

Creative Support Limited

Creative Support - Wolverhampton Service

Inspection report

The Boot Factory
22 Cleveland Road
Wolverhampton
West Midlands
WV2 1BH

Tel: 01902458797

Website: www.creativesupport.co.uk

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21 May 2019

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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?

Good ●

Summary of findings

Overall summary

About the service: Creative Support – Wolverhampton Service provides community support and personal care to adults with learning disabilities and mental health issues. At the time of our inspection there were 27 people receiving personal care.

People's experience of using this service:

People were supported to remain safe by staff who were knowledgeable about the different types of abuse and how to report concerns. People had risk assessments in place which explored current and historical risks and enabled staff to reduce the potential risk of harm to people.

People were supported to receive their medicines safely. People were supported to maintain a balanced diet and had access to health professionals when they needed them. People were involved in decisions regarding their care and their independence was encouraged by staff, this allowed people to have greater control over their lives.

People were supported by staff who knew them well and understood their preferences. This enabled people to develop strong relationships with the people who supported them. People were involved in planning and reviewing their care along with those who were important to them. This ensured care was person centred and needs led.

People were supported by safely recruited staff. Staff had training which enabled them to support people effectively. People felt able to speak to staff and management and knew how to complain. The service acted on feedback to continuously improve the care they provided.

Accidents and incidents were monitored by the management team and actions were taken to reduce any future risks to people. This enabled the provider to learn lessons where things went wrong.

Rating at last inspection: Creative Support- Wolverhampton Service was rated as 'Good' at their last inspection (Published 22 November 2016).

Why we inspected: This was a planned inspection to confirm that this service remained 'Good'.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well led

Details are in our Well Led findings below.

Creative Support - Wolverhampton 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Creative Support is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission who was on leave during the inspection. The service had an acting manager in post. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to ensure the management team would be available to give us all the information we required.

Inspection site visit activity started and ended on 21 May 2019. We visited the office location on 21 May 2019 to see the manager, staff and people who used the service; and to review care records and policies and procedures.

What we did:

Before the inspection we checked the information we held about the service and the provider. This included

notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about.

During the inspection we spoke with four people who used the service, two support workers, two senior support workers, one service manager, one acting project manager and the service director. We observed how staff interacted with people who used the service.

Following the inspection we spoke with three people's relatives and two professionals who support people using the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for four people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out by the provider and medicine records.

Following the inspection the management team sent us information about improvements they had made to the 'as required' medications protocols. We have included this information in our report.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "[Staff] make me feel safe."
- There was a safeguarding policy in place and staff received safeguarding training. Staff were knowledgeable about the types of abuse and how to report concerns.
- People felt able to raise concerns with staff. One person told us, "If I was worried I could speak to staff about it. I think they would do something about my worries." The safeguarding policy was available in an easy read format and some people had signed to say they had read and understood this.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which had been completed with people, their families and professionals. Risk assessments highlighted areas of current and historical risk, potential triggers and included guidance for staff to manage and reduce the level of risk.
- Risk assessments were recovery focused and promoted the least restrictive options for people's support.
- Where people had behaviours which challenged, staff worked with other professionals to identify potential stressors and minimise future risk of reoccurrence of behaviours.

Staffing and recruitment

- Staff were recruited safely. Systems were in place to ensure suitable staff were employed and the relevant checks were completed. Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.
- There were enough staff to meet people's needs. One person told us, "[Staff] give me enough time."

Using medicines safely

- Medicines were managed safely by trained staff. There was a medicines policy in place and people were supported to manage their own medicines where they were able to do so.
- During the inspection we identified that people did not have 'as required' medication protocols in place. These inform staff when and why people can have these medicines. Following the inspection the management team liaised with people's GPs and put these in place to ensure people's medicines could continue to be managed safely.
- Records relating to medicines were accurate and up to date and people's medicines were reviewed by professionals where required.
- We saw where medicines errors had been made, the management team had taken the appropriate action and supported the staff involved to have further training to improve their knowledge and skills.

Preventing and controlling infection

- Staff had access to disposable gloves and aprons. Staff were knowledgeable about protecting people from the risk of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incident reports were detailed and staff had clear guidance on reporting accidents and incidents. All incidents were reviewed by the management team and actions were identified to reduce future risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to and during them receiving a service. This ensured people's needs could be effectively met.
- People, those important to them and professionals were involved in the assessment and planning of people's care. One person told us, "I have a support plan that's in the office and I can look at it when I like."
- Care plans reflected people's needs and preferences and included clear guidance for staff. For example, one person's care plan discussed how staff can support them to maintain relationships with those important to them.

Staff support: induction, training, skills and experience

- New staff received an induction and the opportunity to shadow more experienced staff to allow them to get to know the people they supported better.
- Staff completed mandatory training such as health and safety. One staff member told us, "If you want more training they will try to accommodate this."
- Training enabled staff to do their jobs more effectively. Staff told us, "The training is really good."
- Staff had regular supervisions where they could discuss their progress and any concerns. The management team completed appraisals to monitor staff's competency and offer further support where required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. One person told us, "I tend to eat whatever is in the flat. I go shopping with staff daily and pick my food. Staff help me pick healthy food."
- People told us they were supported by staff to cook meals in their own homes and staff knew their preferences in relation to food well.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other services to support people's transitions in care.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of healthcare services including dietitians, epilepsy nurses and psychiatrists. People had comprehensive health care plans in place which discussed their individual needs.

Ensuring consent to care and treatment in line with law and guidance

- Records showed people had consented to their care and staff sought consent prior to delivering care.

- 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, we found they were.

- Staff had training on the MCA and had a good understanding of capacity.

- We saw people's capacity had been explored and incorporated into their care and support plans. One staff member told us, "Everyone has the right to make a decisions- even if this isn't the right decision in our opinion."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. One professional told us, "The interactions between staff and [person using the service] were lovely. [The person] gets on really well with staff."
- People were consistently positive about the staff who cared for them. One person told us, "I like the friendly staff."
- Relatives we spoke with told us staff were caring. One relative told us, "[Staff] know [the person's] challenges and often go above and beyond to support them."
- Staff had received equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in making decisions about their care. The provider had worked with people to document how and when was best to support them to be involved in decisions about their care.
- Communication within the service was good. One professional told us, "[The provider's] communication is really good. They are always updating me and offer feedback promptly."
- The manager told us their door was always open for people to speak to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff promoted people's independence. People were encouraged to do as much for themselves as they were able to maximise their living skills.
- People told us staff ensured their privacy. One person told us, "Staff ring the door bell and I buzz them in on the intercom. They wouldn't come in without ringing the bell."
- People had built trusting relationships with staff and their families. Staff knew people's preferences and offered people choices around how they were cared for.
- People's right to confidentiality was respected. One staff member told us, "I wouldn't share people's information with people that weren't involved in their care. I understand there are times you have to break confidentiality where there is a risk to people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs and preferences were included in personalised care plans and were reviewed by the management team. Assessments were person centred and staff knew people well.
- People's care plans focused on their strengths and abilities. People were supported to maintain their hobbies and interests. For example, people were supported to attend local sporting matches.
- People were supported to maintain relationships with those important to them. Staff told us, "We give [people using the service] information around staying safe in relationships. We will work with [people] to keep [them] happy and safe."
- The provider met the Accessible Information Standard. This is guidance which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their care and support. Feedback was sought through satisfaction surveys which were written in an easy read format to support people to share their views.
- Information about how to complain was available in a format people understood. We saw staff spent time with people to check their understanding.
- Complaints were responded to in line with the provider's policy and procedure. We saw investigations were completed in full and involved people and their families.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The provider had an end of life policy in place and the management team were aware of the importance of people being involved in planning their end of life care.

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the service was well led. One staff member told us, "Management are very supportive. [The management team] have just been amazing."
- The management team promoted a positive culture across the service which was reflected by staff. Staff felt valued and their voices were heard. One staff member told us, "Whenever incidents happen there is always someone there to answer my queries. We work in the evenings and weekends and there is an on call system in place. I do feel well supported."
- The management team were experienced staff who were genuinely passionate about the people they supported and the quality of the care they provided.
- The management team were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The current registered manager was in the process of deregistering with CQC therefore was not present during the inspection. There was an experienced acting manager in post who was in the process of registering with CQC.
- The management team and staff were clear about their roles and responsibilities and met all legal requirements.
- The management team regularly reviewed the quality of the service. We saw quality checks were completed on care files and actions taken when inconsistencies were identified.

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

- The management team actively encouraged feedback from people, their families and professionals by completing surveys and making phone calls to people.

Continuous learning and improving care

- Quality assurance tools were robust and identified potential areas of improvement. The service director had implemented a system of quality assurance tools to ensure that governance was completed at every level.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.