

Creative Support Limited

Creative Support Stoke on Trent (Learning Disabilities)

Inspection report

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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

We inspected this service on 19 September 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration at this office on the 15 July 2014. This service supports adults with a learning disability to live in the community. There were 39 people in receipt of personal care support within 11 supported living homes at the time of this inspection visit.

The service had a registered manager in post. A 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.

People were protected from the risk of harm because identified risks were managed safely, the recruitment practices were thorough, the staff understood what constituted abuse or poor practice and people were supported to take their medicines as needed. Staff received training to support the people they worked with and supervision, to support and develop their skills. Staff felt listened to and were happy to raise concerns.

People were supported by a consistent staff team that knew them well and promoted their independence. Staff understood people's preferred communication method and the support they needed to make their own decisions. When people were unable to consent they were supported in their best interest.

People's needs were assessed and support plans were developed with people to enable them to be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to use healthcare services. The delivery of care was tailored to meet people's individual needs and preferences. People were enabled to develop and maintain hobbies and interests within the local community to promote equality and integration.

People knew how to complain and information was provided to them in an accessible format to support their understanding. When complaints were made we saw they were addressed promptly. There were processes in place for people to express their views and opinions about the service provided and to raise any concerns they had. The provider had systems in place to monitor the quality of the service to enable them to drive improvements.

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 was safe.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective.

Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences and supported them in their preferred way and promoted their independence. People were supported to maintain their privacy and dignity and to maintain relationships with people that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and drive improvements.

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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.

This inspection visit took place on 19 September 2016 and was announced. The provider was given five days' notice because the location provides a supported living service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak on the telephone to people as part of this inspection and to visit other people in their homes. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority that provided us with current monitoring information. The provider 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. We used all of this to formulate our inspection plan.

We spoke with 10 people who used the service, three people's relatives and four members of care staff. We also spoke with the registered manager and care coordinator who were based at the office. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

We saw that people were comfortable with the staff that supported them. One person told us, "I like all the staff, they are all great. I don't need much support but they are always happy to help me when I do." People told us they felt safe with the staff that supported them. One person said, "The staff are nice, I have never felt unsafe with them."

Relatives we spoke with confirmed that staff supported their relations to maintain their safety. One relative said, "I have no complaints whatsoever. There is twenty four supervision. Another person told us they felt their relative was, "Very safe."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "There is information in the office about reporting any concerns and it includes the local authority safeguarding number, although I have never needed to call them, as the manager is very good and would do this." Staff we spoke with confirmed they had received training to support their knowledge and understanding on how to keep people safe and recognise abuse. One member of staff told us, "Safeguarding is included in the induction and then refreshed as part of our mandatory training." Another member of staff said, "The people I work with would not be able to say if anything had happened to them, so we monitor their behaviour for subtle signs that something was wrong and report any concerns."

Risk assessments were in place regarding people's assessed needs. We saw that actions were in place to minimise risk, whilst supporting people to maintain as much choice and independence as possible. For example one person was able to go out independently and checks were in place to monitor their well-being whilst out alone. This person told us, "When I get to town, I ring the staff on my mobile to let them know I have arrived safely and I can ring them at any time. If I am going to be late coming back I let them know as well." The staff that supported this person confirmed this was the arrangement and we saw this information was reflected in the person's support plan.

Where people required the use of specialist equipment to support them, we saw assessments were in place regarding the use of this equipment and checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person's individual needs. One member of staff said, "We do the fire evacuation procedure with the tenants, we did it recently and everyone was very good and knew what they had to do." This showed us the provider had proactive measures in place to minimise risks to people's safety.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. There were 11 supported living homes and all were staffed on a 24 hour basis, some with waking night staff and others with a staff member sleeping in overnight. This was dependent on the needs of the people living in each house. None of the people or relatives we spoke with raised any concerns regarding the staffing levels in place and everyone confirmed they were supported to access community facilities with support. One person told us, "I do all sports, walks and I am very active." A relative told us, "I can't speak highly enough of the staff. They keep my relative active and find things for them to do."

There was consistency in the support provided to people. People and their relatives confirmed that their support was provided by a regular staff team. One person told us, "The staff that support me are all lovely." Another person said, "I know all the staff that work here and they know me, so there are no problems." A relative said, "I have confidence with all the staff and the manager is great." Staff told us that they supported people on a regular basis. One member of staff told us, "I am based in this house, so I know everyone really well and the support they need." Another member of staff confirmed this and said, "Sometimes we cover in other houses, if there is staff sickness or leave but I am based here, so there is consistency in support. Some of the people that live here really need that. They wouldn't be comfortable with people they don't know well."

The provider checked staff's suitability to work with people before they started commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. Some people that used the service were involved in the interview process. One person told us, "I have had training so that I can interview people, it was really good." A member of staff told us about another person that had taken part in staff interviews and said, "It was really good, they had put together their own set of questions to ask people."

We looked at how staff supported people to take their medicines. Some people that we spoke with confirmed that they had support from staff to take their medicines and confirmed their medicines were given in their preferred way. We saw that assessments were completed to determine if people needed prompting to take their medicine so that staff could support the person according to their level of need. For those people who required support, a medicines administration record was kept in the person's home and we saw that staff signed when people had taken their medicine. This provided a clear audit trail for staff to follow. One person told us, "I only take headache tablets if I have a headache." We saw that there was a protocol in place to administer medicines that were taken 'as required' and not every day. This provided staff with clear guidance on when 'as required' medicines should be given.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "All of the staff really look after me well." Another person said, "I can do a lot for myself but the staff help me with some things, they know what I need help with."

Staff told us they received the training they needed to support people. One member of staff told us, "The training we get is very good. There is a mix of classroom based training, for things like moving and handling and e learning, there is always some training on." Another member of staff told us, "The training is interesting and I have learnt a lot and we have very good support from the manager and discuss training in supervision and book on to any training that would benefit us and the people we support." Discussions with staff confirmed that a thorough induction was in place. One member of staff told us, "I had an induction workbook which I worked through and supervision regularly; including observing my practice." We saw that new staff completed the care certificate during their induction. The care certificate sets out common induction standards for social care staff to enable new staff to provide people with safe, effective, compassionate and high quality care. Staff confirmed and we saw that they were provided with ongoing monitoring and support by their line managers. One person said, "I feel very well supported, we have six weekly supervision and our manager is here working with us, so we can talk to them about any issues."

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 people 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. People told us and we saw that they were involved in discussions about care. One person said, "I decide what to do and if we can we do it." Another person said, "I make my sandwiches. I do my bills we go to building society. I go to machine and put in the number and code with my carer. We do shopping to." The manager confirmed that some people needed support to make some decisions. We saw that mental capacity assessments were in place when it had been identified that a person was unable to make specific decisions regarding their care. The information in people's assessments and support plans reflected their capacity when they needed support to make decisions. We saw that when people were unable to make decisions, they were made in their best interests with the involvement of people that knew them well.

People were supported to maintain their nutritional health and to follow a healthy balanced diet. Where required people were supported with specific diets for that met their needs with guidance from health care professionals. For example one person required a fork mashable diet due to their risk of choking. Discussions with staff regarding this person's dietary needs reflected the guidance and information seen in their support plan.

One person had returned from food shopping with a member of staff at the time we visited them. They told us they had planned and shopped for their own meals with staff support. We saw that this person was supported by the staff in putting away their food shopping. The person decided with the staff which food could be frozen or refrigerated. They told us, "Some things have got a long use by date and they can go in the fridge but I like to check with the staff first, just to make sure." Some people were unable to prepare or cook their own meals. One relative told us, "The staff prepare and cook all of my relative's food but they encourage them to make their own choices."

We saw that people accessed health services and all appointments were recorded. One person told us, "I wasn't very well recently and they got the doctor for me. I'm better now." Another person told us, "I have all my check ups and if I am ill the staff will ring and make me an appointment and come with me." Relative's confirmed that they were kept informed of any appointments or health issues. One relative told us, "The staff phone if there is any problem with [Name's] health. They are very good."

We saw that people had a health action plan which provided support staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services.

Is the service caring?

Our findings

We visited some people in their own home who were supported by staff on a 24 hour basis. They appeared comfortable with the staff that supported them. The staff we spoke with demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. One person told us, "I get on with all the staff, they are all nice." We saw that some people required minimal staff support and were able to go out independently. One person told us, "I go out on my own to some places and sometimes with staff, so I am happy with the support I get, it's just right for me." Other people required a higher level of support but were encouraged to maintain as much independence as possible. For example one person had limited understanding and ability to manage their money independently so when purchasing goods went out with staff support.. However the person was able to go out independently for other activities that didn't involve managing large amounts of money. This showed us that people were supported on an individual basis and encouraged to be as independent as possible.

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their method of communication, their cultural and religious beliefs and goals they had set for themselves to achieve. One person's relative told us, "My relative used to be very volatile in their behaviour but the staff get them involved and encourage them to make decisions, it has really helped them a lot."

People confirmed that staff supported them to maintain their dignity and were respectful to them. One person said. "All the staff knock before they come in my bedroom, they never just walk in." We saw that staff supported people to maintain their appearance, by supporting them as needed to choose clothing and accessories that met their preferences and personal style. For example, we saw one member of staff supporting a person to style their hair before going out. This demonstrated that people were treated with consideration and respect.

People told us that they were supported to maintain relationships with significant people who were important to them, such as family members and partners. One person told us, "My boyfriend visits me and I visit him and we go out together as well, it's a good arrangement." Another person told us that they visited their family every other weekend. We saw that information was provided within person centred plans (PCP) about people that were important in the person's life and their involvement. One relative told us, "The staff always keep me informed and listen if I have any points." This showed us that people were supported by people that were important to them and their views were taken into account by the staff team.

Is the service responsive?

Our findings

People and their relatives confirmed that the support they received from staff met their individual needs. One person told us, "I do all sports, walks and I am very active. I went to Lake Windermere for a holiday." Another person said, "I go to the cinema I like comedies, bowling and going out for meals. I also go to the club."

We saw that people's daily routines varied and they were supported to participate in interests and hobbies outside of their home and relax at home in their preferred way. All of the people we visited were asked if they were happy to speak with us. Some people chose not to and this was respected by the staff supporting them. This demonstrated that the staff empowered people to have a voice and to lead a life that was based on their choices.

One person who had recently started to use the service was complimented by staff on their achievements. One member of staff said, "I think before they lived here they didn't have a lot of opportunity to go out or learn new skills and now they are doing so much, they are really coming out of their shell, it's lovely to see, they now have a lot of independence." This person told us that they were happy in their new home but were unable to stay and chat as they were on their way out. Another person talked about the goals they had set themselves and how they had achieved these with staff support. This included a voluntary job at a local charity shop, a holiday in the lake district and walking days. The staff had also supported this person in organising other events that they wanted to take part in. One member of staff told us, "One of their goals is to go on a narrow boat so we are going to arrange this and dog walking which we have applied for with a national charity." We saw that people were supported to get involved in community events and charities. One person has been supported to raise money for a local charity.

People were supported to develop their educational skills. One person had just completed a college course and the staff were looking into another course available through an organisation that promoted people's daily living skills. The staff member told us, "It is something they would like to do so their social worker is looking into this for them."

Staff had the relevant information required to support people appropriately. We saw that people retained copies of their key support documents in their own homes and these were available to the staff who worked with them. This ensured staff had access to current information to ensure that people were supported properly and safely. The care records we looked at had been signed by people where they were able to demonstrate their agreement. People that were able confirmed they were involved in the development and review of their support plans. One person told us, "The staff sit down with me and go through everything." Relatives told us they were kept informed and involved in their family members care. One relative said, "Yes I discuss my relatives care plan and I am invited to all meetings and any health meetings." Another relative said, "There is always a willingness to involve us in the care plan."

Staff told us that any complaints or concerns made to them would be reported to the person in charge.

People told us they would tell the staff if they had any concerns. Relatives confirmed they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One relative said, "I would see the manager if I had any concerns." Another relative confirmed they would report any concerns but told us, "I have never had to they are all brilliant." This showed us that people's representatives felt able to express any concerns or areas for improvement.

A complaints procedure was in place and this was included in the information given to people when they started using the service in a pictorial format to support their understanding. We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

People and their representatives told us that they felt the service was managed well. Comments included, "I have no problems at all with anything." And, "They are excellent." And, "Nothing is too much trouble and they are always there."

People and their relatives told us they felt listened to by the management team. One person told us, "They listen to what I say all the time." Another person said, "I do get listened to." A relative told us, "They always keep me informed and listen if I have any points."

We saw that people were encouraged to express their views through a range of methods. These included tenants meetings, satisfaction questionnaires and person centred reviews. These were completed with people using the service and their views and experiences were taken into account in the way the service was provided and delivered in relation to their care. We saw from the minutes of tenants meetings that actions were taken on areas for improvement identified or suggestions made. For example household repairs, trips out, holidays and people's individual goals in their person centred support plans.

People told us about the staff that supported them. One person said, "All the staff that support me are lovely." Another person told us, "My key worker is [Name]." We saw that staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. One member of staff said, "I have regular key worker meetings with [Name] and we go through their PCP file together." Staff confirmed they were supported by the management team. One member of staff told us, "I love this job, I am supported very well and we are a good team." Another member of staff told us, "It's a great job; good support; good training and I really enjoy supporting the people I work with."

Regular audits were undertaken by the management team to check that people received good quality care. Monthly audits covered any incidents and accidents, health and safety and medicines management. We saw that key records such as people's support records and risk assessments, environmental checks of people's homes and health and safety checks were undertaken on a regular basis. The provider also monitored staff's professional development and support and regular consultations were undertaken with people that used the service. An internal quality team also supported the registered manager in driving improvement. We saw that any required actions had been addressed.

We saw that information kept at the office base ensured only authorised persons had access to records. All information relating to people that used the service and the staff team was kept securely. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.