

Creative Support Limited

# Creative Support - Telford & Shropshire Services

## Inspection report

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11 June 2019

12 June 2019

17 June 2019

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## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Creative Support - Telford and Shropshire services provides personal care to people with a learning disability within supported living environments and in the community. At the time of the inspection the service was supporting 21 people.

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.

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

People were not always safe or protected from the risks of abuse as the provider did not always follow their own safeguarding procedures, or recognised guidelines, when a concern was raised with them.

The provider did not always make notifications to the CQC of events that had occurred which, they are required to do by Law.

The provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the risk of harm to people.

When it was needed people received support with their medicines by trained and competent staff members.

Staff members were aware of the necessary action they should take in the event of an emergency.

Staff members followed effective infection prevention and control procedures when supporting people in their own homes. Staff members had appropriate personal protection equipment supplied by the provider.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

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.

People were supported to refer themselves for additional healthcare services when required. When appropriate people were supported to maintain a healthy diet by a staff team which knew their individual preferences.

People received help and support from a kind and compassionate staff team with whom they had

developed positive relationships.

People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were supported to develop their independence whilst living in their own home.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The provider, and management team, had good links with the local communities within which people lived.

#### Enforcement

We have identified breaches in relation to keeping people safe from the risks of abuse and failure to make notifications to the CQC.

Please see the action we have told the provider to take at the end of this report.

#### Rating at last inspection

The last rating for this service was 'Good' (published 17 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Creative Support - Telford & Shropshire Services

## **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 Care Act 2014.

#### Inspection team

One inspector, one assistant inspector and an Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. In addition, the service provides care and support to people living in '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 domiciliary care or supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

This inspection was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care/supported living service and we needed to be sure that someone would be in.

Inspection activity started on 12 June 2019 and ended on 17 June 2019. We visited the office location on 13 and 17 June 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the director, registered manager, support worker, support co-ordinator, acting support coordinator, team manager and a recruitment performance officer.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question had deteriorated 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.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always follow its own safeguarding policies or procedures for responding to concerns of potential abuse. For example, we saw a serious allegation had been made in relation to staff members. The provider failed to make the necessary referral to the local authority or undertake any assurances to ensure people receiving a regulated activity were not at risk.
- Staff members had received training on how to recognise and respond to allegations of abuse or neglect. However, when concerns were raised they failed to pass on information or follow the providers procedures to ensure people were safe and protected from abuse.

This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13: Safeguarding service users from abuse and improper treatment

- After we highlighted this with the provider they made the necessary referral to the local authority. In addition, they commenced an internal investigation into the concerns which had been previously raised with them.
- Despite our findings people told us they felt safe and knew how to raise any concerns. People and their relatives had information on how to raise concerns.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with where they lived. One person told us they received support to make repairs to their property to minimise the risk of injury. We saw assessments of risks associated with people's properties including fire safety and risks associated with mobility and the use of personal equipment.
- Staff members knew the risks associated with people's care and support and knew how to keep them safe. One staff member told us about supporting people in their local community which, included mobility and minimising the risks of trips or falls. One person said, "I have difficulty walking and they (staff) support me to walk and get along safely so I don't fall over."
- The provider had systems in place to monitor any incidents, accidents or near misses. They analysed any incidents to see if there was any further action needed. For example, additional referrals to other health care professionals for further medical assessments.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them, arrived when expected and stayed for the agreed amount of time.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

#### Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us they were supported with their medicines at the right time and in a way, they liked. One relative said, "Staff go in morning and night and make sure [relative's name] has their tablets."
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members we spoke with were aware of these guidelines.

#### Preventing and controlling infection

- Staff members told us they had received training in infection, prevention and control and knew how to minimise the risks of infectious illnesses.
- Staff members had access to personal protection equipment, such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.



# 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant 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 and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One person told us they knew what was contained in their care and support plan and they, along with staff members, wrote it together.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious and cultural diets and preferences.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions.
- New staff members completed a structured introduction to their role. This included completion of induction training. For example, effective communication skills, infection prevention and control.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

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

- Not everyone we spoke with received assistance with their eating and drinking. However, when they did they were supported by staff who knew their preferences and supported them to maintain a healthy diet. One person told us they chose what they wanted to eat and drink. They went on to say they were supported by staff members with their shopping and were advised about what foods were healthy.

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

- Staff members had effective, and efficient, communication systems in place to share appropriate information with those involved in the support of people receiving services from Creative Support.

Adapting service, design, decoration to meet people's needs

- When people were supported in their own homes, by Creative Support, they remained responsible for maintaining their own home environment. As part of the providers assessment process they made recommendations for adaptations which would assist people to remain safely in their own home.

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

- People had access to healthcare provisions within their own communities and self-referred for services when they needed it. However, when people needed assistance making any such referrals staff members supported them. When people required assistance at appointments we saw this was provided in a way people found supportive and empowering.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

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 make 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. 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.

# 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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant 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 told us they were treated with care by a helpful, kind and respectful staff team. One person said, "I am happy with the carers, they are all very nice to me." Another person told us, "They (staff) are all very good, they help me when I need it."
- All those we spoke with were complementary about the staff supporting them and the management team.
- All staff members, we spoke with, talked about those they supported with fondness and compassion.
- One person told us staff members supported them when they felt upset and anxious. They went on to say, "(Staff) are very good at listening to you. They help you to change how you are feeling and give good advice."

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

- People told us they were supported to make decisions about their care and support. One person told us they choose what they wanted support with on a day to day basis. They said, "Sometimes I don't know what I want when wake up and this changes day to day. (Staff) are always happy to do what I want."
- We saw people were involved in the development of their support plans. This ensured the support they received met their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw staff members had worked with one person to increase their independence to a point where they required minimal support. The registered manager told us they were now looking at supporting this person to move into more independent accommodation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- When it was appropriate relatives were kept informed about changes to people's health and needs.

However, one staff member told us this was only done with the agreement of the person they were supporting. They said, "If someone wants information about them passed to someone else we will follow their wishes."

- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, that they could easily comprehend.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record, investigate and to respond to any complaints raised with them.

End of life care and support

- Creative Support was not supporting anyone who had been identified at the end of their life at this inspection. Care staff members told us should this be the case, in the future, they would use their care and support planning to identify the person's preferences. They would also engage the services of other specialise healthcare professionals to ensure the persons need's and wishes were met.

# 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 the last inspection this key question was rated as 'Good'. At this inspection this key question had deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had not appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. At this inspection we saw the provider had failed to inform us about a serious injury involving someone they supported.

This was a breach of Regulation 18: Notification of other incidents (Registration) Regulations 2009: Regulation 18.

- Before we concluded our inspection site visit on the 17 June 2019, we confirmed the provider had now made this notification as required by law.
- We saw the last rated inspection was displayed in accordance with the law at the offices of Creative Support and also on their website.

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

- We saw the management team and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.
- The management team, including the registered manager and the director, were open and displayed a transparent approach when things went wrong. For example, when we raised with them the failure to follow up a safeguarding concern raised with staff they commenced a fact-finding exercise. This was to establish what went wrong and to minimise the risk of it happening again.

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

- People and relatives told us they had a positive relationship with the management team who they found to be available and engaging. Everyone we spoke with was complementary about the management team and felt supported by them.
- Staff members we spoke with told us they found the management team supportive and approachable.

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

- People were involved in decisions about their care and support and were asked for their opinion. One person told us they felt fully involved in decisions about their care, the way they lived and they were kept informed about changes to Creative Support. They told us they knew there were social events, arranged by the provider, and were encouraged to attend. They went on to say this helped them to build relationships with friends and with the managers. We saw people popping into the office throughout this inspection and chatting with the office staff and management team.
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service that they provided. These included regular 'spot checks' where people lived to ensure they were supported by staff members as agreed.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance registered managers meetings and completion of training they expected their support staff to complete. They also received regular updates from professional organisations involved in adult social care.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and District Nurse teams.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to inform us of a serious injury involving someone they supported.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider did not always act when safeguarding concerns were raised with them.