

Creative Support Limited

Creative Support - Bolton 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 

Summary of findings

Overall summary

Creative Support – Bolton Service supports people with Autism Spectrum Condition (ASC) and challenging behaviour, in their own home, providing personal care in line with a supported living model. People who use the service have their own tenancies and receive their support from staff employed by Creative Support.

The last inspection of the service took place on 09 and 15 December 2015 and was announced. The service was rated as Requires Improvement.

This inspection took place on 18 May 2017. The provider was given 48 hours' notice of our intention to visit. This was because the location provides a domiciliary service and we needed to ensure there would be someone present at the office to facilitate the inspection.

We were assisted throughout the inspection by the registered manager and project managers in the houses. 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 registered manager at Creative Support – Bolton Service had been in post for several years.

We spoke with a number of people throughout the inspection including, relatives, staff and community professionals. People who used the service had limited means of communication and were unable to share their experiences. People who used the service relied on families to act on their behalf in making decisions.

The service had a robust recruitment procedure in place, to help ensure that staff employed were suitable to work with vulnerable adults. There were sufficient staff on duty to ensure the needs of people who used the service were supported appropriately. Staffing numbers were looked at on a daily basis to ensure that appointments and trips and planned activities were covered.

New staff undertook an induction programme, which involved classroom based training and shadowing of experienced staff. Training was on-going, however we noted that some annual training had not been completed.

We looked at the supervision and annual appraisal record and staff spoken with confirmed they received regular supervisions. Supervision meetings enabled managers to assess the development needs of staff and to address training and personal needs in a timely manner.

Staff worked positively with external professionals to help ensure people received safe and effective care.

Procedures were in place to manage people's medicines safely. However, these had not always been followed, which had resulted in some errors being made with medicines on several occasions.

Arrangements for the safe recording and administration of people's medicines required improvement to ensure people were protected from the risk of unsafe medicines management.

Systems were in place in relation to ordering, storage, administration and disposal of medicines. Health and safety measures were in place and up to date.

Care plans were person-centred and included information about people's likes and dislikes, interests, family backgrounds and personalities. Care plans included a range of health and personal information to ensure that the needs people who used the service were supported.

Each person had their own bedroom and communal areas were available. Two of the premises seen were clean, tidy and well maintained. One property was clean and tidy but would benefit from a refurbishment.

Staff we spoke with had a good understanding of the basic principles of the Mental Capacity Act (2005) (MCA) and decision making process. However, the service had been unsure of the procedures with regard to notifying CQC of applications to the Court of Protection. We advised them to notify CQC of all Court of Protection applications as per requirements

We observed staff interacting in a kind and friendly manner throughout the day, there was a good relationship observed between staff and people who used the service.

People's privacy and dignity was respected and we saw that the staff promoted independence as much as possible.

There were a wide range of activities on offer for people to participate in. Some had their own mobility cars.

The service had good links with the local community, which helped people who used the service to mix and integrate with the community.

Systems were in place for dealing with complaints and concerns.

A number of quality audits and checks were carried out by the service; however a recent audit two days before the inspection had failed to pick up on the medication issues found on inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Arrangements for the safe recording and administration of people's medicines required improvement to ensure people were protected from the risk of unsafe medicines management.

Risks to the safety and wellbeing of people who used the service were recognised and addressed.

Robust recruitment procedures were in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People received support to maintain good health and wellbeing. Where appropriate, staff supported people to access community services.

People's nutritional needs were assessed and supported.

Some staff had not undertaken annual refresher training as required.

Is the service caring?

Good ●

Relatives described support workers as kind, caring and helpful. People felt their relatives were treated with kindness and respect.

Care plans were based on people's views and wishes and things that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Relatives felt the service was responsive to their relatives' needs and reported positive experiences of care and support.

Relatives and people who used the service felt able to express their views and opinions and their opinions were listened to and

acted upon.

Relatives and people who used the service were enabled to raise concerns or complaints and these were responded to appropriately.

<p>Is the service well-led?</p> <p>The service was not consistently well-led.</p> <p>Although systems of audit and quality assurance were in place; these had not consistently identified potential shortfalls in medicines administration and gaps in recording of other incidents.</p> <p>Providers are required by law to notify CQC of certain events in the service such as serious injuries and safeguarding concerns. Records we looked at confirmed that CQC had received notifications in a timely way from the service.</p>	<p>Requires Improvement </p>
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Creative Support - Bolton 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 checked 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 inspection took place on 18 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be available to facilitate this inspection.

The membership of the inspection team comprised of two adult social care inspectors, a medicines inspector from the Care Quality Commission 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 assisting with the inspection had worked with young people and adults with various forms of autism.

Before this inspection we reviewed the previous inspection report and notifications we had received from the service. We also contacted the local authority commissioners of the service and the local authority safeguarding team. We were provided with a copy of a 'Deep Dive' review conducted by Bolton Intensive Support team that took place on various dates between 21 December 2016 and 30 January 2017. Some concerns were raised during this review.

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 asks the provider to give us some key information about the service and any improvements they are planning to make.

During the inspection we spoke with the service director, the registered manager, the Positive Behaviour

Support Practitioner (PBS), a support coordinator, seven members of staff and two relatives. We spent time at the office and looked at care records, staff recruitment, staff training and supervisions and records about the management of the service. We also viewed an outcome film for Bolton autism services.

Is the service safe?

Our findings

We looked to see how medicines were managed in the three of the services. We saw a comprehensive review of the service was undertaken by the Commissioning Team, Bolton Council on various dates from December 2016 to January 2017. A report had been produced at the beginning of March 2017, approximately 11 weeks prior to our inspection. The report highlighted concerns regarding the safe administration of medication, for agitation, which was prescribed to be given "when required". The findings were that there was no justification recorded as to why this medication had been given and it was not possible to tell if the guidelines for the administration of this medication had been followed properly. It was found that when the daily notes were looked at that these medicines had been given even when the person had been "settled" all day. The report stated that this issue was directly reported to the registered manager and to safeguarding.

At the start of our inspection we asked the registered manager what actions she had taken to ensure that these medicines were administered safely. She told us that when medicines were prescribed to be given when required the reasons must be written on the reverse of the medication administration records (MAR) and in the daily summary of works (daily notes). The registered manager told us that she had not formally audited the records to ensure that these records were made and that the practice was embedded.

We looked to see if medicines to be taken when required were given safely which included checking that clear justification for administration had been recorded. We found that these medicines were not always given safely and often no justification for administration could be demonstrated. One person was prescribed two different medicines to treat their agitation. There was a very clear plan in place which detailed when and how these medicines should be used. It detailed that that two doses of "medicine A" should be used first then if that treatment was unsuccessful after an hour and a half then then a dose of "medicine B" should be given. "Medicine B" was prescribed when the individual became highly agitated or distressed. We found that on one occasion it was recorded that this person became agitated while they were on a trip out and the "behaviours continued when they arrived back at the house so staff offered him PRN. No further issues" The medication records show they were given only given "medicine B", which did not follow the written guidance to manage their anxiety.

We looked at the records for another person prescribed medication for agitation and found that they were given a dose of this medication when their daily notes did not mention that they had experienced any agitation and there were no recorded concerns regarding their behaviour.

We looked at medicines and records about medicines for five people living in the two projects we visited on the day of the inspection. We had some concerns about the safe administration of medicines for all five people.

The records about the administration of medicines did not always give evidence that medicines had been given safely as prescribed. The records about the quantities of medicines that were in the projects were inaccurate and could not show that medicines could be accounted for. Staff could not explain the inaccuracies and one member of staff told us they never added up properly. There were prescribed

medicines including creams and thickening agents that were not recorded on the records and no record was made about their use. Some gaps, missing signatures, were found so it was not possible to tell if medicines had been given as prescribed.

We were shown an audit of medicines that had been done on 16 May 2017, two days before our visit. We asked the registered manager to explain why the audits had not found the stock discrepancies. We were told that she had not done them in the same depth as we had and she had only looked at the stock counts from the day before the audit and had not gone back to the start of the current medication cycle to check that medicines were all accounted for.

Staff did not give medicines safely because they failed to follow the manufacturer's directions. One person was prescribed a medicine to be taken 30 to 60 minutes before food but the medication was recorded as given at breakfast time. The project manager told us that it was usually given before breakfast but not always. The medicines directions printed on the label stated it must not be given with indigestion medicines. The project manager confirmed that these directions had not been followed and it had been given each day with their indigestion mixture.

We saw that creams were not applied safely. One person had information in their file to apply a cream. This related to a cream that had been discontinued. Another person was prescribed an antibiotic cream in 2016 and the records showed it had been applied the day before our inspection visit without checking with the doctor that it was the correct cream for their current skin condition.

These findings evidenced a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment Records confirmed all applicants were required to complete a detailed application form, which included a full employment history. Applicants were required to undergo a series of background checks, which included references and a Disclosure and Barring Service (DBS) check, which showed any criminal convictions and any restrictions placed on the person regarding working with vulnerable people.

Staffing levels were sufficient in each house we visited to meet the needs of the people who used the service. Staff we spoke with told us there were enough staff on shift and existing staff endeavoured to cover any sickness and annual leave. Staffing levels were flexible to accommodate any activities that people participated in.

If agency staff were used they were the same people each time, who were familiar with people who used the service. One project leader told us they had spent a considerable length of time with agency staff to ensure they were inducted into the service and understood their responsibilities and the people they supported.

Personal emergency evacuation plans (PEEPs) were in place in all care files in the houses. It was discussed with the project managers in the houses that a central 'grab file' in close proximity to the main entrance would be beneficial to assist the fire service in the event of an emergency. Individual and general risk assessments were in place and reviewed and updated on a regular basis.

All staff spoken with demonstrated a good understanding of safeguarding issues and were able to explain the signs and symptoms to be aware of and knew how to report any concerns. All staff said they would be confident to report anything and felt this would be dealt with appropriately.

Staff told us there had been a number of safeguarding themed supervision sessions as well as memos and team meetings where safeguarding had been discussed. There had also been some bespoke training,

including scenario training, around safeguarding.

We saw guidelines for staff with regard to ensuring finances belonging to people who used the service were safeguarded.

Safeguarding flow charts were in evidence in all staff areas in the houses we visited. These outlined the procedure to be followed in the event of a safeguarding concern and staff were all aware of the flow charts. Contact numbers were also displayed in all staff areas. Policies and procedures were available at each house for staff to consult if required.

Staff were aware of whistle blowing and 'Code Red' posters were evident in staff areas. These had information on how to safely report any poor practice.

Health and safety information was seen in the houses we visited. We saw up to date recordings of water temperatures, monthly equipment (wheelchair) maintenance. We saw a health and safety audit in one of the houses, where issues had been identified and addressed. We saw evidence of fire drills and maintenance and testing of fire equipment in the houses.

On call numbers were clearly displayed in staff areas of each house to help ensure they could access help and advice when required. Staff had signed to say they had read the specific on call guidance, door locking protocols and the night management plan for certain people who used the service. These procedures were in place to help keep staff safe.

We saw body maps that had been completed appropriately when recording any accident, incident or injury.

Is the service effective?

Our findings

Staff members told us the induction programme was thorough. This included all mandatory training, such as moving and handling, safeguarding, MCA/DoLS, health and safety. They also shadowed a more experienced staff member for approximately two weeks. There was a probation period of six months at which time a probation meeting would be held to look at whether the new staff member was now competent to work unsupervised.

Staff told us there were plentiful on-going training opportunities and they were encouraged to participate in training. One new staff member had requested 'breakaway' training and this had been agreed to by management.

We were provided with a copy of training matrix dated 18 May 2017. The matrix highlighted that some annual training was out of date for example at one of the properties three members of staff required medication training and five required emergency first aid training. At another property five staff required training in Essential Safeguarding Safety for All (ESSA), Safeguarding Vulnerable Adults and Children (SVAC) and Safeguarding Adults and Children at Risk (SACR), three staff required medication training and one person required training in moving and handling. At a further property three staff required training in ESSA, SVAC, SACR, this was also the case at another house. At one house four staff required updated training in Breakaway and Physical Intervention, three staff members required ESSA, SVAC and SACR and two required medication training and two staff required moving and handling.

The SPELL framework was being gradually introduced. This stands for Structure, Positive approach, Empathy, Low-arousal and Links. This is an autism specific system for responding to the needs of adults with autism.

Staff were able to explain their roles and responsibilities and demonstrated a good knowledge of the people they supported, their needs and support requirements.

We saw consent forms within the care files which related to issues such as care and treatment, medicines administration and participation in activities. These were usually signed by a family member and there was an explanation on the form as to why this person was unable to sign. It would be good practice to include a basic mental capacity assessment with the consent form to back up the statement saying they were unable to sign.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with had a good understanding of the basic principles of the MCA and decision making process. There were best interests meeting minutes held in care files to demonstrate how initial decisions regarding care placements had been made. These were reviewed and updated annually at each support plan review.

Senior staff could also demonstrate an understanding of the process of applying to the Court of Protection for the use of restrictions and restraint with people who used the service. These applications had been made on behalf of people who used the service. We saw that the service had ensured that the least restrictive measures were in place and demonstrated an understanding of the importance of this.

There was information within care files which demonstrated good partnership working with other agencies, such as Speech and Language Therapy (SALT), district nurses, GPs and dental services. We saw hospital passports, which included all information which would help health professionals to care for people appropriately. There were also 'grab and run' sheets, including basic information, to be used in the event of an emergency.

We looked at the menus in one of the houses and saw people were provided with a choice of healthy meals. In another house we saw meals were decided by people who used the service. We saw healthy eating plans within care files and up to date weight monitoring records. There were handover files in the houses which included daily summaries and menu records. Specific strategies were in place, for example with regard to choking risks, to help staff deal with any issues.

Is the service caring?

Our findings

We observed extremely good relationships between staff and people who used the service in all the houses we visited. It was clear when talking to staff that they understood the needs of the people they supported and were able to relate to them in a way that got the best response from them. Staff we observed were kind, friendly and polite and people who used the service interacted positively with staff members. Staff were able to tell us how they respected people's privacy and dignity, for example, some people who used the service liked to spend time on their own in their rooms, and they were given space to do this.

We observed an activity, 'Wheels for All', at which two of the people who used the service were supported to ride bicycles around a track. We saw that the staff ensured that each person was supported to do the activity to the best of their abilities, which were at different levels. Staff used gentle encouragement and persuasion as well as lots of praise to help individuals participate to the best of their abilities. This helped people be as involved as possible.

We asked about how people were supported to be involved in the delivery of their care and support. Staff told us this varied, depending on people's abilities and wishes. We saw that a significant amount of the information within the care files was completed in easy read format, which helped some people understand their care and support arrangements better. Staff told us other people may be spoken with in an informal way about these issues, to ensure their input was included.

One relative told us, "Our [relative] has been supported by Creative Support for a number of years and the care he has received has been excellent. During the time he has been under their care he has regained his self-confidence and has started to access community activities".

The report from Bolton Council indicated in the houses visited they commented that there was a genuine caring approach where individual staff and the whole team had a sense of wanting the best for each service user.

Communication methods and requirements for each person who used the service were recorded. We saw that one member of staff had worked very hard with a person's family members to understand 'trigger' words and general communication needs for a particular individual and this was now working very well. An individual in another house used letter writing and tick boxes to communicate and answer questions. We looked at some of this communication, which was quite difficult to understand. In talking to staff members and looking at these documents it was clear that considerable efforts were made by staff to communicate effectively with each individual.

Is the service responsive?

Our findings

Care plans were person-centred and included a significant amount of information about people's individual support needs, likes and dislikes, preferences and choices. There was information about people's backgrounds, family circumstances and interests. This helped staff support them appropriately and speaking to staff it was clear they knew the people they supported very well.

People who used the service were supported to access activities that they enjoyed. We saw that, although some people who lived together may participate in the same activity occasionally, they also pursued their own interests and were supported to follow their own hobbies. Staff in two of the houses told us about some of the trips and outings they had supported people with. These included: trips to the safari park and visits to a favourite country side park.

One relative told us, "[Relative] has two wonderful key workers. They are enthusiastic about doing things with [relative]. More importantly they have taken time to get to know [relative] understanding him and asking me for information. This has had a major impact for the better on [relatives] life. His key workers understand him and he now goes to them when he is confused and needs reassurance. Another relative told us, "[Relative] has been supported for over five years and the care he has received has been excellent. [Relative] has regained his self –confidence and has started to access community activities. As parents we are regularly contacted regarding day to day care and we are very impressed by the high standards displayed by everyone involved".

We were told by staff about certain individuals who had considerably improved in behaviours, mood and general well-being. Staff took pride in the fact that they had helped people reach their best potential and it was clear that these improvements had taken hard work and dedication.

There was a complaints procedure in place with guidance on how to raise any concerns or complaints. The registered manager told us that there had been two recent complaints one of which was still being investigated.

As part of Bolton Council's report families were contacted to offer their views and opinions on the service. Several compliments were received. Comments included: ' Staff are doing an amazing job and we are really happy with the care [relative] receives' and 'Just to thank great staff on duty today. We had a lovely time with [relative] today, quality time this year has had its ups and downs but we know [relative] is well looked after'.

We were shown a sample of family satisfaction survey from November and December 2016. Responses were mixed and comments included: 'Household chores and hygiene needs big improvements. Needs to review routine and work towards getting out more and repairs are delayed for months, some still outstanding repairs from months ago'. Other comments included, 'Staff always treat people with dignity and respect and staff work together'. There was no analysis and actions provided following the last survey.

Is the service well-led?

Our findings

Our findings

There was a registered manager in post who was present on the first day of our inspection. The registered manager was supported by a service director who had responsibility for services across a wider area. 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.

Information in the report from Bolton Council regarding support from higher management received negative feedback from staff who stated that they did not feel supported by higher management. Staff commented that there was sometimes a manager's presence in the home for example when responding to challenging incidents.

At this inspection we found that project managers were in each house and had overall responsibility of managing their own service.

On the whole staff felt well-led and one staff member told us, "We are very well supported by management. You can ask for training and it will be arranged". Another said, "There is never a situation where I ring management and there is no response. There has never been a situation where I felt unsupported".

Staff told us they had regular supervision sessions, both formal and informal. We were provided with information to show that staff were receiving supervisions which were carried out by their project manager.

Team meetings took place on a regular basis and staff told us that some team meetings, supervisions and training had been themed to address problems that had occurred in the past. These had helped the service move on to a better place and staff told us they felt supported in this.

One staff member told us staff meetings could be used for reflection on actions taken. For example, with de-escalation of behaviours that challenged the service. This helped staff look at what worked well and what could have been done differently to continually improve.

The registered manager held 'family forum' meetings throughout the year. These meetings provided families with the opportunity to meet one another and to discuss future plans and developments within the service.

The service had policies and procedures in place, which covered all aspects of the service delivery. The policies included safeguarding, whistleblowing and medication.

We found that regular reviews of care plans and risk assessments were undertaken. Health and safety information was seen in the houses we visited. We saw up to date recordings of water temperatures and

monthly equipment maintenance checks. We saw a health and safety audit in one of the houses, where issues had been identified and addressed. However we questioned the effectiveness of the medication audits in view of the issues identified.

We were provided with a copy of the internal audit for one of the houses dated 07 March 2017 which identified that all staff required medication observations and all staff required medication supervisions. The auditors identified appropriate actions had been taken, however the audit stated that due to the limited information held at the service they were unable to determine the outcome of this medication incident and the incident had not been recorded on the incident analysis sheet.

The effectiveness of the audits needed to be addressed for example it had been identified that two people had not been weighed since February 2017 when weight loss had been identified, however there was no indication of how much weight people had lost or if this had impacted on people's health wellbeing and what actions if any were required.

On one of the home manager objective checklists it had been identified there were gaps in the daily records with an action to speak with staff, however there was no date to tell us this had happened. There were also gaps in the recording on the menu sheets about what people had eaten for the people who used the service with no actions recorded. There were also gaps in the recording on the activity charts.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and safeguarding concerns. Records we looked at confirmed that CQC had received notifications in a timely way from the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Arrangements for the safe recording and administration of people's medicines required improvement to ensure people were protected from the risk of unsafe medicines management.