

Creative Support Limited

Creative Support - Cumbria Homecare Service (Furness)

Inspection report

86 Duke St
Barrow in Furness
Cumbria
LA14 1RD

Website: www.creativesupport.co.uk

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03 March 2016

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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 ●

Summary of findings

Overall summary

We carried out this announced inspection between 16 December 2015 and 3 March 2016. This was our first inspection of this service.

Creative Support – Cumbria Homecare Service (Furness) provides personal care to people living in their own homes. The service is managed from offices in the centre of Barrow in Furness. The agency provides domiciliary care to people living in the Furness district of Cumbria. The service supports adults of all ages, who have a variety of care needs including due to illness, aging or disability.

The agency also provides supported living services in eight properties in Furness and Kendal. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission (CQC), but the accommodation is not.

There were two registered managers employed at the service. A registered manager is a person who has registered with the CQC 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 told us this was a good service and said they would recommend it to other people. They said they received the support they needed from staff they knew. They described the staff as kind and caring.

People told us that they felt safe receiving support from this service. Care staff had been recruited safely and trained to meet people's needs.

Most risks to people had been identified and managed. However we found that the management of some risks needed to be improved. Two risk assessments around the use of equipment were out of date and one staff member had not followed a risk assessment relating to the administration of medication.

People were included in planning and agreeing to the care they received. There were enough staff employed to meet people's needs. The care staff knew the support people required and the choices they had made about their care. People received the support they needed to maintain their health and wellbeing.

The registered provider had procedures for people to raise concerns about their care and for staff to raise concerns about the conduct of other staff members. Where concerns had been raised these had been investigated thoroughly and appropriate action taken.

People were protected from the risk of abuse and their rights were protected. The registered managers were aware of their responsibilities under the Mental Capacity Act 2005. People knew the registered managers and how they could contact them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Overall the service was safe. However, we found that improvements were needed in how some risks were managed.

People were protected against the risk of abuse.

There were sufficient staff employed to meet people's needs. New staff were checked to make sure they were suitable to work in people's homes.

Requires Improvement ●

Is the service effective?

The service was effective.

People were included in decisions about their care and their rights were respected.

Care staff were trained to provide the support people required.

The registered managers and care staff were knowledgeable about their responsibilities under the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring.

The staff were caring, patient and kind to people.

People were supported to maintain their independence and control over their lives.

The registered managers and staff knew about local advocacy services that could be contacted to support people if they required.

Good ●

Is the service responsive?

The service was responsive to people's needs.

Good ●

People were included in planning and agreeing to the support they received.

The registered provider had a procedure for receiving and managing complaints about the service. People knew how they could complain about the support they received.

Is the service well-led?

The service was well-led.

There were two registered managers employed at the service. People knew the registered managers and how they could contact them.

Care staff felt well supported by the management team in the service.

The registered managers were aware of their responsibilities and took prompt action in response to concerns raised with them.

Good ●

Creative Support - Cumbria Homecare Service (Furness)

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.

The inspection took place between 16 December 2015 and 3 March 2016 and was announced. We gave 24 hours' notice of our visit on 16 December 2015 because the location provides a domiciliary care service and we needed to be sure that a registered manager, or another senior person, would be available to speak with us. During January and February 2016 we visited people who used the service to gather their views. We also spoke with relatives of people who received care from the agency. We arranged to return to the agency office on 3 March 2016 to examine some additional records.

The inspection was carried out by two adult social care inspectors.

At the time of our inspection the agency supported 38 people with their personal care. During our inspection we visited 14 people in their homes to ask for their views of the service. We also spoke with five relatives of people who used the service.

We visited the agency offices and spoke with both of the registered managers. We looked at the care records for six people who used the service, training records for five staff and recruitment records for two staff. We also looked at records relating to investigations of allegations of abuse, complaints and how the provider checked the quality of the service. During our inspection we spoke with 14 staff employed by the service.

The registered managers of the service had completed a Provider Information Return (PIR). 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted the local authority commissioning and social work teams for their views of the agency.



Our findings

Everyone we spoke with said they felt safe with the care provided by this service. One person told us, "I feel safe" and another person said, "I feel safe now I have the carers [care staff] coming in". All of the relatives we spoke with said they were confident people were safe receiving care from the agency. One relative said, "They have been a Godsend, I'm totally confident that Mum is safe with the staff". People we visited, and the relatives we spoke with, told us that the care staff maintained the security of their homes and property.

Some of the people we visited could not express their views about the service. We saw that people were relaxed and comfortable around the staff who were supporting them.

We looked at people's care records and at the records that care staff had completed at visits to people's homes. We saw that most risks to people had been identified and appropriate action taken to manage and reduce the risk. However, we saw that in the domiciliary care service some risk assessments had not been reviewed in line with the provider's policy and one staff member had not protected an individual from a risk associated with managing their medicines.

One person had been identified as at risk if they did not take their medicines while the care staff were with them. We saw that their care records stated that care staff needed to observe them taking their medicine. The care records also stated that if the person did not take their medicines while the staff were in their home this should be reported to the agency office. The records care staff had completed showed that on one occasion a staff member had not followed this procedure and had left medicines with the individual for them to take later.

People who required support with taking their medicines told us that the staff who visited them knew the support they needed. They told us that they received their medicines as their doctor had prescribed.

Some people who used the service required the care staff to use equipment to assist them. We saw that the risks around the use of the equipment had been assessed. The risk assessments stated a timescale for them to be reviewed to check they were still appropriate. We saw two risk assessments had not been reviewed within the timescales stated.

We shared the concerns we found with the registered managers of the service. They took immediate action to address the issues. They arranged for the risk assessments around the use of equipment to be reviewed and carried out additional supervision with the staff member who had not followed the risk assessment

around the use of medicines.

All the staff we spoke with told us that they were confident people were safe using the service. They told us that they had been trained in how to identify and report abuse. They understood how the behaviour of people who could not express their views may indicate if they were anxious or felt at risk. All of the staff said they would immediately report any concern about a person they were supporting.

Providers of health and social care services are required to notify the CQC of allegations of abuse. We had been notified of two allegations of abuse of people who used the service. We looked at how these had been investigated and saw that appropriate action had been taken to ensure that people who used the service were protected.

Everyone we asked said they were supported by a small team of staff who they knew and who knew the care they required. There were enough staff employed by the service to meet people's needs.

We looked at the recruitment records for two staff members. We saw that all the checks required by law had been completed before they were employed to work at the service. These included checking they had no criminal convictions that would make them unsuitable to work in people's homes and obtaining references to check their good character.

Our findings

People who could speak with us told us that the staff who supported them had the knowledge and skills to provide the care they required. One person told us, "All of the staff who come here are marvellous". Another person said, "I find the girls [care staff] very competent indeed".

All of the relatives we spoke with told us that they were confident that the staff employed by the agency were competent and well trained. One relative told us, "The staff are very good". They said the staff were very knowledgeable about how to support their relative.

All of the staff we spoke with told us they had to complete a range of training before they worked in people's homes. They said they had completed training to meet people's specific needs. This was confirmed by the training records we looked at. We saw that the care staff had completed training appropriate to the needs of the people they supported. Staff working in the domiciliary care service had received training in supporting older people, safe management of medicines and caring for people living with dementia. The staff working in the supported living service had also completed training in how to support people who have a learning disability, supporting people to manage their behaviour and supporting people who have epilepsy. The staff employed by the service had completed training to meet people's needs.

Some people who used the service required support to make or to eat their meals. During our visits to people's homes we saw that staff provided assistance with eating in a patient and considerate way. People who needed support to eat were given time and assistance to enjoy their meals. We saw that the staff chatted with people, making the meal time a sociable occasion.

People who required support to make their meals told us that the care staff knew the assistance they required. One person said, "I choose what I want, I get the food out ready and the girls [care staff] make it, just how I like it".

The registered managers and staff employed by the agency understood their responsibilities under the Mental Capacity Act 2005, (MCA). The 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 checked whether the service was working

within the principles of the MCA.

Everyone we spoke with told us that they were included in planning and agreeing to the care they received. People told us that the care staff asked what support they wanted and respected their choices about their care. During our visits we observed the staff giving people choices and respecting their decisions. We saw that support was only provided with the individual's consent and people could refuse any aspect of their care.

All of the care staff we spoke with showed they understood people's right to maintain control over their lives and to make decisions about their support. One staff member said, "We're here to support people, but we can only do what they want, you can't force people".

People told us that if they needed support to make health care appointments the care staff who visited them provided this as they required.



Our findings

Everyone we spoke with told us this was a good service and said the staff who supported them were kind and caring. One person said, "You couldn't ask for kinder staff, they are a joy when they visit". Another person told us, "All of the staff are, without exception, very caring. They are brilliant".

During our visits to people's homes we saw that they enjoyed laughing and joking with the care staff working with them. We saw kind and supportive interactions and people were treated with respect.

Everyone we spoke with told us that the staff helped them to maintain their independence. One person told us, "I do as much as I can for myself and the girls [care staff] respect that". Another person said, "I am independent and the staff only do as I ask them".

People told us that the care staff knew them well and knew the things that were important to them in their lives. People told us that they valued the support provided by the service. One person told us, "I didn't know it [receiving care at home] could be like this, it has really taken a worry off my mind". A relative also told us, "This is a good service, we're totally happy with all of the staff. They have taken a worry off us".

The staff we spoke with showed they understood it was important to support people to remain as independent as possible. One staff member told us, "We try to encourage people to do as much as they can for themselves".

The care records we looked at included guidance for staff on asking people about the assistance they wanted and supporting people to maintain control of their own care.

During our visits to people's homes we saw that people who could not tell us their views were comfortable and relaxed with the staff supporting them. We saw the staff were patient, kind and gentle when supporting people and gave them information and guidance in a way they could understand. The care staff knew how individuals communicated their wishes and gave people the time they needed to make choices about their support.

People told us that the care staff provided their support in a respectful manner. They told us that the staff tried to make them feel comfortable receiving personal care. One person told us, "I wasn't comfortable with having to have some care, but the staff put you at ease, it's all about how they treat you".

The registered managers and staff team were knowledgeable about appropriate advocacy services that could be contacted to support people if they required. An advocate is a person who is independent of the service who can support people to express their wishes or to make decisions about their lives.



Our findings

People we spoke with told us that they had been included in agreeing to the care they received from this agency. They said that they were asked what support they required and this was used to develop a care plan to guide staff on how to provide their care. Everyone we spoke with told us that the staff knew the support they required and how they wanted this to be provided.

We looked at six care plans. We saw that these were detailed and gave the care staff information about how to support individuals. The care plans were written in a respectful and positive way. They included information about the tasks people could carry out independently as well as the care they required. We saw that the care plans gave staff advice about allowing the individual to make decisions about their care to support their independence.

The care staff we spoke with told us that the care plans gave them the information they needed to provide people's support. From speaking with care staff we found that they were knowledgeable about the people they supported and the care they required.

All of the care plans we looked at had been reviewed as the support people required changed. This meant the staff had accurate and up to date information about how to care for people.

All of the care staff told us that, if they identified a person's needs were changing, they would speak to a member of the service management team and the person's care plan would be reviewed promptly. People who used the service told us that they could request a review of their care and care plan at any time. One person told us that they had requested a review of their relative's care and this had been completed promptly. They told us, "[The registered manager] is really helpful, we requested a care review and it was arranged and done immediately".

Some people who used the service received support from the agency to follow activities. They told us that the staff who supported them knew the activities they enjoyed and helped them to attend as they chose. One person told us, "I like going out with [care worker]".

The registered provider had a procedure for receiving and managing complaints about the service. Everyone we spoke with told us that they knew how they could report a concern about the care provided by the agency. None of the people we spoke with had raised a complaint. One relative told us, "I've never had to complain, if we have any concerns, however small, we just speak to [the registered manager] and it's sorted".

straight away".

Information about how people could make a complaint, make a suggestion about how the service could be improved and about how people could pass on a compliment about the service was available on the provider's web site. This included information about how people could report concerns directly to the registered provider if they did not wish to speak to the care staff or to one of the registered managers of the agency. We saw that the information was in easy read format, to make it accessible to people who used the service.

Some of the people who received support from the agency were not able to express their views. The care staff we spoke with said they would be confident to make a complaint on their behalf if they identified a concern with the care provided.

Our findings

Everyone we spoke with told us that the service was well managed and said they would recommend it to other people.

There were two registered managers employed at the service. People told us that they knew the registered managers and how they could contact them if they wished.

Some people told us that one of the registered managers visited their homes to provide their personal care. They said that they liked the registered manager coming to their homes as it meant they could easily speak to her if they needed to. One person told us, "[The registered manager] is fabulous, she comes and provides my care so it's not as though she is some distant person sat in an office, I feel I really know her". They told us that they would be fully confident raising any concerns with the registered manager because they felt they knew her well.

People who could speak with us told us that they were asked for their views of the service provided by the agency. One person told us, [The registered manager], comes round or calls us and asks if we're happy with everything". A relative of a person who received care told us, "They, [the service] are very good at keeping in touch, nothing goes on without us knowing. When they ring they always ask if we're happy with everything".

The staff told us that this was a good organisation to work for. They told us that they felt well supported by the management team in the service. They told us that they knew how to contact the registered managers and said there was always a senior person in the organisation available if they needed advice. One staff member told us, "I love my job, it can be challenging at times, but you feel you're doing something really worthwhile".

The registered provider had systems in place for staff to report any concerns about the conduct of other staff members. Details of how the staff could raise concerns were available on the provider's web site. There was a telephone helpline that staff could call to report concerns. One member of staff had reported a concern to the registered provider. We saw records of how the concern had been investigated and the action taken by the provider and one of the registered managers. These showed that the concerns had been investigated thoroughly and appropriate action taken.

Providers of health and social care services have to inform the CQC, about important events which happen in their services such as allegations of abuse or serious injuries to people who use the service. The registered

managers of the service were aware of their responsibilities. They had informed CQC of significant events in the agency as required. They ensured that information was provided promptly and that concerns were shared with other appropriate bodies such as the local authority. This meant important information was shared with appropriate authorities who could check that action had been taken to protect people who used the service.

We discussed the issues we found at the inspection with the registered managers. They were responsive to our feedback and took appropriate action to address the areas of the service that required improvement.