

Creative Support Limited

Creative Support - Leonora Street

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 11 January 2017. This was an unannounced inspection. At our previous inspection in June 2015, we found there were Regulatory breaches and improvements were needed to ensure people received care that was safe, effective, responsive and well-led. The service was rated as 'requires improvement'.

The service is registered to provide accommodation and personal care for up to 16 people. People who use the service have enduring mental health needs. At the time of our inspection 15 people were using the service. One of these people were receiving inpatient care at a local hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

At this inspection, we found that that the service was no longer in breach of the Regulations as many improvements had been made. However, further improvements were still required to ensure people consistently received care that was safe and well-led.

Systems were in place to assess, monitor and improve quality. However, these systems were not yet consistently effective.

The information staff needed to keep people safe from harm was not always accurate and up to date. This placed people at risk of harm.

Staff knew how to identify and record abuse. However, effective systems were not in place to ensure all incidents of alleged abuse were reported to the registered manager and local authority as required.

People received their medicines as prescribed, but improvements were needed to ensure all medicines were labelled appropriately and promptly destroyed when they exceeded their use by date.

Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing. Staff were recruited safely to ensure they were suitable to work at the service.

Staff received training that provided them with the knowledge and skills to meet people's needs.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to access health and social care professionals when needed.

Staff knew people well which meant they could interact with them positively and effectively. People were treated with kindness and respect and staff promoted people's independence, dignity and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to participate in leisure and social based activities that met their personal preferences.

People knew how to complain about their care and an effective system was in place to manage complaints.

Feedback from people was sought to enable the provider to identify if improvements to care were needed.

The registered manager understood the requirements of their registration with us and they reported notifiable incidents to us.

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 consistently safe. Improvements were needed to ensure the information staff needed to keep people safe was consistently accurate and up to date.

Improvements were also needed to ensure incidents of alleged abuse were reported to the registered manager so that action could be taken to reduce the risk of any further potential harm.

People received their medicines as prescribed. However, some improvements were needed to ensure medicines were labelled correctly and destroyed promptly when they had exceeded their use by date.

There were enough staff available to meet people's needs and keep people safe. Staff were recruited safely to ensure they were suitable to work at the service.

Requires Improvement ●

Is the service effective?

The service was effective. Systems were in place to enable the staff to acquire the knowledge and skills needed to meet people's needs and keep them safe.

Staff supported people to make decisions about their care in accordance with current legislation.

People were supported to eat meals that met their individual preferences. People's health needs were monitored to promote their health and wellbeing.

Good ●

Is the service caring?

The service was caring. People were treated with kindness and respect. Staff knew people's likes and interests which enabled them to have meaningful interactions with people.

Staff enabled people to make choices about their care.

People's right to independence and privacy was promoted.

Good ●

Is the service responsive?

Good ●

The service was responsive. People were supported to participate in activities that met their personal preferences both at the home and in the community. The activities programme was flexible, varied and promoted wellbeing.

People knew how to complain and an effective complaints system was in place.

People were involved in the planning and review of their care and short term care plans were used to ensure people's temporary needs were met.

Is the service well-led?

The service was not consistently well-led. Systems were in place to assess, monitor and improve the quality of care. However, these systems were not yet effective.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

Staff felt supported and the registered manager was responsive to our feedback. They showed they wanted to continue to improve people's care experiences.

Requires Improvement 

Creative Support - Leonora Street

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.

We undertook an unannounced inspection of Creative Support – Leonora Street on 11 January 2017. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider 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 used this information to formulate our inspection plan.

We spoke with five people who used the service, three members of care staff, two nurses, the registered manager and the quality coordinator. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Is the service safe?

Our findings

At our last inspection, we found that safety plans were in place. However, they were not always updated to ensure they contained accurate information. At this inspection, we found some further improvements were still needed to ensure that all the information in people's care records contained accurate and up to date information for the staff to follow. For example, one person's care records contained information from a healthcare professional stating the diet the person needed to minimise their risk of choking. This advice had been given in December 2016 and had not been incorporated into the person's care plan. We saw the person was served an unsuitable diet at lunchtime on the day of our inspection and care and kitchen staff confirmed they were not aware of the exact diet that the person had been recommended as needing. This meant the person had received an unsuitable diet at times over a one month period. We informed the registered manager about this who confirmed this had been an oversight and a new care plan was immediately put in place and staff were updated about the person's safety needs. We saw that the person had come to no actual harm as a result of this oversight. However, the potential of harm through choking was high.

We found that when staff were aware of people's safety needs they promoted people's safety. For example, staff told us one person was at risk of starting accidental fires. Staff told us how they managed this risk and we saw that this risk was managed appropriately to promote the safety of the people who used, visited and worked at the service. However, improvements were needed to ensure this safety information was recorded in the person's care records so that new and temporary staff would be able to access this information if needed.

We found that improvements were needed to ensure the systems in place to safeguard people from abuse were effective. Staff told us how they identified, recorded and reported potential abuse to the registered manager or provider. We saw that most incidents of alleged abuse were reported to the local authorities safeguarding team as required. However, we found one recorded incident of alleged abuse had not been reported to the registered manager. This meant they had not reviewed the incident to identify if it needed to be reported to the local authorities safeguarding team and no action had been taken to prevent further incidents from occurring. The registered manager agreed that improvements were needed to ensure all incidents of potential abuse were reported to the management team promptly.

People told us that they received their medicines when they needed them. One person said, "I always get my tablets on time three times a day. The nurses give them to me". We saw that medicines administration records were maintained accurately, which meant people could be assured they had received their medicines as prescribed. We also saw that medicines were stored safely. Improvements were needed to ensure liquid medicines were consistently labelled with opening dates. This would mean people could be assured their medicines were in date and safe to use. Improvements were also needed to ensure expired medicines were destroyed promptly to ensure people did not receive them by accident.

At our last inspection, we found there were not always enough staff available to keep people safe or meet people's needs in a prompt and consistent manner. At this inspection, we found the required improvements

had been made. People told us staff were always available to support them and ensure their safety. One person told us they felt safe because, "There's always staff around". Another person said, "The staff are always here for me". The staff and the registered manager told us staffing levels had increased since our last inspection. The registered manager said, "We reviewed and increased the staffing levels. We have more staff on now, including two nurses on during the day. It means the nurses have a peer available to discuss things and nurses can also attend hospital appointments with people if needed". We saw that this increase in staffing levels enabled a nurse to support one person who used the service to attend a hospital appointment on the day of our inspection. This meant there was a nurse to nurse handover at the appointment which enabled clinical nursing information to be shared effectively. The numbers of care staff on shift had also increased and an activities coordinator had been employed. People told us and care records confirmed that this increase in staff meant people's physical and mental health needs were met promptly and people were supported to access the community when they wished to do so.

People told us they felt safe around the staff. One person said, "I feel safe because we have nice staff on". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Is the service effective?

Our findings

At our last inspection, we found that improvements were needed to ensure staff had the knowledge and skills needed to meet people's needs and keep them safe. At this inspection, we found that the required improvements had been made. People told us they had confidence in the staff. One person said, "They do seem to know what they are doing". Staff told us and we saw that they now received an induction when they started to work at the service. This induction introduced them to their roles and responsibilities within their new working environment. One staff member told us that completing their 'first aid' training had given them confidence to know how to help people in emergencies. We could see that this training had been effective as incident records showed that appropriate first aid was given to people when required.

The registered manager monitored people's training needs and although there were some gaps in staff training, the staff rota ensured the required skill mix was consistently available. For example, if a staff member was waiting to complete their moving and repositioning training, other staff who had completed this training would be on shift to ensure people's moving and repositioning needs were safely and effectively met.

At our last inspection, we found that improvements were needed to ensure the requirements of the Mental Capacity Act 2005 (MCA) were followed. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At this inspection, we saw the required improvements had been made.

People told us that staff respected their right to make decisions about their care. One person said, "I don't have to do anything that I don't want to do". Another person said, "They would always come to me and ask me before they did anything for me". The staff who had received training in the MCA demonstrated they understood the principles of the Act. Care records showed that people who lacked the capacity to make certain decisions about their care were supported to do so by the staff, health and social care professionals, family members and advocates (advocates help people to express their opinions and views when people struggle or are unable to do this for themselves). We saw that when needed, decisions were made in people's best interests in accordance with the MCA. For example, a decision had been made in one person's best interests to limit the amount of clothes they could access to wear at any one time. This was because this posed a safety risk to them. There was a plan in place that detailed this best interest decision. The agreed plan ensured that the person was enabled to make clothing choices. Staff told us about this plan which confirmed they understood and followed it.

People told us they could access the community when they wanted to do so. One person said, "I've got the freedom to go out". Another person said, "I've never been stopped from going out". 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people were restricted

at times to promote their safety. In these circumstances DoLS applications had been made. This meant that when people needed to be restricted to keep them safe, these restrictions were lawful. We saw that no one was prevented from leaving the home. Appropriate staffing levels ensured that people who needed support to access the community were not prevented from doing so.

People told us they could choose the foods they ate. One person said, "The food is lovely and very nice. I always get choices at every meal". Another person said, "They give me a good choice of food. I like cheese oatcakes and pilchards on toast". We saw that both these meals were on the menu which meant this person's food preferences were catered for. People also told us there was a flexible approach to meal times. One person said, "If I say I'm not hungry, they offer to save it for me or make me something later". Another person said, "Sometimes I think the food is poisoned so they offer me something different".

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. We asked one person if they could access a doctor when they needed to. This person said, "Oh yes, they are very on the ball with that here". Care records showed people's physical and mental health was closely monitored when needed. For example, people's weight was monitored and when any significant changes in weight occurred professional advice was sought.

Care records also showed people were supported to visit health care professionals' including; GP's, hospital doctors and opticians. People were also supported by staff to be involved in their CPA meetings. The Care Programme Approach (CPA) is a way that services are assessed, planned, coordinated and reviewed for people with mental health problems or a range of related complex needs.

Is the service caring?

Our findings

People told us and we saw that the staff were kind, caring and respectful. One person said, "I'm happy here because of the staff. They've done a lot for me since I've been here. They've treated me like I was family". Another person said, "I like the staff. They are good to me".

We observed caring interactions between people and staff. For example, one person had chosen to wear a pair of unsuitable glasses for an appointment in the local community. The person was gently encouraged and supported to change their glasses to a more suitable pair. Staff did this in a manner that promoted their dignity as they privately explained why a change of glasses would be better and safer for them. The person responded positively to the staff member's explanation and we saw they changed their glasses in response to this.

People told us and we saw that staff knew their likes, dislikes and life histories which enabled them to have meaningful conversations with them. One person said, "They know I like going out walking". We saw a staff member talk to this person about walking and they discussed a walk they were going to participate in later in the day. We also heard staff talking to people about the news which led to meaningful conversations about current affairs.

People told us they were enabled to make choices about their care. One person said, "I choose what I eat, what I do and where I go". We saw that people were offered choices about their care and the choices they made were respected by the staff. For example, one person was asked if they wanted to participate in an arts and crafts session. They declined this offer and the staff respected this choice. The choices some people made could sometimes be viewed as unusual to other people. Staff told us people were entitled to make these choices as long as they did not cause harm to them or other people. One staff member gave us an example of how they always told a person who used the service that they looked lovely. They told us the way the person presented themselves was not necessarily like other people, but they still had the right to feel special and cared for. This showed this staff member cared for the person.

People told us they were encouraged to be independent. One person said, "I have a kettle in my room so I can make a cup of tea when I want to. I also do some cooking every week with [the activities coordinator]". Another person told us how they had been responsible for helping with the gardening and some maintenance tasks at the home. They said, "I like helping out with the gardening. I thoroughly enjoy it". We saw that this person was being supported to decorate one of the rooms at the home on the day of our inspection. Their contribution to maintaining the garden had been publically and formally recognised and acknowledged in the homes newsletter. This showed that the staff respected and valued the person's hard work.

People told us that their right to privacy was promoted and respected. One person said, "The staff always knock on my door, they always do. I've never had anyone just walk in on me". We saw that people could move freely around the home and could access private spaces when they wished to do so.

Is the service responsive?

Our findings

At our last inspection we found that people were not always supported to participate in social and leisure based activities that were meaningful to them. At this inspection, we found the required improvements had been made. People told us they could participate in activities that were important to them. One person said, "I go walking, do cooking and arts and crafts". Another person said, "I like doing arts and crafts, it helps me to relax". Following our last inspection an activities coordinator had been employed and staffing numbers had increased. This enabled people to participate in activities that were important to them at home and in the community. On the day of our inspection, we saw people participate in their preferred activities of walking, cooking and arts and craft. This confirmed people's activity needs were now being met.

People who used the service told us they had helped the activities coordinator design a flexible and varied activity programme. This was not only based on the activities people enjoyed but also promoted health and wellbeing. For example, the activities coordinator told us they had developed a twice weekly walking group at the home that was tailored to suit the needs of all the people who used the service if they chose to participate. They said, "Exercise is good for mental health; releasing feel good chemicals that may ease depression as well as promoting weight loss and sparking an interest in nature and the outdoor environment" and, "Our walking groups are held in public parks and along popular walking paths, being involved in the community is good for the service users as they get to meet and chat with new faces as well as creating bonds with those that they will see regularly". One person who used the service confirmed this activity promoted their wellbeing as planned. They said, "I really like the walking group. I always feel good after a walk".

At our last inspection, we found that effective systems were not in place to ensure people knew how to complain or to ensure that complaints were managed effectively. At this inspection, we found the required improvements had been made. People told us they knew how to complain about the care. One person said, "I'd tell my named nurse or the manager". Another person said, "I know exactly what to do. I wouldn't mess about". We saw that complaints about care were investigated and managed in accordance with the provider's complaints policy. Complaints were also logged so that they could be monitored for themes and trends. This showed the registered manager and provider were responsive to complaints.

People told us they were involved in the planning and review of their care and support needs. One person said, "I sit down with my named nurse every now and again and talk about my plan". Care records showed that people were involved in the care planning process as records contained information about people's likes and care preferences. People knew they had care records that contained information about them and they knew where they could access these plans if they wished to do so.

We saw that short term care plans were used to manage changes in people's health. For example, one person's care records contained a short term care plan that showed their health needs had been planned for and met following surgery. This plan gave staff the information they needed to monitor the person's wound and manage their pain needs. These short term care plans ensured people's temporary needs were met.

Is the service well-led?

Our findings

At our last inspection, we found effective systems were not in place to ensure the quality of care was consistently assessed and monitored to improve the quality of care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we identified some improvements had been made and the provider was no longer in breach of this Regulation. However, further improvements were still required to ensure quality monitoring systems were effective in ensuring that people consistently received quality care.

Quality checks were completed by the management team and provider. These included checks of medicines management, health and safety and care records. Some of these checks had resulted in improvements to care. For example, a health and safety audit had identified fire checks had not been consistently completed as planned. We saw that action had been taken to address this through a team meeting and a communications book. This action had been effective as records showed fire checks were now being consistently completed. However, some of the checks had not identified some of the concerns we found. For example, care record audits had not identified that some people's risk information was not accurate or up to date. This showed further improvements were needed to ensure monitoring systems were consistently effective in assessing and improving quality.

Reported safety incidents at the home were logged and investigated by the registered manager. We saw that where appropriate action was taken to reduce the risk of further safety incidents from occurring. However, we saw that incidents were not being analysed to check for patterns and themes. For example, the log did not contain the detail needed to identify if incidents were themed around certain staff members or a certain time of day. This meant an effective system was not yet in place to enable the registered manager and provider to analyse incidents and to minimise the risk of them occurring again.

Maintenance logs showed that some maintenance issues were not managed in a prompt manner. For example, one person's bedroom radiator had been reported as not working on 8 November 2016. The registered manager had chased this up on 23 December 2016. An engineer had visited and ordered a part. Records showed they planned to visit to fix the radiator on 16 January 2017. This meant the person's radiator had been out of action for over two months during the winter. A portable heater had been provided in the meantime to ensure the person's room was heated. Improvements are needed to ensure maintenance issues are resolved promptly to promote people's safety and wellbeing.

People and staff told us they were supported by the registered manager. One person said, "I like the manager, I can natter to her anytime". Comments from staff included, "I can go to the manager anytime" and, "She's supportive and fair". A system was in place to enable staff to receive supervision from a nurse or the registered manager to assess and monitor their development needs. Some staff told us they received regular supervision sessions. However, some staff told us they were unsure how often they should receive this support. The registered manager confirmed that the supervision planner needed updating so that staff would know when their supervision sessions were due.

At our last inspection, we found that feedback from people about the quality of care was not always sought or acted upon to improve people's care experiences. At this inspection, we found the required improvements had been made. People's feedback about the quality of care was sought through meetings and satisfaction surveys. We saw that feedback was used to improve people's care. For example, we saw that people had said they wanted to be able to participate in activities of their choosing. The registered manager and provider had responded to this feedback by employing an activities coordinator. This had been effective and had enabled people to participate in activities of their choosing.

At our last inspection, we found we had not been consistently informed of notifiable incidents as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found the required improvements had been made. The registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

We found that the registered manager was responsive to our feedback. Immediately following our inspection, the registered manager sent us an update detailing how they had addressed or were planning on addressing some of the concerns we fed back. For example, they sent us an updated audit schedule that now included checks of medicines labels and medicines disposal which would address the areas of improvement needed to ensure medicines were consistently managed safely. This showed the registered manager planned to continue to improve the quality of care at Leonora Street.