

Creative Support Limited

Creative Support - Dudley Service

Inspection report

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

Tel: 01384896737

Website: www.creativesupport.co.uk

Date of inspection visit:
24 August 2016

Date of publication:
05 October 2016

Ratings

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

Summary of findings

Overall summary

The inspection took place on 24 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. At our last inspection on the 11 November 2013 the provider was compliant with the regulations inspected.

Creative Support – Dudley Services is registered to provide personal care services to adults in their own homes or a supported living environment. People the service supported had a range of needs including physical disability and learning disability. On the day of the inspection 31 people were receiving support. There was a registered manager in post. 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.

People were safe within the service. Care staff received the appropriate training and guidance to know what action to take to keep people safe from harm. We found that people received their medicines as it was prescribed.

Care staff received supervision and training to ensure they had the appropriate skills and knowledge to support people. The requirements under the Mental Capacity Act (2005) were being adhered to and staff received the appropriate training to ensure people's human rights were not restricted. People were supported with their meals as required and they were able to access health care as needed.

People were able to make decisions on the support they received from care staff. People were involved in the reviewing process so where there were changes to how they were supported they were an integral part of the process. People's dignity, privacy and independence was respected.

We found that people's support needs were appropriately assessed and a support plan put in place which people were involved in. People were able to raise concerns they had by way of the provider's complaints process. People were able to access an advocate service where needed.

The provider's audits and checking process were not sufficiently effective in ensuring the quality of the service people received.

The provider ensured people were able to share their views on the support they received by way of completing questionnaires

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 was safe.

People felt safe within the service.

The provider had enough care staff to meet people's needs.

People were supported with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

The provider ensured that the requirements within the Mental Capacity Act 2005 were being adhered to. People were not supported without their consent being sought first by care staff.

Care staff had the appropriate support, skills and knowledge to meet people's needs.

People were supported to receive health care support when needed.

Is the service caring?

Good ●

The service was caring.

We found that care staff were friendly and kind in how they supported people.

People were listened to and able to share their views as to how they wanted to be supported.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good ●

The service was responsive.

People were able to take part in the assessment and care planning process which also gave them the opportunity to have their support needs reviewed regularly.

The provider had a complaints process in place which enabled people to share concerns they had about the service.

Is the service well-led?

The service was not always well led.

People told us the service they received was good and the provider was well led.

While the provider carried out checks and audits they were not sufficiently effective to ensure the quality of the service.

The provider had a system in place so people could share their views on the service they received.

Requires Improvement 

Creative Support - Dudley 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.

Our inspection took place on 24 August 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR), which they completed. 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 reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. They have responsibility for funding and monitoring the quality of the service. They did not share any information with us.

We visited the provider's main office location. We spoke with three people who used the service, three relatives, three members of the care staff and the registered manager. We reviewed three care records for people that used the service, reviewed the records for three members of the care staff and records related to the management and quality of the service.

Is the service safe?

Our findings

A person said, "I do feel safe with the staff". Another person said, "I do feel safe". A relative said, "I am absolutely happy that she [person receiving service] is safe". Care staff we spoke with told us that they had received training in keeping people safe and were able to explain what action they would take if someone was at risk of abuse. They told us that there was a safeguarding flow chart available in each supported living scheme to aid care staff on the actions to take if someone was at risk of harm. A staff member said, "I have had safeguarding training and I would contact my manager, local on call or the local authority if someone was harmed". We found that the provider had the appropriate safeguarding procedures in place so care staff would know what to do to keep people safe. The provider told us in their provider information return (PIR) that safeguarding issues were followed up quickly raising safeguarding alerts and completing CQC notifications as appropriate. Each alert was also logged centrally to ensure prompt reporting and that appropriate actions and follow-up in an open, transparent and objective manner. We were able to confirm this.

The provider told us in their PIR that comprehensive risk assessments were carried out and were also updated in the event of an accident or incident. Care staff we spoke with confirmed that these assessments were in place and that they were being used to reduce risks to how people were supported. They also confirmed they were able to access them as required. We saw on individuals care records that risk factors were being identified in the environment where people lived, during personal care tasks and where people were at risk of choking amongst a range of other areas. The care staff we spoke with had a good understanding of how to reduce and manage risks where they were identified.

People we spoke with lived within a supported living complex where care staff were on site all the time. A person said, "Staff support me how I want". A relative said, "There is always enough staff around". Care staff we spoke with told us there were enough staff. We found no concerns with the levels of care staff to meet people's needs.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. We found that the provider had a recruitment process in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were sought to check the character of potential care staff and proof of their identification was part of the recruitment process.

A person said, "Staff do support me with my medicines how I want. They always tell me what medicines they are putting through my PEG so I know what I am being given". A PEG is a device which allows someone to have nutrition, fluids and or medicines directly into their stomach. A relative said, "I am sufficiently happy with how staff administer medicines". Care staff we spoke with told us that they were required to go through medicines training before they could administer medicines. A care member of the staff said, "I have had medicines training and I am required to go through training every 12 months and my manager observes three times per year". The provider told us in their PIR that care staff were trained and their practice

observed and where there were any omissions or mis-administration they would be removed from giving medicines till they were re-trained. We found that medication assessments were in place and people were involved in the process of determining how they were administered their medicines.

The provider had a medicines procedure in place so care staff had the appropriate guidance they would need in administering people's medicines. We found that a Medicines Administration Record (MAR) was being used to show when people were administered their medicines. Care staff we spoke with confirmed that they were required to complete a MAR to show when people were given their medicines. We found that where people were prescribed medicines to be taken 'as and when required' that care staff had appropriate guidance in place to ensure these medicines were administered consistently where people lacked capacity.

Is the service effective?

Our findings

A person said, "The staff do know how to support me". A relative said, "I do think the staff have the skills and knowledge to support [person's name]". Another relative said, "The staff are definitely well trained". Care staff we spoke with told us they felt they could get support when needed. A care staff member said, "I can get support when needed from my senior".

A care member of staff said, "I get regular supervision". Supervision is a formal meeting where staff and their manager are able to discuss work concerns. The provider told us in their provider information return (PIR) that care staff all received regular supervision with a named manager.

Care staff we spoke with confirmed this and told us they were also able to attend staff meetings regularly and their development needs were discussed with them as part of an annual appraisal system.

Care staff we spoke with told us they were able to shadow more experienced staff as part of their induction into the job. A member of the care staff said, "I was required to complete the care certificate as part of my induction process". The care certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction. We found that the care certificate was being used to give the care staff the knowledge they required as part of the induction process. We found that care staff were able to receive regular training in a number of essential areas for example, health and safety, first aid and food safety. Care staff were also able to receive training in areas specific to people's support needs for example, understanding mental health and Autism.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that the provider had the appropriate systems in place to adhere to the MCA and the Deprivation of Liberty Safeguards (DoLS). We found that care staff had completed the appropriate training. They were also able to explain how they ensure how they supported people did not breach their human rights. At the time of this inspection there was nobody using the service assessed as lacking capacity. However the provider told in their PIR that where there were concerns with people's capacity the appropriate application had been submitted to the supervisory body under the DoLS. They also arranged best interest meetings with the appropriate professionals to ensure people were supported appropriately and their human rights were not unlawfully restricted until an approval was made by the supervisory body. We were able to confirm what the provider told us in their PIR.

A person said, "My consent is always given before they [care staff] support me". Another person said, "Staff always get my consent before they help me, this includes what clothes I wear". A relative said, "His [person receiving the service] consent is sought and he is able to give it".

A person said, "I can feed myself staff just cook the food and I sometimes help with tasks". A relative said, "She [person receiving service] is unable to cook any meals or feed herself. Staff do it all and I am more than happy how they support her". Care staff we spoke with told us that people who were able would prepare their own meals with some support from staff. Where people were unable to in a supported living complex care staff held weekly menu planning meetings where people decided on the menu. Care staff would then support people to go shopping to buy the food they wanted and support them to cook and eat their meals. We found that professionals were involved in supporting staff where people were at risk of choking and the appropriate guidance put in place. Where there were concerns about people's diet or nutrition we saw that advice from a dietician or a Speech and Language Therapist (SALT) was gained. Care staff were able to explain how they supported people to eat healthy. A care member of staff said, "Where someone only wanted to eat unhealthy food I would make suggestions of different foods they could try or encourage them to eat meals that were freshly cooked. The provider told us in their PIR that a record was kept of what people ate and how much they had to drink to monitor their nutrition on and ensure they did not become dehydrated. We saw this information to confirm what we were told.

A person said, "If I am not feeling well staff will contact my doctor". Relatives all told us that they had no concern as to how care staff managed and monitored people's health care needs. A relative said, "Care staff ensure he [person receiving service] goes to appointments at the hospital". Care staff we spoke with confirmed this. We found that hospital passports, health action plans and dental passports were being used as part of the management and monitoring of people's health care needs. Where people had appointments to see an health care professional we saw that the appointment and outcome were noted on people's care records.

Is the service caring?

Our findings

A person said, "I would describe the staff as caring and helpful. I think they are excellent". Another person said, "Staff are friendly and kind. We have a laugh". A relative said, "Staff are extremely friendly, nothing is too much trouble". Another relative said, "Staff are professional and attentive". Care staff we spoke with told us they worked with the same people regularly in small teams so people are able to build up a good relationship. The provider told us in their provider information return (PIR) that people are involved in the recruitment of care staff in order to identify the qualities that are most important to them.

A person said, "Staff do listen to what I want and I am able to share my views". Another person said, "I am able to share my views as to how I am supported and I do feel staff listen". A care staff member said, "I prompt and encourage people to share their views". A relative said, "I do feel staff listen to him [person receiving service]. The staff only do what he wants so they must be listening".

We found from speaking to people and relatives that care staff communicated with people at their level in order to ensure they listened to what people were saying. We found that where people were unable to verbalise their views that care staff used a range of communication methods to be able to communicate effectively with people. This included liaising with relatives, using gestures and body language as well as being trained to use Makaton. Makaton is the use of signs and symbols to help people communicate.

A person said, "I am aware of how I can get advocate support". We found that an advocacy service was available to people where needed. This was identified within the provider's statement of purpose, which enabled people to get support and advice outside of the service where they needed.

A person said, "Staff do respect my privacy and dignity. I am able to get private time to read in my room and staff always cover me over when I am showering or having my hair washed". A relative said, "Staff do respect people's dignity, privacy and independence". A member of the care staff said, "People's privacy, dignity and independence is always respected. For example I would never enter a persons' room without knocking first and I ensure people do as much as they can so they keep their independence". We found from the PIR that annual dignity supervisions took place with care staff as part of ensuring they reflect good practice when supporting people. We found that the provider ensured care staff had the knowledge of dignity, privacy and independence by ensuring they attended training in dignity/respecting people. This ensured care staff were able to respect people's privacy, dignity and independence. The provider planned to develop dignity day workshops across the service to further develop care staff knowledge in what dignity meant as a way of further supporting staff with the skills and knowledge they required.

Is the service responsive?

Our findings

A person said, "I was involved in the assessment process and I do attend reviews". A relative said, "An assessment was carried out and a care plan. I was involved in both and I am invited to reviews regularly. I have no concerns with how [person's name] is supported". The assessment is where the provider determines what support people will need. The provider told us in their provider information return (PIR) that people all had person centred support plans which were updated regularly through keyworker sessions. Where people were unable to verbalise their views relatives and other professional were invited to reviews to contribute. Care staff we spoke with confirmed this process and also told us that they had access to all these documents as part of being able to support people and that people were also able to set themselves goals and targets to reach as part of the review process. We were able to confirm this.

We found that care staff received equality and diversity training so they had the knowledge required to meet people support needs. People told us that care staff supported them how they wanted. Care staff we spoke with were able to show a good understanding of people's support needs and we found that relevant information on this was gathered as part of the assessment process. People's religious requirements and their sexuality was the type of information that was being gathered so the provider was better equipped to meet people's individual and diverse needs.

A person said, "I do know who to complain to and I do know the process, but I have never had to complain". Another person said, "I don't remember if I was given a copy of the complaints process, but I do know how and who to complain to". A relative said, "I wouldn't know who to complain to, but I have never had to complain". Care staff we spoke with understood and knew the complaints process. A care member of staff said, "The complaints process is displayed where people live in the communal area and people are always encouraged to raise complaints or speak with their social worker where they have a concern or are not happy". While we were unable to evidence this as we did not visit where people lived, we saw that the complaints process was referred to in the service user's guide so people would know how to complain and was also available in a easy read version.

Is the service well-led?

Our findings

A person said, "Managers do carry out checks on staff to ensure they support me appropriately". We found that the registered manager carried out regular checks and audits on the service to ensure the quality of support people received. Care staff we spoke with confirmed these checks and audits took place. A care staff member said, "I have seen spot checks being carried out by the registered manager". While we saw evidence to substantiate this we found that the spot checks and audits were not sufficiently effective in identifying issues or areas for improvement. We found that there were a number of unexplained gaps on the Medicines Administration Records and where medicines were manually entered that they were not appropriately countersigned to ensure their accuracy. We also found that where people were applied prescribed creams that a body map was not consistently being used to show which part of their body the cream was being applied to. We brought these concerns to the attention of the registered manager who told us action had already been taken to rectify some of concerns identified with regards to medicines. They confirmed immediate action would be taken to put right the other concerns identified.

We found that the paperwork used on people's care records were not consistently the same. We found that the paperwork varied across the files we looked at. In some instances the paperwork we saw on one file to illustrate the support people needed was different on another file or not used at all. This could lead to care staff not being sure as to the support a person needed due them not being sure what to do based on the conflicting information available to them. We discussed this with the registered manager who acknowledged our findings and told us the provider was going through a process of converting to a paperless system and this would hopefully resolve the concerns we found. The provider did not appropriately risk assess the process of transition to ensure care staff would have access the appropriate documents when needed.

The provider told us through their Provider Information Return (PIR) that people were able to share their views by way of completing a questionnaire and by quality telephone calls on the service. A person said, "I have received a questionnaire". A relative said, "I do get a questionnaire". Care staff we spoke with confirmed that they were also able to share their views by completing a questionnaire. While we found that questionnaires were being used to gather views on the service, the outcome and action plans to make improvements were not being shared with people, relatives and care staff. The registered manager acknowledged this and told us that the provider had already got plans in progress to review the process and make it more user friendly. The process would also involve meeting with people not just relying on questionnaires, so they would also be implementing a process of feeding back information to people.

A person said, "The service is very well led". Another person said, "The service is well led because the manager on site gets involved in my support needs". A relative said, "It's a very well led service, the communication is very good and I am always kept informed". Another relative said, "The service is excellent", Care staff we spoke with confirmed what people had told us. A care staff member said, "The service is well led. All managers work along side staff to support them".

We found that not all people knew the registered manager directly but they all knew of her and that she was

in charge. A relative said, "I do know who the manager is and I am confident in what she does as she has made such a difference now". The culture within the office environment and amongst the people and staff we spoke with gave the impression that it was warm and relaxing. People were on first name terms with the care staff that supported them. People were heard over the telephone calling care staff by their first names. Relatives we spoke with told us that the care staff were welcoming and couldn't do enough for them. One relative said, "The care creative support give are for the person and their family".

The provider told us in their PIR that accidents and incidents were logged and monitored for trends and risk assessments were update as required. Care staff we spoke with were able to explain the action they took when an accident or incident had taken place. A care staff member said, "I would make sure the person was okay, seek medical attention if needed. I would inform the office or on call person and log everything down in the accident book and on the person care file". We found that accidents and incidents were monitored as part of the checks that the registered manager carried out regularly to ensure trends were monitored appropriately.

We found that an on call system was in place for staff to gain support during the times of the day when the office is shut or on bank holidays. Care staff confirmed this and told us they knew who was on call and how to make contact in an emergency.

We found that a whistleblowing policy was in place. Care staff we spoke with knew what the policy was for and how to use it. A care staff member said, "We do have a whistleblowing policy in place". We saw that information was readily available to care staff so they would know how and when to use this policy.

We found that the provider had a number of improvements planned over the next 12 months which they hoped would improve the quality of the service people received. We found that the provider had in place a handy A to Z guide for customer care that was linked to an easy read customer care policy. This was given to people as a way of them knowing what to expect from the service. We found this to be a good way of ensuring people had the vital information they needed as part of promoting a good service.

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a PIR which they completed and we included the information they provided into our inspection process.