work alone. This left those staff unable to respond to emergencies if attending to someone who needed two staff to assist them. The Regional Director told us that there were contingencies in place to manage this, for example re-allocating the management of medicines or using agency staff but it was not clear how the service would continue to operate if one of the staff members had to leave or if there was an emergency We discussed this with the senior managers responsible for the service during the inspection. Both were aware of the shortages but had not been able to address the recruitment of staff quickly so staffing levels and the deployment of staff did not meet people's needs. This meant the service was not always safe.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff across the three schemes had received training in safeguarding and demonstrated good knowledge of how to protect people from harm. The service had a whistleblowing policy which detailed how to raise concerns. Staff received supervision in safeguarding where specific risks to people using the service were discussed. We saw a record of safeguarding incidents which included details of how they had been resolved. Relevant safeguarding concerns had been reported to the local authority and the Care Quality Commission.

People's care plans included risk assessments which were person-centred and detailed measures which had been put into place to reduce the risk to people using the service. For example where somebody was prone to falls, we noted that staff were to offer physical assistance when moving longer distances within the scheme. We observed this support being offered to the person in question at lunch time.

Medicines were stored and administered safely in all the schemes. Staff had undertaken a competency assessment before administering medicines to people using the service. We saw medicine administration records (MAR) which demonstrated that people were given their medicines by trained and competent staff. We saw task sheets which clearly set out how and when people received their medicines. One staff file we saw showed us that where an error in administering medicine had been made, measures had been taken to ensure that this was addressed with the staff member concerned.

Staff files showed that there were effective recruitment processes in place and all pre-employment checks had been completed before staff started work for the service.

Requires improvement

Is the service effective?

Our findings

People and relatives thought that the staff knew what they were doing. However, one relative of a person living in the third scheme told us "The care is disappointing. The staff are very stretched."

Staff files for two members of staff in the third scheme showed they had not received training on how to move people safely. We saw both staff using hoisting equipment and reviewed task allocation sheets which showed that these staff had assisted people using the service to move by using the hoist together on a number of occasions. This was unsafe as the staff had not been trained to use the equipment.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a training matrix which detailed the training needs and training that had been completed by staff working within the service. There was evidence that staff regularly undertook refresher training in a range of areas, such as safeguarding, how to move people safely, food hygiene, and how to deal with people whose behaviour may have a negative effect on others. Staff had recently received training in the promotion of people's dignity and were able to tell us of ways in which they implemented this training to improve the service provided.

There was a comprehensive induction program in place for new staff which included training and working alongside experienced staff. One person we spoke to told us "My induction was good. I felt ready to begin working with people afterwards." However another member of staff told us that they had not received a full induction program and had been placed immediately into the service on full duties due to staff shortages.

Staff in two of the schemes had received regular supervision and annual appraisals. During supervisions staff were able to discuss their training needs and anything else that concerned them. However staff in Lavender Court rarely received supervisions and were not given the opportunity to discuss their training. Staff across all three schemes had received supervision on specific areas, such as medicines management and safeguarding.

Staff we spoke with were able to tell us the principles behind the Mental Capacity Act 2005. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The service had assessed whether people were being deprived of their liberty under the Mental Capacity Act and found that no authorisations were required.

We saw records which showed that people had discussed their care and support needs and had given their consent to the support provided. .

People using the service were provided with regular meals as part of their care package. People using the service told us "The dinners are good here," Each of the three schemes had a dining area and a detailed menu for people who chose to use these facilities as part of their package of care and people had choice over what they ate. We observed a person using the service being supported to come to the lunchtime meal. The member of staff offered gentle encouragement when they saw that the person was hesitant and reminded them how important it was for her to have three meals a day. When the person refused, the staff member respected their wishes and agreed to come back in a few minutes.

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight, medicines reviews, annual health check and visits from healthcare professionals were recorded. GPs and other health and social care services' were involved in people's care. For example we saw that one person had been assessed by an occupational therapist for possible adaptations to their shower to improve safety. Also, for people whose care was funded by a local authority, we saw that their care needs had been reviewed regularly and adjustments made if required. One person was in hospital after a series of falls at night and the provider was working closely with other professionals to re-assess their care needs so that appropriate preventative measures were in place.

Good

Is the service caring?

Our findings

People in two of the three schemes told us that they felt well cared for. One person said, “It’s marvellous- I’m very happy here.” A relative told us their parent was being cared for well. “The care here has been really good- she seems happy and content and everything seems under control.” The service also held ‘Service User Consultation Meetings’ where people were consulted on issues affecting the service. One person used these meetings to express how happy they were living in the service. “I have care four times a day and I’m so grateful. I’ve been here for three years and they’ve been a great help. They fulfil the needs that I require and they’re always there with happy faces to greet me.”

Staff knew the people being supported well. They were able to tell us about people’s needs and preferences and demonstrated a good understanding of how best to support them. A member of staff told us, “The people here are just wonderful. They are what makes the job special.”

People’s privacy and dignity were observed. A person we spoke with told us how staff respected their privacy by ensuring that they allowed the person to be as independent as possible when taking a shower. “It takes a bit longer but they know I like my privacy, they’re always there to help when I need them.” The service had held a “dignity month” where specific issues relating to dignity and respect were discussed with staff, such as closing doors when providing support. We observed members of staff knocked on people’s doors and spoke with people being supported in a kind, caring and respectful manner.

People’s care plans detailed whether they preferred male or female carers to attend to their personal care and we found that this was usually observed. A person told us “Oh yes, I have my privacy in the shower.” When asked about the gender of carers, she replied they were usually female: “But if there’s an emergency, I don’t mind males”.

There was a pleasant atmosphere in the schemes with people and staff interacting openly. We observed staff speaking with residents in the communal areas and helping one of them to understand what she was reading in her magazine. The member of staff took the time to sit with the person and read aloud with them.

Staff were aware of the requirement to maintain the confidentiality of information about people who used the service. There was handbook and service guide available for people which detailed contact numbers for external advocacy services as well as the support that was available from the organisation.

Good

Is the service responsive?

Our findings

People we spoke with told us they received care which was personalised to their needs. One person said "Generally speaking this place is good. I can shut my door. I can say who's coming into my room. I can have visitors when I want. I can go out when I want."

People were aware of what was in their care plans and were consulted about it. One person using the service told us "They asked me a couple of days ago if it's still okay. I said yes."

Support plans we saw were person-centred and responsive to people's needs. These were regularly reviewed and responsive to people's changing needs over time. They identified people's individual methods of communication and their likes and dislikes. Social histories were included which provided information regarding the person's background and this allowed staff to have a better understanding of how to support them effectively.

People had detailed assessments of their needs and care plans contained information about the support they required to maintain their health and wellbeing. There was evidence that people had been involved in the planning of their care because they had signed to indicate that they had read their care plans. The care plans were reviewed regularly or when people's needs changed

We saw task allocation sheets for the service which detailed the calls that were to be made by care staff at different times of day. However people told us that care workers were often early or late and couldn't spend the correct amount of time with them. A relative told us, "The only problem is [relative] gets up at 8.00 and they're meant to be here for 9.30 to 10.00 but sometimes it's after 10.00 so [relative] does it [themselves]. It happened again this week. [They] can do it [themselves] but [they] could fall." A member of staff told us "There's pressure on staff and calls can't always take place on time."

There were a number of activities arranged for people using the service as part of their care packages. People told us that they'd enjoyed parties, sing-a-longs, arts and crafts groups and bingo. We spoke with a visitor who regularly attended a group for the blind at the service. They told us, "I really like coming here- it's great."

People were encouraged to maintain their interests and hobbies. One person, who had a passion for agriculture and botany, had been given a section of the garden to grow flowers. These flowers were then used to decorate communal areas and they were observed proudly attending to them as part of their daily routine.

We saw a complaints policy which details of how to make a complaint and the person to report to, and there was evidence that complaints were dealt with in a timely fashion. For example we saw a complaint from a person using the service regarding unsatisfactory care offered by an agency worker. We saw evidence that this complaint was investigated and resolved by the service with the complainant satisfied with the outcome. We looked at an additional four complaints across the schemes and found that they'd been resolved effectively.

The service had received a number of compliments from family members who expressed their gratitude for the care their relative had received while with the service.

Requires improvement

Is the service well-led?

Our findings

People and staff we spoke to told us that the service was short of management support, although two of the three schemes did have team leaders in place. One person using the service said, "The Team Leader is supportive but doesn't have a lot of backup." Another person told us, "It feels like managers just tell us what we want to hear. Nothing changes."

Some people who used the service did not know who the manager of the service was or who they would report concerns to. One person told us, "The manager? I don't know if we have one at the minute, I'm not sure."

Another person felt that management did not take the time to create a culture of openness and transparency. "I wouldn't have a clue who the manager is. That's one of my issues – if managers or office staff come in, they don't say good morning, no-one above the team leader. They come in to the office to talk to the team leader. When they come into the lounge to make a cup of tea, they don't talk to us."

There had been no Registered Manager in post since July 2015. The Area Manager told us that they had struggled to recruit a replacement but that they had a manager due to take up post before the end of the year.

Two of the schemes had Team Leaders in post who were responsible for managerial duties. People we spoke to were complimentary about both Team Leaders. However staffing rotas showed us that they were often deployed to work on shift and therefore had to divide managerial duties with providing care. This meant that they couldn't always dedicate appropriate time to managerial duties in the absence of a Registered Manager which had affected their morale.

Lavender Court was supported intermittently by a manager from another scheme and some input from senior management. We saw that team meetings didn't meet the standard set out by the company's own policies and procedures. This showed us that the service was not providing an adequate amount of support to staff and was not always visible to them.

One of the health and social care professionals who was involved with this scheme told us, "The lack of a senior since late last year until quite recently has led to a lack of direction. Personally, I have found it difficult to contact managers and have failed to get any response to emails." Another told us, "The staff team appear very stressed and tired. The recruitment process is very long-winded and feedback that I've received from those that have applied for carer vacancies is that they don't hear anything back and they are then contacted weeks down the line when they have secured work elsewhere."

Staff we spoke to felt that management did not take the time to listen or act upon their concerns. During staff consultation in September extra measures had been promised to address recruitment shortages including a banner to be displayed at the service. However this banner had still not arrived at the time of our inspection eight weeks later. We spoke to the Area Manager and Regional Director who acknowledged that recruitment was a challenge but didn't always recognise the effect that this was having upon the staff team or the potential impact upon people being supported.

The service used a self-assessment tool to audit all of the records kept within the schemes. Where gaps had been identified in record-keeping, the service was able to demonstrate that they had taken appropriate action to address them. For example medicines consent records were found to be inconsistent across people's care plans, and these had been changed to address this.

We saw a service user satisfaction survey which gave people the opportunity to comment on the service they received and identify any improvements they would wish to be made. The responses were mostly positive about the service and care provided by staff. Comments included "I love the coffee mornings." "Staff are so helpful. I have the attention I need but the freedom I want."

The service held regular meetings with people which also gave people the opportunity to provide their views on the service and improvements that they wished to see. We saw evidence that in two of the schemes these were acted upon and appropriate action was taken to address any issues and concerns raised. One of these had been that people had identified that they wanted less support during an activity than had been proposed. However, in one of the schemes, people felt that they were not always listened to. Records demonstrated many concerns had been raised by people and their family members, such as recruitment and

Requires improvement

Is the service well-led?

staffing levels. Our attention was brought to a news letter sent to service users and their families in October which provided an update on a number of the concerns which were expressed.

People's records were stored confidentially in offices and information relating to people's care, health needs and medical histories was kept securely. Statutory notifications were submitted to the Care Quality Commission in line with the service's legal obligations.

We saw evidence that the service worked strongly in partnership with the local authority and other agencies and had made them aware of the challenges it faced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and Treatment must be provided in a safe way for service users. The provider did not deploy suitably trained staff in manual handling procedures and staff were undertaking personal care without the appropriate training.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There must always enough suitably trained and skilled staff deployed to meet people's needs. The provider did not always provide sufficient staff to meet people's needs.