

Creative Support Limited

Creative Support - Gateshead Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 23 and 27 July 2015 and was announced. We last inspected Creative Support – Gateshead Service in July 2013. At that inspection we found the service was meeting legal requirements.

Creative Support – Gateshead Service provides personal care and support to people with learning and physical disabilities, mental health needs and sensory impairments. Services were provided to three people who lived in a shared house with support.

At the time of our inspection a manager was in post who had applied to become the registered manager. A

Summary of findings

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.

We found that the manager and staff understood their responsibilities in protecting people using the service from avoidable harm and abuse.

Risks to personal safety were assessed and managed and people were supported to maintain a safe home environment.

A thorough recruitment process was followed to employ suitable staff and there were enough staff to safely meet people's needs.

The service's medicines arrangements were not fully robust. Directions for some medicines were not clear and records did not always show that medicines had been appropriately administered.

Staff were given relevant training and support to help them care for people effectively. Staff supported people in staying healthy and, where needed, in meeting their dietary needs.

People were encouraged to make decisions and be involved in planning their own care. Individualised support plans were in place that addressed how people's needs and preferences would be met.

People had good relationships with their workers. They felt they were kind and caring and treated them with dignity and respect.

People took part in a range of meaningful activities which helped them develop skills and meet their social needs.

A complaints procedure was in place that people understood how to use if they were unhappy about their support. People's views were sought and there were systems to regularly check if they were satisfied with their care and support.

Audits were carried out to monitor and improve the standards of the service. The manager promoted a positive and inclusive culture and was keen to develop the quality of the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines arrangements. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Records did not fully reflect that people's prescribed medicines were managed safely.

People were safeguarded from the risks of being harmed and abused.

Steps were taken to keep people safe in their home and in the community.

Staff were properly recruited and there were sufficient staff to give people consistent care.

Requires improvement



Is the service effective?

The service was effective.

Care was given with people's agreement and the implications of mental capacity law were understood.

Staff were trained and supervised to ensure they had the skills to support people effectively.

People were appropriately supported to meet their health needs and have adequate nutrition.

Good



Is the service caring?

The service was caring.

Staff had a caring approach and provided people with personalised care.

People's privacy and dignity were respected and they were supported to be as independent as possible.

People were supported to express their views and be involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

Staff worked flexibly and were responsive to people's needs and wishes.

People followed their interests and accessed a variety of social activities and new experiences.

Care planning was centred on the well-being of the individual and the goals they wanted to achieve.

People understood the process for making complaints about the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service was suitably managed and staff were supported in their roles.

Systems were in place to check and assure the quality of the service that people received.

The manager was committed to developing the service and was working on a number of improvements.

Creative Support - Gateshead 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was announced and took place on 23 and 27 July 2015. We gave 48 hours' notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we talked with the manager, a project manager and two support staff and visited the three people who used the service at their home. We looked at each person's care and medicines records, staff records and reviewed other records related to the management of the service.

Is the service safe?

Our findings

People using the service told us they were supported safely and expressed no concerns about the way they were treated by staff. One person told us they knew the importance of reporting abuse. They said, “I know a lot about safety” and that they would contact the inspector if they ever had any problems with how they were treated.

People were given easy read information called ‘helping to keep you safe’ which informed them about types of abuse, who they could report concerns to, and what would happen. The information was verbally explained to people by the staff, where necessary, to ensure they understood the safeguarding process. Safeguarding training was also made available to people using the service. Safety issues were routinely discussed at tenants meetings, including safeguarding, health and safety, and fire safety awareness. This showed us the service promoted people’s understanding of their personal safety and rights to be protected from abuse.

Staff had ready access to safeguarding and whistle-blowing procedures which described how to report concerns and expose poor practice. Procedures had been updated to include the provider’s statutory responsibility of ‘duty of candour’. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong.

No safeguarding concerns had been raised about the service in the past year. The staff we spoke with understood their roles in reporting concerns about people’s safety and confirmed they had received safeguarding training. The manager was aware of the need to notify the relevant authorities of allegations of abuse and to co-operate in any investigations. They told us safeguarding issues were regularly discussed, including at themed supervisions and meetings, to check that all staff had a sound knowledge of the process.

Systems were in place for the safekeeping of people’s finances. Staff were not permitted to have access to bank cards or identification numbers. One person had cash held on their behalf for personal spending and staff supported them when they needed to go to the bank. We saw

financial transactions were appropriately documented and receipts for purchases were obtained. Cash balances were checked at each shift change and during audits to assure the person their money was being safely managed.

A range of checks were carried out to support people in maintaining a safe home environment. These included checking the security of doors and windows, fridge and hot water temperatures, testing of electrical appliances, and involving people in what to do in the event of a fire. Aids and adaptations were also used by one person with a sensory impairment to help ensure their safety and independence in their home.

Suitable records were kept of any safety incidents or accidents that occurred. One accident had been logged in the past year, where a person had fallen and not sustained any injury. Follow up actions were recorded and a report had been sent to the provider’s health and safety department for analysis.

Comprehensive assessments were in place which addressed the potential risks for each person using the service. The assessments highlighted the individual’s awareness and understanding of risks, gave a detailed risk history, and included measures to reduce each of the risks identified. They covered areas such as travel safety and road sense, wandering and getting lost, self-neglect, exploitation by others, and non-compliance with taking medicines. Each person also had a risk assessment associated with lone working and a personal evacuation plan for emergency situations.

A small team of staff provided 24 hour support to the people using the service. At the time of the inspection there was a project manager overseeing the service, a senior support worker and four support workers. Rosters were planned monthly in advance, allocating one to two support workers on duty across the day and a sleep-in worker at night. External agency staff were currently being used due to a support worker vacancy and temporary sickness absence. The manager told us that wherever possible the same agency staff were used for continuity and this was confirmed by the people we talked with. An on-call system was operated out of hours to ensure that staff could get advice and support at any time.

No new staff had been appointed since the last inspection and the vacant support worker post had been advertised. The manager told us people using the service were

Is the service safe?

encouraged to be involved in recruitment, including interviewing applicants, and that they were paid an hourly rate for their time. We reviewed recruitment information and found that all necessary checks and vetting were conducted. The provider's chief executive authorised all recruitment to give assurance that suitable staff were employed.

All staff were trained and had their competency in safe handling of medicines assessed. Prescribed medicines were ordered monthly and stock levels were checked on a weekly basis. All medicines were kept in locked storage facilities in people's bedrooms. This ensured people had sufficient stocks of their medicines and that they were held securely. Medicines were supplied in blister packs for ease of administration and in boxes and bottles where needed. Each person's needs in relation to medicines were assessed, medicines were listed, and there was a separate support plan for each medicine prescribed. This meant appropriate information was available to guide staff on the medicines people took and the extent of support they required.

Medicines administration records (MARs) were not always properly completed. Medicines prescribed on an 'as required' basis lacked clear written directions. There were a number of gaps to the MARs where staff had not signed to confirm medicines administered or used codes to verify why medicines were not given. A support worker told us they felt the gaps might be due to staff forgetting to access the MARs before going to give people their medicines. Monthly audits of medicines were usually carried out though there had been no recent audits to check if people's medicines were being handled safely. We concluded that the medicines arrangements were not fully robust because of the inaccurate records and lack of auditing to identify and act on deficits.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People using the service indicated the support they received was effective in meeting their needs. They told us, “I’m happy with the support”, and, “The staff are all very good.”

The manager told us any new staff were given training to help prepare them for their roles. They were expected to undertake company and scheme inductions, followed by completing the ‘Care Certificate’. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

A matrix was used to give an overview of the staff team’s training which the manager acknowledged needed revising to include all training completed. For example, mental capacity awareness and training on supporting a person with a sensory impairment were omitted from the matrix. All safe working practices training was refreshed annually or every three years and staff were either up to date or had training dates booked. For instance, a course on ‘essential safeguarding and safety for all’ was organised for August 2015. The manager had also identified the need for further training, such as caring for people with dementia and positive behaviour support, and arranged for courses to be delivered. Staff were given the opportunity to gain nationally recognised care qualifications and all support workers had achieved such qualifications.

The service had arrangements for staff to receive individual supervision and annual appraisal to support their professional development. The staff we talked with confirmed they could contact the manager or project manager when needed and said they felt suitably supported in their roles.

The manager was aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. These are safeguards under the MCA and are a legal process which is followed to ensure people are cared for in a way that does not inappropriately restrict

their freedom. The manager understood the importance of following formal processes and told us none of the people using the service currently had restrictions in place around their care.

People were fully consulted about their care, signed their support plans to agree the content, and any aspects of support a person objected to were documented. People also gave their consent to specific areas such as support with medicines, finances, key holding, and for sharing personal information when needed.

The manager told us no-one using the service had distressed or challenging behaviours. They said, where necessary, referrals could be made to the provider’s behaviour support facilitator and that excessive control or restraint would never be used.

Staff supported people to varying degrees with food shopping, making meals and meeting their nutritional needs. Some people prepared their own snacks and drinks and one person had a support plan that had been successful in improving their skills in this area. This person told us, “I’m doing more in the kitchen”, and another person said, “We’ve been out today for lunch and did some food shopping.”

The staff we talked with told us a community nurse had worked with two people using the service around weight management and healthy eating. They said healthy eating was encouraged and one person’s planned support included following a low fat diet due to health reasons. This person’s weight was being monitored and a referral to a dietitian was being considered. Staff assured us they would keep records of weights to enable the person’s support plan to be effectively evaluated.

There was recorded evidence that people accessed a range of health care services. All contact with health care professionals was documented and each person had health action plans for maintaining or improving their health and well-being.

Is the service caring?

Our findings

People using the service told us the staff were kind and caring and they had good relationships with them. Their comments included, “We all get along really well”; “X (support worker) is lovely”; and, “They’re all nice. I’m sorry that Y (support worker) is leaving.” People said they also liked the external agency staff who had been providing cover. One person added, “It’ll be good though when we have all permanent staff and the house gets back to normal.”

The manager told us they had met the people using the service and felt they were happy and comfortable with the staff. They said people had spoken enthusiastically about the staff team and expressed no concerns about their care and support. The manager said people were being actively involved in helping to choose new staff who would work with them and this was confirmed by two people we spoke with. They told us they had recently prepared questions and travelled to an interview, but unfortunately the applicant had not turned up. One person said they were very clear about the caring qualities they would be looking for when helping to appoint new staff.

Staff were given training in equality and diversity and personalisation to help them recognise the importance of treating people as individuals and without discrimination. The staff we talked with were knowledgeable about each person’s diverse needs and the ways they preferred to be supported. We observed that staff spoke respectfully to people, engaged well with them and checked on their well-being.

Each person confirmed to us that the staff respected their privacy, and, where applicable, that support with personal care was provided in a dignified way. People told us they

were encouraged to stay as independent as possible in daily living and to develop new skills. For instance, one person said they did household tasks and laundry and another person told us they were doing iPad training.

People were given information that helped them understand what to expect from using the service. The guide to the service and key policies, such as safeguarding and complaints, were provided in easy read formats and explained to people. The provider employed an involvement worker who did specific work around ensuring people had information appropriate to their communication needs. People received regular information from the service including a seasonal magazine and a monthly local newsletter which they could contribute to. They were also given a ‘what’s on’ calendar that informed them of events and activities they might be interested in which were taking place in the region.

People were able to express their views and no one currently used advocacy services. Some people described how they had made decisions about their support. For example, one person said they had decided where to go on holiday and which staff member they wanted to accompany them. Another person, who had moved into the shared house in the past year, confirmed they had done so following a phased introduction. They said, “I tried it out. It was a big decision”, and they told us they had settled in well. Each person also had a monthly meeting with one of their workers to discuss their support plans, check progress and agree actions for the coming month.

People gave feedback about their care and support at tenants meetings. Records of the last meeting showed there had been discussion about various safety issues, communication and activities, and the ‘house rules’. These were rules which the people had decided upon themselves and included respecting one another, their home, and agreed boundaries.

Is the service responsive?

Our findings

People using the service felt that staff listened to them and responded to their requests. They told us they followed their interests and took part in a variety of activities, both independently and with staff support, to meet their social needs. One person said, “We’re always out and about doing different things.”

We saw each person was allocated a number of individual support hours each week according to their assessed needs. Records were kept to account for the support provided and how individual’s had chosen to use their support time. The manager reported that staff were “extremely flexible” and changed their working hours to fit in with the support people needed and the activities they wanted to do.

Care records showed that information had been gathered about each person’s interests and support plans were in place for activities/leisure time and staying safe in the community. For example, one person’s plan indicated they had enjoyed eating out and having their hair and nails done. They were planning to go to the cinema and bowling and had a separate support plan for saving to go on holiday. The manager told us the provider also arranged lots of regional and local events which people using the service could participate in or attend. Recent events had included an ‘X Factor’ style singing competition, a barbeque, and football tournaments.

We found that people’s care and support needs were fully assessed and a good level of information about the

person’s background and history had been gathered. Person centred plans were recorded which included areas such as ‘what you need to know about how I make decisions’, ‘what makes a good and bad day for me’, and ‘my daily living skills’. These plans gave staff an overview of what was important to the person and information to guide them on meeting the individual’s needs and preferences.

Each person had detailed, outcome focussed plans which addressed their needs and described the support they required. For example, one person had a range of plans that included support with personal care, domestic skills, finances and budgeting, dietary needs, and health care and medicines. Some support plans were also broken down into achievable steps with the aim of promoting the person’s independence.

Monthly reviews of support and risk management plans were carried out with each person to evaluate progress. Where necessary, plans were adapted in response to changes in people’s needs.

People using the service were given the complaints procedure that informed them what to do if they were ever wanted to complain about their care or the service in general. The people we talked with told us they had no complaints and would speak to the manager or staff if they were unhappy.

The manager confirmed that there had been no complaints about the service in the past year. They said any concerns raised would be taken seriously and thoroughly investigated in line with the procedure’s timescales.

Is the service well-led?

Our findings

The service was managed by an experienced manager who had applied to the Care Quality Commission (CQC) to become the registered manager. They understood their management responsibilities and were currently supported by a project manager who worked directly into the service.

The manager told us staff could contact them or the project manager whenever they needed advice or wanted to discuss any issues. They had arranged individual supervisions and a staff meeting, as meetings had lapsed, to enable staff to air their views on the running of the service. Staff had also completed surveys this year which indicated they were happy with the way rosters were planned and how they were supported and trained.

The staff we talked with confirmed the current management arrangements and told us there was an open and supportive culture within the service. For instance, one support worker said the staff team had been supported through a very difficult time recently due to bereavement. They told us, "The people using the service are always our priority."

People using the service told us they had met the manager on a number of occasions. One person said, "They're nice", and another person said, "I think X will be a good manager."

The manager had created an action plan, prioritising areas for improvement, as a result of a quality audit of the service. They said they expected all areas to be completed within the next month and showed us the areas which had already been actioned. These included advertising and recruiting for the staff vacancy, scheduling staff supervisions, and arranging training. They were also planning to do a questionnaire with people using the service to capture their views and experiences of the care and support they received.

In the temporary absence of the senior support worker, the project manager was responsible for sending the manager monthly reports on the service. These reported on the performance of the service, any concerns or significant issues, and verified that internal audits and meetings had taken place. The manager then responded to any follow up action needed and forwarded the reports to their director to keep them appraised about the quality of the service.

The manager told us the provider had made managers aware of the standards set by CQC and their roles and accountability in meeting the regulations. They said consideration was being given to introducing a system of peer audits by managers to help identify and share best practice and ensure that services were consistently developed.

Annual satisfaction surveys were carried out with people using the service, their relatives, staff, and other professionals involved in people's care. The findings of the 2015 survey showed that everyone rated the service highly and many positive comments had been received.

The provider operated schemes whereby staff could nominate people using the service to receive prizes in recognition of individual achievements and positive outcomes. People were also able to nominate staff for awards, for instance when they had done specific work empowering individuals or contributed imaginatively to services. Ceremonies were held in celebration and for events such as the 25th anniversary of the provider's services this year.

The manager had a clear vision for the future of the service which included providing staff with further training in developing their skills and being more creative in their work with people. They said they valued the staff team, were making gradual changes since taking up post, and enjoyed motivating staff to provide a quality service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g).</p>