

# Creative Support Limited

# Blackburn Service

## Inspection report

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Date of inspection visit:

13 November 2018

14 November 2018

Date of publication:

02 January 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This was an announced comprehensive inspection which took place on 13 and 14 November. At the previous inspection which took place on 10 and 11 February 2016, the service was rated as "good" in all five key areas (safe, effective, caring, responsive and well-led.)

Blackburn with Darwen and East Lancashire Domiciliary and Supported Living Scheme is part of Creative Support Ltd. The service is registered to provide 24-hour care and support to adults who have learning or physical disabilities or mental health needs. People using the service are tenants who live mainly in a variety of shared houses across East Lancashire that are staffed on a 24-hour basis. People's care and housing are provided under separate contractual agreements. The care quality commission does not regulate premises for supported living. This inspection looked at people's care and support. The service has been developed and designed in line with the values that underpin Registering the Right Support. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary life as any citizen.

At the time of this inspection there were a total of 47 people using the service.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

The service had built on their previous success and sustained the good model of support provided to people living within the service. Significant improvements since last inspection had been made and an outstanding rating in effective had been achieved. This was achieved by improving outcomes for individuals. The person-centred vision and the values of the service had been further developed and embedded into the culture of the service.

People told us they received personalised support which was responsive to their needs. Care plans were well written in a person-centred manner detailing how people wished to be supported. People's independence and choice was promoted. People who used the service were involved in regular person-centred reviews, in a format enabling them to be as fully involved as possible.

All staff we spoke with told us they loved their job, felt part of a good team and felt valued by their managers. The service had implemented Achieve Q awards which recognise and reward staff achievement. Staff told us they felt able to raise any issues of concern.

Comprehensive information and training was in place to guide staff in the most effective approaches which included positive behaviour support.(PBS) The service had supported people effectively and the number of people who required PBS interventions had reduced.

People who used the service had health action plans, hospital passports and dental passports in place. Records we reviewed showed that people were supported to attend health appointments where necessary. Staff were confident in challenging professionals if they felt people's health needs were not being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had followed the code of practice in relation to the Mental Capacity Act 2005. (MCA)

People who used the service told us they felt safe with the staff who supported them. People told us there were always staff available to support them.

Systems were in place to record safeguarding concerns, accidents and incidents and appropriate action was taken when required.

Recruitment processes were robust and were carried out to ensure suitable people were employed to work at the service. The service made sure that people being supported were included in the interview process to recruit the most appropriate staff.

Potential risks to people's welfare had been assessed thoroughly and procedures put in place to minimise these. Risk assessments were holistic, robust and person-centred with the least restrictive option being considered.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. Staff told us they had received the appropriate training and support they needed to carry out their role effectively. All new staff received a comprehensive induction to the service.

Systems were in place to ensure the safety and cleanliness of all the premises where people who used the service lived. Systems were also in place to ensure that people's nutritional needs were monitored and met.

We observed positive interactions between staff and people who used the service. People told us the staff who supported them were kind and caring and enabled them to maintain their independence as much as possible.

Staff were empathetic and passionate about the people they cared for and treated them with dignity and respect.

All the people we spoke with told us they would feel able to raise any concerns with the managers in the service and were confident they would be listened to. An easy read complaints and compliments policy was in place.

The service was underpinned by a person-centred ethos and this was demonstrated throughout the service.

## 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 remains good

### Is the service effective?

Outstanding ☆

The service was outstanding.  
People received an optimum quality of life and positive experiences.  
Outcomes for people had improved which impacted positively on their quality of life.  
Feedback from professionals was very positive, with a recognition that the service supported some people with very complex needs.  
The service challenged healthcare professional's views of learning disabilities and promoted equality.

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Good ●

The service remains good

### Is the service well-led?

Good ●

The service remains good

# Blackburn 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.

This comprehensive inspection took place on 13 and 14 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to adults with a learning disability or mental health needs. We needed to be sure people who used the service, staff and the registered manager would be available to speak with us. The inspection was completed by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the 48-hour notice period to speak by telephone with four relatives of people who used the service. This was to gather their views and opinions of the support their family members received.

Before our inspection we reviewed the information we held about the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people supported by the service.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the Local Authority safeguarding team, the local commissioning teams and the local Healthwatch organisation to ask them about their opinion of the service. This helped us to gain a balanced overview of what people experienced accessing the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. This provided us with information and numerical data about the operation of the service.

On 13 November 2018, with permission, we visited five properties where people were receiving 24-hour support in a group living situation. We contacted three people who used the service, via telephone interviews

and spoke with three people within their own homes. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us. We also spoke with the registered manager the service manager and six support workers. On 14th November 2018 we visited the registered office and spent time with the registered manager and service manager. We also contacted a selection of staff members by telephone and email to ascertain their views on the service and professionals involved with the service.

During the inspection we looked at care records of three people who were supported at the service. We looked at seven staff personnel files and reviewed a range of records relating to how the service was managed. This included recruitment records, staff training records, medication administration records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

People told us they were safe and content living at the service. One person we spoke with told us, "The staff go above and beyond their duties to make us happy." Another person told us, "This service is a great service." Relatives we contacted spoke highly of the service their relative received.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Staff we spoke with told us they had received training in safeguarding people; training records confirmed this. Staff we spoke with knew how to raise a safeguarding concern if they witnessed or suspected any abusive or neglectful practice. We saw the service was person-centred and had developed an easy read, safeguarding adults at risk policy, which people could understand.

Potential risks to people's welfare had been assessed thoroughly and procedures put in place to minimise these. Risk assessments were holistic, robust and person with the least restrictive option being considered. Risk assessments were kept under review and updated on a regular basis. The service supported some individuals with very complex behavioural needs and managed to do this well, with the support of their in house Positive Behavioural Support Team.

By following good practice guidance, focusing on positive behaviour support and listening and valuing people, good outcomes had been achieved. For example, the numbers of people requiring restraining techniques had been reduced from four to two individuals within the service, which has had a positive impact on their quality of lives.

Systems were also in place to assess wider risk issues and respond to emergencies. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Appropriate checks had been completed before staff began working at the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We looked at staffing rotas and saw that the service continued to ensure there were sufficient numbers of staff available to meet people's needs. Since the last inspection the registered manager had developed some guidance around rotas which was person centred and we saw that rotas reflected the needs of people who lived within the tenancies.

Systems were in place that showed people's medicines were managed consistently and safely by staff. Medicines were managed in line with national guidance. People's records contained full details of their medication and side effects along with information about any allergies the person may have. PRN medication protocols and individualised medication plans were very detailed.

We looked at how accidents and incidents were managed by the service. We found where they had

occurred, any accidents had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

## Is the service effective?

### Our findings

We received extremely positive feedback from people and relatives about the knowledge, expertise, skills and caring approach from the staff. People received person-centred effective care because they were supported by a staff team that were skilled and had in depth knowledge of the individuals they cared for. Staff were experienced in supporting people living in the community. Relatives told us, "The staff know what they are doing. They are very professional at what they do." One relative told "this service is a great service and my family member is happy with the service provided." One person told us, "I am very happy and content being here at this service, the staff go above and beyond their duties to make us happy." People told us that they were actively involved in interviewing staff and this made them feel valued. They told us how important it was for them to have choice in which staff supported them.

Staff were creative in supporting people and described how they tailored services to individual's needs. For example, one staff member told us how one person with complex mental health needs was supported to practice their faith. They described how important it was to this individual and how that on days when their health was significantly affected and it was not feasible to attend a formal service, they would take them to visit an alternative chapel that was open, so that they could vocalise and pray without disturbing others needs. According to research spirituality can be a valuable source of social and psychological support. The impact for this individual promoted acceptance and self-worth. One staff member described the continuity of staffing which promoted confidence; "We know them extremely well. It's clear the service-users have put their trust into the staff members and are used to seeing the same faces."

People received person centred holistic care. The registered manager told us how one staff had effectively challenged a consultant around a person's prognosis and treatment. Serious medical treatment was not offered to an individual with cancer simply because of their disability. This discrimination was challenged and the staff team currently support the individual to access appropriate treatment afforded to the wider public. This clearly demonstrated the strong value base embedded within the service and the recognition of the equality of people with learning disabilities.

The registered manager talked about her proud achievements, one being a challenging situation where service users had lived together for a very long time, but had become increasingly frail and the house was no longer fit for purpose. Through lots of consultation meetings with families, individuals and a supportive social worker and landlord, a new property was secured which enabled the individuals to stay together. This meant that the service valued people's individual relationships and fought hard to ensure a positive outcome for people in that they could maintain consistency at a difficult time in their lives. One professional we spoke to commented on this particular situation, stating that the service had achieved "Good working relationships with family members at a traumatic time when suggestions of moving people are being discussed."

Health promotion was a priority within the service. One person proudly showed us how they had taken part in the "happy and healthy four week challenge," and proudly showed off their pedometer. The benefits of this meant people had become more active and it had helped to improve people's mood, health and

wellbeing.

There was a positive culture within the organisation and we saw evidence of one-page profiles introducing staff members to people. It was clear that the service was conscious of the traditional power imbalance in learning disability services and had worked extremely hard to redress this. We observed staff treating people as equals and promoting positive, caring relationships. The service empowered people and were committed to ensuring people had positive outcomes within their life. One individual described how the positive culture at the service had enabled him to identify what good support actually looked like and how having the right, person centred care had transformed his life. The individual felt empowered and listened to and no longer felt the need to challenge, in order to have control within his own life.

The service strived to achieve a high quality level of service at all times and was passionate about the care and support they provided. They had introduced the Achieve Q framework, acknowledging best practice and achievements. Individuals within the service had received Star of the service awards. Such acknowledgment of progress for people with learning disabilities had a big impact on them by increasing their self esteem and confidence.

The service effectively respected the rights and independence of the people who they supported and actively encouraged the expectation for people to forge relationships beyond paid carers. For example, in supervisions, they looked at "How do we promote variety and balance in people's relationships. (ie. Not just the people who are paid, but who they like and love)? The service actively demonstrated how they supported people to be independent and lead ordinary lives by supporting them to access a "meet and match" dating group.

Important information was shared with staff in an innovative way. Staff had access to a key ring style key care guide that provided vital information and contact details to help deliver the best quality care possible. Code Red, (responsibility-escalation-duty of care) which was also included in the guide is a Creative Support initiative that highlights and reminds staff that if they have concerns that a person's care plan, risk assessment or missing person's profile are not being followed then they should escalate their concerns.

There was a strong emphasis on engagement and transition work. The service had worked extremely hard when introducing a tenant to the service and engaged with everyone involved to ensure compatibility and that the process was as person centred as possible. One professional told us, "I particularly like the manner in which they consider the compatibility of people being introduced to vacancies and offer an individual tailored support dependant on their risks and needs as part of a transitions plan and beyond."

There was a person-centred ethos permeating the whole of the service and the service had been promoting this even more through there, "One person at a time, person centred practice campaign 2018." This included resources relating to supervision, which meant that the format of supervisions followed the "opportunity, choice and wellbeing" review format. The person-centred practice supervisions looked at various themes such as, fun and joy, relationships, sense of value, power and choice, having a sense of home and health. Each theme prompted reflection from staff in the form of questions around the people they supported.

The service had a thorough training programme in place that helped to embed the values of the service. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. The service was proactive in commissioning training relevant to the specific needs of people using the service, such as, safe swallowing and dysphasia training. This enables them to continue to provide high quality care and support people

safely with specific health care needs such as swallowing difficulties.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedure for people living in their own homes is called the Court of Protection authorisation. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this good practice.

The service provided a co-ordinated service. The records we looked at showed evidence of referrals made to local authorities and other statutory services on behalf of people. We saw that in addition to the usual health action plans in place, people had hospital passports and specific dental passports.

Technology was used within the service to minimise risks and promote independence, such as epilepsy sensors and enuresis sensors. The "just checking" system which utilises movement sensors, had also been used to ensure staffing levels were appropriate to meet people's needs.

The service worked proactively in partnership with other professionals to deliver care based on good practice. One professional commented, "I have found that they provide a supported living service that is person centred and tries its best to achieve an optimum quality of life and positive experiences." There was acknowledgement that the service supports some individuals with extremely challenging needs and they managed to achieve this in a person-centred way. One professional commented, "The organisation from my personal experience have worked in a collaborative and inclusive way. Staff worked extremely hard in very difficult circumstances

## Is the service caring?

### Our findings

People we spoke with told us the service "was brilliant!" They talked fondly about the staff that cared for them, saying "you can have a joke with this lot," and "they listen to you." They told us that the staff were kind and caring and we observed the warmth in the interactions taking place during our visits.

Staff we observed were genuinely compassionate and empathetic. People were always introduced to new staff and the service had introduced a staff one-page profile. The profile shared information about the staff member including a photograph of them and their likes and dislikes. The profile asked them to share something that they particularly enjoy about their job role, their hobbies and interests, an interesting fact about them and one item that they could not live without. This enabled staff to share their passions and interests and helped managers deploy those staff in a way that matches those talents to those of the people they supported.

Staff knew the people they cared for extremely well. People's personal histories were well documented. Staff had a good understanding of protecting and respecting people's human rights. Care and support plans clearly reflected that the service had carefully considered people's human rights and the support necessary to maintain their individuality, such as their religion, disability, cultural background and sexual orientation.

We observed staff members spoke with people in a respectful way and were kind, caring and patient. Dignity issues were managed exceptionally well and the detail that went into the care plans for personal care was very clear with regard to allowing people as much privacy as possible whilst keeping them safe.

People had access to advocacy services. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People told us that they felt listened to, they told us, "Staff listen and take you out." They said, "they wait until I am ready to do things in my time." Staff demonstrated a very good knowledge and understanding of people's personal values and needs and talked about them in a respectful manner.

The service produced a team brief which was very well received throughout the service, including photographs and events that people had taken part in. We saw evidence of people celebrating birthdays, attending exhibitions, picnics, receiving awards, future events such as the summer ball and awareness of the "meet and match" friendship and dating service. People's views were sought and the most recent families and carers satisfaction questionnaire outcomes were included in the Team Brief newsletter.

It was evident that the service promoted people's independence and had created a 'valuing culture' where everyone mattered. People were encouraged to retain their independence and live a meaningful life.

## Is the service responsive?

### Our findings

People received consistent personalised care and support. They told us they were involved in all decisions about their care. One person told us, "It feels like I am treated like a normal person and it doesn't feel like I am just someone that lives here."

People's care plans and other related records were person-centred. This meant people were cared for as an individual and their cultural diversity; values and beliefs, routines and preferences were managed exceptionally well. It was clear from the care plans what was important to them. People we spoke with told us how they were enabled to make informed choices and decisions about their care.

We looked at people's communication needs. We saw that staff knew the need of individuals extremely well and people with profound complex needs had communication passports in place.

We found reviews of people's needs were regularly being carried out. Relatives confirmed they were regularly involved in reviewing the care and support their family member received.

People received appropriate stimulation throughout the day. One person told us, "I'm supported to do what I enjoy and I go out to football every Thursday."

We asked relatives if they were asked for feedback on the service. Relatives told us that they were regularly asked for feedback around what they could improve.

The service had an easy ready complaints policy in pictorial format for ease of understanding. We looked at the complaints file and how the service dealt with these. We saw that these were investigated and the registered manager met with people to resolve issues. We saw that compliments were also recorded. One professional had stated, "The assessment went well and we are very pleased with the care. It was a brilliant home, had a homely feel to it and staff were very supportive."

People's end of life wishes had been recorded so staff were aware of these, enabling them to remain in their home where possible as they transitioned towards end of life care.

## Is the service well-led?

### Our findings

There was a registered manager in place. The registered manager was supported in the day to day running of the service by several team leaders, each of whom had responsibility for particular houses in the service. We were aware of two team leader vacancies within the service. We discussed this with the registered manager who explained she was currently in the process of recruiting to the vacant team leader posts

Creative Support's aims to provide personalised, compassionate care which protects the self-esteem, dignity and safety of the people that they support. These aims and values were evident throughout the inspection as we observed people being empowered and treated with respect and unconditional positive regard.

We found people were happy with the way the service was managed. One relative told us, "She is very approachable when it comes to the care needs of the residents at the service. She has a very good way of managing the service." Through discussions with the registered manager, it was clear she had a good level of understanding of people's individual needs and a comprehensive overview of what was happening at all levels of the service.

All the staff we spoke to were aware of the lines of responsibility. Staff told us they felt well supported to carry out their roles in caring for people and felt confident to raise any concerns.

Records we looked at showed that regular staff team meetings took place. Staff told us they received regular supervisions and appraisals and received a guide for new employees on commencing work. This gave clear guidance on what to expect as well as employee benefits available to them. We were also made aware that staff were able to access a free counselling service, to help promote wellbeing. The registered manager met regularly with other managers to discuss and share best practice in specific areas of work.

The service had systems and procedures in place to monitor and assess the quality of their service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The service worked in partnership with other organisations. These included healthcare professionals such as GPs, learning disability nurses and psychologists. This ensured a multidisciplinary approach had been taken to support care provision for people in the service.

The service had on display their most recent CQC rating, in the office where people could see it. This has been a legal requirement since 01 April 2015 and is to inform people of the outcome of the last inspection.