

Creative Support Limited

Creative Support - Tameside Domiciliary Service

Inspection report

81-83 Market Street
Droylsden
Manchester
Lancashire
M43 6DD

Tel: 01613395242
Website: www.creativesupport.co.uk

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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–Tameside Domiciliary Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in specialist 'extra care' housing. At the time of our inspection there were 138 people using the service.

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 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.

Staff were aware of their responsibilities to safeguard people from abuse. Risks to people were identified and well managed. Safe systems of recruitment and medicines management were in place. Staff had received training and supervision about Covid-19, infection control and use of personal protective equipment (PPE).

Staff received the training and support they needed to carry out their roles effectively. People, and where appropriate those who were important to them, were involved in decisions about their care.

People were very positive about the staff who supported them. They had good relationships with the staff and said staff helped them feel less isolated. They said, "They [staff] are very special people and all are good and have warm hearts" and "For me, important people are my carers, my girls, they are thorough and detailed, and they do great job for me. They will do anything for me." Staff spoke very fondly of the people they supported and were positive about their work.

People received personalised care that took account of their needs, wishes and preferences. Support plans and risk assessments were person centred, and covered people's identified needs and preferences. Great importance was placed on what people could do for themselves and how staff could promote people's independence.

The registered manager understood their responsibilities and operated a variety of quality checks and audits to monitor quality in the service. Staff spoke very highly of the provider, registered manager and how the service was run and organised. They told us the new registered manager had made a positive difference and they felt supported.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 6 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support-Tameside Domiciliary Service on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Creative Support - Tameside Domiciliary 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. 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

The inspection was undertaken by two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider

or registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2021 and ended on 6 May 2021. We visited the office location on 5 May 2021.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. 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 four people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, service director and care workers.

We reviewed a range of records. This included care records, multiple medication records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider did not ensure risk assessments gave the correct guidance to ensure people were supported safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to individuals, and within their homes, were identified and well managed.
- Care records reflected people's needs and clearly explained to staff what needed to happen to keep people safe.
- There was a positive approach to risk management and a focus on maintaining and promoting people's independence and choice. Records identified what was important to and for the person.

Using medicines safely

At our last inspection the provider failed to have safe and effective systems in place for the management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered safely. Records we reviewed contained the required information and were completed clearly. People who were supported with medicines confirmed they received their medicines as prescribed.
- Medicines risk assessments were in place. Systems for checks and audits of medicines had recently been reviewed and improved.
- Staff had received training in the administration of medicines and had regular competency checks.

Staffing and recruitment

At our last inspection the provider did not have robust processes in place and make every effort to gather information to confirm applicant's suitability for positions at the organisation. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment. One gap in employment had been explored but there was no record of this in the personnel file. Electronic evidence was produced to support the check had been made.
- There were sufficient staff to meet people's needs. Staff told us visits were well organised and they had time to meet people's needs. They said, "The runs are very local so you're not driving round too much" and "My workload is manageable. Everyone just helps out if we get busy."
- There had been difficult times with staff absence during the Covid-19 pandemic, but rotas were stable and provided continuity. Some people said that during the pandemic they had sometimes had unfamiliar staff. But people told us they usually had the same staff. One said, "More or less I have people I know, and they also know me and this is adding to make me feel safe. They know everything about me, it works well for me."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- People told us they felt safe. One said, "I feel safe with carers, they do come twice a day and make sure everything is closed and safe, switched off, that I have eaten, and my washing is done. ... I go to bed with no worry and I have my alarm just in case."
- Staff were aware of their responsibilities regarding safeguarding. They were confident any concerns raised would be dealt with appropriately.

Preventing and controlling infection; Learning lessons when things go wrong

- Risks associated with Covid-19 had been well managed. Staff had received training and supervision about Covid-19, infection control and use personal protective equipment (PPE).
- The provider's infection prevention and control policy was detailed and up to date.
- Accidents and incidents were well managed. The registered manager monitored these and identified any lessons that could be learned to prevent future occurrences. There was evidence that a culture of learning was present.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection the provider did not work within the principles of the Mental Capacity Act 2005. People did not have their capacity assessed and consent was not always recorded. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

We checked whether the service was working within the principles of the MCA.

- Care records identified if people had capacity to make various care related decisions. People had signed to say they gave consent to the planned support.
- Records guided staff in how they could help people make and express their choices and decisions.

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

- People's needs were assessed by managers and their individual preferences identified before people started to use the service.
- People told us care visits were usually well organised and that staff were very rarely late or calls missed. They said, "They do come on time and I had no missed visits", "I have a mix of carers, sometimes the new ones are a bit lost and need my help what to do. But my regular staff are very good and nice people. They treat me very well and the help I receive is what I need. They never skip the time or rush or look in haste. They take the time and make sure the job is done properly." One person said, "Sometimes visits are late but

then I would call and enquire. The office people are very good at ringing me back and letting me know [what time staff will arrive], they don't mind me calling them."

- To help ensure continuity and reduce travel times for staff, visits were arranged so staff stayed in the same geographical area as much as possible.

Staff support: induction, training, skills and experience

- Staff completed an induction and a range of training the provider considered mandatory. They also worked alongside experienced staff before starting to work on their own. Staff were very positive about the training and supervisions. Staff said, "[Registered manager] is very keen on training. They have encouraged me to do extra courses" and "There's lots of it [training] and it's very informative."
- Staff received regular supervision and were very positive about the support they received. One said, "The team leaders and office are always there for you. You can ask them about things if you aren't sure."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People lived in their own homes and could eat what they wanted. Records detailed people's likes and dislikes and things staff could try to encourage them to eat well. One person told us, "They do ask what I would like to eat, and they will help with preparation"
- Staff had received training in nutrition, food hygiene and preparation.
- People told us that staff would help them contact health care professionals if needed and some gave us examples of how staff worked closely with district nurses. They told us, "I do believe carers have knowledge how to support my relative well. Now and then they will discover something and report, so [health professional] is called to check. This gives me confidence they are doing their job well. They will do referrals which is faster than when I call them" and "I did contact the office and told them that I would like to see [health care professional] and they promised to sort it out, they will help gather evidence and call them for me."

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 requires improvement. At this inspection this key question has now improved to good.

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

- Policies and care records reflected EDHR well. One person who used the service said, "Staff who support me come from various background and they vary in own character, but they are all kind and good to me. They respect me and I respect them, it's two-way street. They will do anything for me...I honestly cannot fault them."
- People told us the carers were kind and caring. They said, "I feel safe with my two carers who are coming around because they know me well and I know them well. We are not strangers to each other. ... I wouldn't know what I would do without my two trusted carers" and "I have the same carer and they are very good, the help they give me is what I need. Sometimes there is a new carer, it's not easy to accept a new face but it's not often and the office will let me know in advance. It's nice they do that." Another person said, "My carer is very nice, I have had them for a long time and I can say I will be devastated if they go...they are kind and thoughtful." A relative told us, "I do believe that carers who are supporting my relative are of kind and caring nature. I look and I can't find any disrespect, they talk to [person], tell [person] what they are going to do, they crack a joke and it helps [person] in situations when care is performed. I would say that [person] has formed a positive bond with them."
- Staff spoke very fondly of the people they support and were positive about their work. They spoke respectfully and knew people well. They told us, "You get the time to spend with people" and "We had a person who was a bit shy and hadn't had care before, so we sent care workers who were quiet and calm to help put them at their ease." Others said, "I love my job" and "I enjoy working with people. I love my job."

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

- People and where appropriate those who were important to them were involved in decisions about their care. One person said, "We also discuss and know about the care package with managers from the office, so we are involved in all that. It helps to understand system, so the system will help us. It's that simple."
- People's choices, preferences and routines were respected.

Respecting and promoting people's privacy, dignity and independence

- Care records gave good detail of what people could do for themselves and how staff could promote people's independence. Staff we spoke with placed great importance on maintaining and promoting people's independence. One staff member said, "We are helping people, but it's not just doing it for them. It's about promoting independence, giving people time to do things"

- People said, "When my carer comes, there is no rushing. I am slow anyway so they do follow my pace and they watch me, leaving me to do as much as I can" and "What is good about my carers is that they know what I can do and where I need help." Another person said, "They also look for small things that I can still do and I tell them to leave it to me. I want to be active as much as I can be. But they will always check if this is safe for me to do it."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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 requires improvement. At this inspection this key question has now improved to good.

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

At our last inspection the provider did not ensure care and treatment of people was recorded, factual, relevant, person centred and included the person and their representatives. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care that took account of their needs, wishes and preferences.
- Support plans and risk assessments were person centred, and covered people's identified needs and preferences. They were sufficiently detailed to guide staff on the support people needed.
- Records of care provided were detailed and checked by managers of the service.

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.

- The service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read formats.
- Where people needed support with communication, we saw this was clearly detailed in the care records and gave staff guidance on things they could try to help the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- Care records included information about people's life history and hobbies and interests. Records showed that during the pandemic, because of lockdowns, people had not been able to undertake all their previous interest. They informed staff on how this had impacted on people and things they could try to help people with this.
- People told us they had good relationships with the staff that supported them and staff helped them feel

less isolated. One person told us, "I cannot say anything bad about carers, they do treat me well and look after my well-being, they make sure my legs are warm, and would put extra blanket near just in case I need it. They also make sure I have stuff around me, phone, remote, my books and crosswords....some carers would bring their own stories so I feel as part of their life, they talk about their family and they know mine...I can say they do enrich mine every day, especially in last period when I could not go out." Another said, "What I like about my carers is that they are cheery and smiling a lot, they listen my old days stories with interest, they are great help to me in listening, because what I have left is my past. Talking with them I feel that I am a real person worth listening and not another oldy they seem like job. They know about my family and I know all about theirs. I would be distraught if I don't have this kind of help and with my carers."

- People's wishes for end of life care and support were identified and recorded if they wished. Records also identified where people kept funeral plans or advanced decisions about resuscitation so these could be found easily if needed.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. People told us they knew how to make a formal complaint. Most said if they had a concern they would tell their staff or telephone the office.
- The registered manager ensured action was taken if lessons could be learned to improve the service.

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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had a lack of oversight of the governance in relation to the auditing of medicines, care plans and risk assessments. Actions had not been taken to ensure staff members stayed for the duration of the allocated time to support people with their assessed needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the service had a new registered manager. The registered manager understood their responsibilities and operated a variety of quality checks and audits to monitor quality in the service.
- Audits, including those for medicines, care plans and risk assessments were meaningful, and records demonstrated any issues identified were addressed.
- Staff understood the importance of their role in providing a quality service. They spoke very highly of the provider, registered manager and how the service was run and organised. They told us the new registered manager had made a positive difference. They said, "[Registered manager] is fantastic, very approachable and supportive. If I have any problems, I can ring the office. They are all very helpful. They try to accommodate you" and "Nothing is too much trouble for [registered manager], even our personal things." One staff member said, "It's nice to work for a company that care about you."
- Where needed other organisations such as CQC and the local authority had been informed about incidents.

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

- The registered manager had developed an open and inclusive culture.
- Staff felt supported and encouraged to develop. They felt able to speak up and make suggestions. One staff member told us, "We can speak up about anything. [The registered manager] is great." Others said, "I would recommend it as a place to work. If any of my friends are looking for work, I tell them" and "Everyone

gets on rally well, staff and service users."

- People spoke positively about the service and the way it was managed. Some people told us that during the pandemic, staffing had not always been as consistent as usual, but most said they wouldn't hesitate to recommend it. One said, "I would recommend this agency, no problems, they are doing great job for me and I would give them 10 out of 10."

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; Continuous learning and improving care

- Records confirmed the registered manager understood and acted on the duty of candour.
- Thorough investigations into incidents were completed to identify any actions that may prevent incidents happening again. Learning from incidents was shared with staff and embedded into staff recruitment and training.
- We saw the rating from the last inspection was displayed on the providers website and in the office.

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

- People were engaged and involved in developing the service. Their responses were well analysed to look for good practice and opportunities to further develop the service.
- Views of people and their relatives were sought and where response rates were low consideration was given to how this could be improved. Support was given to people if they couldn't complete the forms themselves. One person said, "I can't remember that I received any questions or anything like that...I do have office number handy but I don't use it ...I know my relative is happy with carers so what else to ask for?"
- People with different communication needs were supported to share their views in ways that were accessible to them.
- Staff felt involved in developing the service. One care worker told us, "I only work part-time but I feel as involved as the full-time staff."

Working in partnership with others

- The service worked with other organisations to provide appropriate support to people.
- Feedback from other organisations was positive.