

Creative Support Limited

Creative Support - Leicester Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Creative Support - Leicester Service is a supported living service. People live in the community in single or shared accommodation. Staff provide onsite 24-hour care. People receiving support are living with a learning disability, and or autism, and some people have a physical disability and health conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 25 people were receiving the regulated activity of personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: One Supported Living site provided staffing in accordance with the care commissioned by the local authority. However, we concluded this was not sufficient due to people's care needs. The provider agreed to immediately increase staffing whilst they completed a review of staff deployment. People received individual care, their independence was promoted, and goals and aspirations were supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received care and support that was personalised and provided by a staff team who were well trained and supported. People were enabled to achieve positive outcomes and social inclusion was promoted, enabling people to lead active and fulfilling lives.

Right Culture: There was a shared commitment to the culture and values of the service. Positive staff engagement was observed. Feedback received from relatives was consistently positive about the leadership and management of the service. Staff were equally positive about working for the provider and they felt well supported. The registered manager understood their role and responsibilities. There were effective systems and processes in place to continually review, monitor and improve quality and safety.

People were supported to maintain their tenancy, including monitoring environmental health and safety.

Staff were safely recruited and provided consistently and continuity in care. Staff received ongoing training that included areas of care and support, individual to the person.

Staff understood how to recognise where people may be at risk of harm or abuse and knew what action to take. People received support to take medicines and systems were in place to ensure this was completed safely and effectively.

Staff had received training in the management and best practice guidance of infection prevention and control.

People and their relatives, were supported and invited to share their experience about the service. The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 December 2017).

Why we inspected

Concerns were raised about staffing.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for this service has remained good based on the findings of this inspection.

We found evidence during this inspection that 1 supported living site, did not have sufficient staff. The provider took immediate action and increased staffing. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support - Leicester Service on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Support - Leicester Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by 2 inspectors.

Service and service type

This service is a supported living service. This service provides care and support to people living in 12 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited 6 people in their supported living setting and spoke with 5 relatives for their experience of the service. We spoke with the registered manager, 2 operation managers, the service director, 1 senior support worker, 4 support workers and 2 agency support workers. We also invited staff and external professionals to provide feedback via email. We received feedback from 3 professionals and 16 support workers. We reviewed 6 people's care records and 3 staff files and a variety of records relating to the management of the service, including policies and procedures, audits and checks.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels were not consistently sufficient to meet people's individual needs. The commissioned hours provided at 1 supported living site did not meet the dependency needs of the 3 people living at the service. Whilst staff deployment was based on the commissioned care hours provided by the local authority, the provider agreed to immediately increase staffing whilst a review of staff deployment was completed.
- Bank and agency staff were used to cover staff shortfalls. Concerns were identified with the providers checks of agency staff. Agency staff profiles were not routinely kept at the individual supported living sites. This was important to enable staff to check agency staff identity when arriving for work. This was addressed during the inspection and agency profiles from the provider's head office was sent to all supported living sites.
- We also identified agency profiles did not record learning disability and autism awareness training. The management team told us, and records confirmed, correspondence with recruitment agencies clearly stipulated agency staff were required to have this training. Agency staff spoken with confirmed they had completed this training. We concluded this was a recording issue and the provider agreed to follow it up with the recruitment agencies used.
- A specific and targeted staff recruitment campaign was underway. This included consideration of people's individual needs to support staff selection processes. Where possible, people were involved in the staff recruitment and selection procedures.
- The provider had safe staff recruitment procedures. This included, Disclosure and Barring Service (DBS) checks, this provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to respond and manage any safeguarding incidents and concerns. Body maps were used to record any injuries a person had. Two body maps dated May 2022 and December 2022 showed the same person had an injury, but this was not recorded in the incident records. Whilst the May 2022 additional daily records were not available, the December records were reviewed. The injury was not recorded in the person's daily notes or staff handover document. It was therefore not clear how the injuries had occurred. The provider had not completed an investigation into the injuries at the time, as the service had not escalated the incident to management. This was discussed with the management team who agreed to follow up with staff.
- Staff had received safeguarding training and had access to the provider's safeguarding procedures. This included the provider's 'open culture – speak out about poor practice' guidance for staff to report any concerns.

- Relatives told us communication was good, and any accidents, incidents were communicated with them. A relative said, "I know relation is happy and settled and I would know if they weren't. There are no safety concerns at all."
- The provider had a procedure that reviewed accidents and incidents. In addition to the registered managers review, senior managers had access to information and met regularly to review people's care needs. This included incidents and considered any themes, patterns and actions required to mitigate incidents from reoccurring. Learning opportunities were shared with staff via staff meetings, during staff handovers, discussed in staff supervision meetings and by staff memos.

Assessing risk, safety monitoring and management

- Known risks were assessed, monitored and planned for. Guidance for staff was recorded in an 'Integrated Support Plan' and records had been regularly reviewed. Whilst guidance was detailed, there were some inconsistencies in where guidance was recorded in relation to health conditions. For example, sometimes it was recorded in the integrated support plan and others in the person's health file. Whilst staff had access to both care records, it was not always easy to find information. We discussed this with the management team who agreed and told us they would review their information sharing procedures.
- Staff were knowledgeable about people's individual care and support needs. This was confirmed by relatives. A relative said, "Many of the staff have been there a long time. Bank staff are used but they are familiar with people. I believe they are well trained and know and understand relations needs and health conditions."
- People were supported to manage their tenancy, monitor health and safety of the environment, and report any repairs to the landlord. Personal emergency evacuation plans were in place.

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 MCA 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 Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The provider had a MCA policy and the registered manager and staff understood the principles of the MCA. MCA assessments and best interest decisions had been completed where required and legislative requirements had been followed.

Using medicines safely

- People received their prescribed medicines when they needed them. Where improvements were required action had been taken. From reviewing incident records, we identified incidents of medicine omissions had occurred due to staff error. Action had been taken to make improvements such as staff had completed refresher training and their competency reassessed. One supported living site had recently had a medicines audit. This had resulted in an action plan and new and improved systems; procedures and increased oversight was being implemented.

- Staff had information to support safe medicine administration. The ordering, storing, returning and monitoring of medicines followed best practice guidance.
- People had their medicines regularly reviewed. Relatives confirmed people had their medicines reviewed and gave examples of how long-term medicines were being reviewed by health professionals with a review of reducing them. This shows a commitment to STOMP principles – stopping over medication of people with a learning disability, autism or both with psychotropic medicine.

Preventing and controlling infection

- Staff received training in the prevention and control of infection and how to use PPE safely.
- We noted a staff member wearing jewellery and another wearing nail varnish. This posed an infection and safety risk and we raised this with the registered manager who agreed to follow this up.
- Staff used personal protective equipment (PPE) to keep people safe. This included masks, gloves, aprons and hand sanitiser.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and support based on their individual needs, wishes and personal preferences. People were supported to identify goals and aspirations important to them. We saw examples of positive outcomes people had achieved. Examples included social inclusion opportunities based on people's interest and hobbies.
- People met with their keyworker regularly and person-centered reviews took place. These examples show the provider's ongoing commitment in continuing to provide individualised care and support.
- There was a shared commitment to the culture and values of the service. Staff showed a clear understanding and commitment in providing continued high-quality care that was person centered. From observations and feedback received, people had developed positive relationships with staff. A relative said, "I know that relation is out and about now there are no COVID-19 restrictions, they get supported to go to college, shops, visits in the community. I'm very happy with the placement and it gives me peace of mind as I can't care for relation."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour to be open and honest when things went wrong. There were processes in place that ensured if mistakes occurred, they were investigated and where necessary an apology offered to people affected.
- We found the management team to be open and honest, they responded positively during the inspection to feedback received.
- The management team showed great enthusiasm and commitment to continually improve and develop the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration. The provider's inspection rating was displayed as required. Staff understood their role, and responsibilities and were accountable for their actions.
- The provider had made some changes to the staff structure. This included implementing new positions to some of the supported living sites. A new senior staff structure had also been implemented to increase

additional support, oversight and leadership. External professionals told us this had been a welcome and positive response, in the provider's commitment to continue to improve the service.

- Systems and processes were in place to continually assess, monitor and review quality and safety. This was confirmed by a relative who said, "I get invited to reviews, and to attend health appointments and yes, I'm asked to complete surveys - asking me for feedback periodically. I have excellent communication."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives received opportunities to share their experience of the service. This was via an annual feedback survey, during reviews and contact with staff.

- Staff also received opportunities to share their experience of the service via an annual survey, during staff meetings and supervision meetings. Staff were positive about working for the provider. A staff member said, "I really like working for the service, I love it genuinely. I feel totally supported, all managers are approachable."

- The provider was a supportive employer, a staff welfare fund was available and staff recognition awards and achievements were celebrated.

- Feedback received from people, relatives and staff were reviewed and analysed. Where required, action was followed up with individuals and a 'You said, We did' response was shared. Newsletters were also used to share information with people, relatives and staff about new developments and opportunities within the organisation.

Continuous learning and improving care; Working in partnership with others

- The provider had an internal human resources, training and development and quality team. □ These teams worked together with senior managers and staff to continually monitor and improve the service.

- The provider had achieved; Investors in People silver and gold status, was a Stonewall Dignify Champion and a Disability Confident Employer. This shows a continued commitment by the provider to improve performance by the management, support and development of staff.

- The management team told us, and records confirmed, how they had worked collaboratively with the local authority and housing provider to make improvements.

- The management team and care staff worked closely with external professionals to support people to achieve positive outcomes.