Creative Support Limited

Creative Support - Sandwell Services

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

This inspection took place on 27 September 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a support service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us. This was the provider's first inspection at this location.

Creative Support is a supported living adult social care service, registered to provide personal care for persons within their own home. They currently provide a service for seven people.

There was a registered manager in post at the time of our inspection. 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. This was Creative Supports first rating inspection at this location.

People were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical needs.

People were supported by staff that had been safely recruited. People felt they were supported by staff with the appropriate skills and knowledge to care and support them in a way that met their individual needs and preferences...

People were supported to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS).

Staff were caring and treated people with dignity and respect. People's choices and independence were respected and promoted and staff responded to people's care and support needs.

People and staff felt they could speak with the provider about any concerns and felt they would be listened to and their concerns would be addressed. The provider sought people's views and actively encouraged and empowered people to influence on how the service was run.

The provider ensured that all policies and procedures were kept up to date with current guidance and legislation. There were quality assurance and auditing systems in place to ensure continual development of the service for the people being supported by the provider.

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.

People were protected from the risk of harm and abuse. Staff were aware of the processes they needed to follow when concerns were identified.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff so that their care and support needs would be met.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported to eat healthily.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved in their care planning.

People's view and opinions were listened to by staff and the provider.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in events and activities that empowered them.

Staff were responsive when supporting people's changing needs.

People were supported to make decisions about their lives and discuss things that were important to them.

People were supported to raise concerns or complaints when needed.

Is the service well-led?

Good

The service was well-led.

People were empowered to take an active role in developing the service and themselves.

There was a registered manager in place who understood the responsibilities and requirements of their registration.

Auditing systems were in place to identify themes and trends for developing the service.
People and staff knew the registered manager and had a positive relationship with them.

Creative Support - Sandwell Services

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 took place on 27 September 2017 and was announced. We notified the provider 48 hours before the day of our site visit. This was to ensure that the manager would be in the office to support our inspection. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority commissioning teams and Healthwatch to identify any information that might support our inspection. We also reviewed the Provider Information Return (PIR) form submitted by the provider prior to our inspection visit. The PIR is a form that asks the provider to give some key information about the service, what the services does well and improvements they plan to make.

During our inspection we spoke with five people who use the service, four relatives, three care staff members, a support co-ordinator, the development officer, the registered manager and a company director. We visited the provider's office and reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We visited a person in their own home to seek their feedback and to look at their care records. We looked at recruitment, training and supervision records for three members of staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Good

Our findings

People we spoke with told us that they felt safe with staff and had confidence that their care needs were met. A person we spoke with told us, "The carers [staff] are nice, they look after me. I feel safe when they're around". A relative we spoke with said, "We've got no issues at all with them [staff], they're great. They look after [person's name] really well". Whilst conducting telephone interviews with people as part of the inspection a member of staff demonstrated their vigilance in ensuring the person they supported was kept safe. When we called to speak to a person using the service, the telephone was picked up by a member of staff. The member of staff would not allow us to talk to the person until they had verified our identity with CQC. This showed us that staff knew how to keep people safe. The provider had systems in place to ensure that there were enough staff with the appropriate skills and knowledge to meet people's needs and ensure that they were cared for safely. The information provided in the provider's PIR showed us that there were sufficient numbers of staff to deliver the service safely.

Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were able to tell us about the range of different types of abuse to look out for when supporting people. A member of staff we spoke with told us, "Most people [we support] have learning difficulties and are dependent on us [staff] for day to day support. So you're always making sure they're safe. You become their voice. I support with their budget and make sure they're not taken advantage of financially. I make sure all of his personal information is kept secure and confidential". Another member of staff we spoke with said, "I've had safeguarding training and if I suspected anything, I'd escalate it to a senior member of staff". This demonstrated to us that staff knew how to escalate concerns about people's safety to the provider and other external agencies if required.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with said, "At night I make sure that everything's [home appliances] switched off and that doors are closed and alarms are on". Another member of staff we spoke with told us that they were continually assessing risks when they were supporting people out in the community. They gave us an example; "I always try to gauge the people he's [person using the service] talking to, but so far everyone we've met has been kind to him". Another member of staff told us, "We have regular meetings to discuss risks, and I can talk to the manager at any time if I need to". We saw that the provider had carried out initial risk assessments which involved the person, their family and staff. Risk assessments were reviewed regularly and any changes that were required to maintain a person's safety and promote their health care needs were discussed and recorded to ensure that potential risks were minimised.

Staff were able to explain what action they should take in the event of an emergency. A member of staff we spoke with told us that if they encountered an emergency situation, such as a fire or health issue, they would call the emergency services, ensure that the person was safe, inform their line manager and document what had happened. We saw the provider had an accident and incident policy in place to support staff and safeguard people in the event of an emergency.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. We saw these included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relatives we spoke with told us that they were supported by staff with their medicines and that they received them safely and as prescribed. A person we spoke with told us, "[Staff member's name] helps me with my medicine and I get it when I'm supposed to". A relative we spoke with told us that when their family member goes to stay at their house, their medicine is sent along and what should be taken and when, is clearly defined. Staff told us that they had received training on handling and administering medicines. Staff were able to explain to us the protocol for supporting people with medicines and how to record this on Medicine Administration Records [MAR]. A member of staff we spoke with told us, "I document his medication and make sure colleagues know what he's had during handover sessions". We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed.

Good

Our findings

People told us they felt confident that staff had the correct training and knowledge to meet their needs. A person we spoke with said, "[Staff member's name] is very good at her job, I like her". A relative we spoke with told us, that their family member received care and support from the same staff for a number of years and they were confident that staff were trained well enough to carry out their responsibilities. Staff we spoke with told us that they received appropriate learning and development opportunities to support them to carry out their duties effectively. A member of staff we spoke with told us, "We're [staff] well supported with training. It's very specific to the needs of the service user, and they [provider] give us plenty of time to do training. Most of the training is arranged by your supervisor but we [staff] can ask for additional training if we feel we need it. For example, I requested some additional training and within two weeks they'd arranged it for me. They respond really quickly". We saw that the provider maintained training records for each member of staff ensuring that they were appropriately skilled to perform their duties.

The provider had systems in place to ensure that staff received regular supervision. Staff we spoke with told us that they received regular supervision from their line manager to discuss any work related issues or concerns. A staff member we spoke with told us, "I'm really happy with supervision, I have one every month and I'm pleased with how they go. I can talk freely, I can also contact [senior staff member's name] at any time if I have an issue or query". We saw staff development plans which showed how they were supported with training and supervision. Staff we spoke with told us that senior carers or managers were always available if staff needed support or guidance.

People we spoke with explained how staff gained consent when supporting their care needs. A person we spoke with told us that staff asked their consent before supporting them with personal care. A member of staff we spoke with said, "I ask his [person using the service] permission, if it's okay, before I do things for him".

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. Not all of the people being supported by the provider had capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and support. They are also required to notify the local authority if they believe that the person is being deprived of their liberty. The local authority can then apply to the court of protection for the authority to deprive a person of their liberty, within the community in order to keep them safe. From talking to staff and looking at training documents we could see that they had an understanding of DoLS.

Most of the people we spoke with told us that they were supported by staff to prepare their meals. A person we spoke with told us that they liked the food that staff prepared for them. Another person we spoke with said, "They [staff] make me nice food". A relative we spoke with told us, "[Person's name] loves to eat, but they [staff] make sure she eats healthily and they take her to weight watchers, so her weight's being managed really well at the moment". We saw from records and staff told us, there was involvement from health care professionals where required relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. Staff told us that they are aware of people who have specific nutritional needs and that these were recorded in people's care plans.

People were supported by care staff to attend medical appointments. A relative we spoke with told us, "They [staff] get her to her appointments with the doctor, dentist and foot clinic and she has a twice yearly check up at the health centre". We saw from care records that health and social care professionals were involved in people's care. We saw records that provided information about regular appointments to doctors, opticians and dentists and staff told us they were aware of how to contact health care professionals if they needed to.

Good

Our findings

People we spoke with told us they were pleased with the care and support provided. A person we spoke with told us that staff were nice to her. Another person said, "I like [staff member's name] she's nice". A relative we spoke with told us, "The staff are really nice and very caring towards [person's name]. We saw from interactions between staff and people that positive relationships had been formed and they were comfortable in each other's company. A member of staff told us how they 'got to know' the person they were caring for; "I got to know [person's name] through his personal file, it shows his likes and dislikes. We also have a daily walk to the shops and we tend to chat a lot then".

We saw that people and their relatives were involved in care planning, ensuring that their individual support needs were met. A relative we spoke with said, "We were involved in her [person using the service] care plan from day one. We've made sure it's just how she needs it to be". We saw from people's care plans that people were encouraged and supported to express their views and to be involved in making decisions about care and support. We saw that the provider ensured that people's care plans were reviewed on a regular basis to ensure that they were receiving the appropriate level of care and support.

People we spoke with told us that staff treated them with dignity, respect and upheld their right to privacy. A relative we spoke with told us, "They do respect his privacy, he's got his own time and space whenever he needs it". A member of staff we spoke with told us how they uphold a person's dignity; "I make sure that [person's name] is well presented, especially when he goes out, he's dressed appropriately". Another member of staff we spoke with said, "He [person using the service] likes to be seen as someone who's not different. So we don't refer to me as his carer, or staff, I'm a friend or neighbour when we're out". Staff told us that they received guidance during their induction in relation to treating people with dignity and respect and we saw training records to support this.

People we spoke with recognised the support staff were providing to promote their independence and encourage them to do as much for themselves as possible. A person we spoke with told us, "I get my own food and bath myself". A person we spoke with told us how they made decisions about what food they wanted to eat and where they would like to go during the day, they told us, "They [staff] talk to me a lot, they ask me what I want to eat". A relative told us, "She [person using the service] likes her own independence and being in her own place helps her in that respect. She helps with the cleaning and washing, she's always busy". A member of staff we spoke with told us, "He [person using the service] chooses what he wants to do. He baths himself, makes a cup of tea and gets dressed. He has his own money when he goes shopping". When talking to staff we could see that they understood the importance for people to maintain their

independence, and they recognised what their role was in ensuring that they supported people to do this.

Good

Our findings

We saw that people were supported to do things that they found interesting. People using the service had access to the provider's day centre which included the use of a music studio, arts resources and café. A person we spoke with told us, "I like going to Wolverhampton, I like going for meals". Another person we spoke with told us how they had wanted to go surfing and how staff supported them to do this. They showed us a video of their trip and we saw that the provider had recorded the event and shared it with stakeholders via the provider newsletter. A third person we spoke with told us that they liked gardening and reading sport and cooking books. A relative we spoke with told us, "[Person's name] loves [staff member's names] they took her to London, it's the second time she's been recently". Another relative said, "She [person using the service] goes to the disco every Saturday, she loves it. She also goes to the day centre from Monday to Friday". We saw many examples of how people had been supported to do activities that they found interesting, for example; We saw from a person's meeting with their key worker that they had expressed an interest in taking a holiday abroad. We saw that the provider had supported the person to go along to a travel agent and book the holiday. The provider also employs a member of staff to develop activities specifically identified by people using the service, to support their needs and interests. For example, during the recent General Election a workshop had been developed so that people had a greater understanding of the political issues and process. This was a response to people's requests following the EU referendum in June 2017. The workshop was supported by Mencap's guide to voting. We also saw an example of a person being supported to tackle issues of hoarding. They were encouraged by the provider to reduce the number of items in their house, by providing the incentive that they would sold and the proceeds donated to a national charity. The person raised £800. These and many other examples were all recorded in easy read format and shared with stakeholders.

We found that staff knew people well and the provider ensured that people were involved in making decisions about how they received personalised care and support. People we spoke with told us they felt that care needs were supported and that they were involved in decisions about their care. A person we spoke with told us how staff supported them to attend events that were important to them, "They [staff] took me to Manchester to the Pride festival'. Another person we spoke with told us that staff asked them what clothes they wanted to wear. A relative we spoke with told us that staff understood the individual needs of their family member and were supportive in ensuring they lived their life how they wanted to. A member of staff we spoke with said, "I talk to [person's name] a lot, I ask him what he wants to do, for example; he chooses his own holidays and likes to go off peak so that there's not lots of people around. It's the same when he goes out, he avoids rush hour". We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to

be met. A member of staff we spoke with told us, "It's all about him [person using the service], what he needs from the life he leads and how I can support that". We saw care plans that included a 'Cultural Competency Tool Kit, which helped the provider to better understand specific cultural needs of the people they supported, for example; the food they preferred, social networks and activities. The registered manager explained how a service user had been involved in the recruitment and interviewing process for a member of staff from the same cultural background, to ensure that they understood their specific support needs. Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy in place. People were aware of how to raise any complaints if they needed to. A person we spoke with said, "If I had a problem I'd call the manager". A relative we spoke with said, "If we had any complaints we'd have no problem letting them [provider] know, neither would [person's name]". A member of staff we spoke with told us that if a person they were supporting had a complaint, it would be recorded in their daily notes and they would be directed to call the registered manager. Records held by the provider showed that there were currently no concerns or complaints being dealt with. We saw that the provider had systems in place to document and deal with any that arose.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with told us, "They [staff] ask me if I'm happy with things. [Senior staff member's name] pops round for a chat sometimes". A relative we spoke with said, "We [Person, relatives and provider] have regular review meetings and we're always chatting on the phone, so there's good links between us and the carers [staff]". Another relative we spoke with told us, "They [provider] talk to us all the time, we get plenty of information and we get to say what we need to". We saw that the provider had systems in place to seek feedback from people using the service, and that questionnaires were sent out to relatives, with feedback being used to support service delivery. We saw that the provider sent out monthly and quarterly newsletters and family bulletins, highlighting events that people had taken part in, information sharing, future activities and areas of common interest.

Good

Our findings

At the time of our inspection there was a registered manager in place and they understood the responsibilities and requirements of their registration. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that quality assurance systems were in place for monitoring the service provision. People were encouraged to share their experiences and their views and expertise was used to drive the service forward. The provider had created a paid role for some of the people it supported, called a Service User Representative of Excellence [SURE]. The role is aimed at supporting people using the service to have an active voice in how the service develops. The SURE representative engages with other service users and acts as their representative, as part of the providers staff base. They also engage with external stakeholders. A SURE representative told us, "It's important to get our views across, I went to visit the mayor recently". They went on to tell us how they are involved in marketing, advertising and recruitment for the service. They also told us how they felt their contribution to the service was valued by the provider. They told us how staff had commented that they had 'been missed' when they were unable to support the provider due to other commitments. They went on to tell us, "I really feel that I'm making a difference, I'm being listened to".

We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments, medicine management, finance, service reviews and accidents and incident reporting. The provider works to guidelines set out in a Key Performance Indicator (KPI) Workbook to ensure that audits are completed to predetermined targets. We saw that effective analysis of audits was being used to identify themes and trends and used to develop service provision. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.

People and staff we spoke with told us that they were happy to discuss things with the manager if they needed to. A person we spoke with told us that they were happy to discuss anything with the manager or a member of staff. A relative we spoke with said, "They're [provider] very approachable. We call [support co-ordinators name] if we need to, and [registered manager's name] is nice too". Another relative we spoke with said, "The [registered] manager's approachable, we're very happy with how things are going". A staff member we spoke with told us, "I like working for them [provider], they've always been very supportive of me on a personal and professional level". Another member of staff said, "It's a good team [provider] to work

for, they support me well enough and I can talk to [senior staff member's name] about anything, he's very approachable". Staff we spoke with told us they would have no concerns about raising anything they were worried about with the registered manager. Staff we spoke with told us that they were clear about their roles and responsibilities. Staff meeting records showed that they were involved in how the service was run and that their feedback was used to develop the service. We saw that there was a good relationship between the manager, people using the service and staff.

The registered manager explained how they were promoting a caring culture throughout the service, by developing an awards scheme for staff where they received prizes for evidence of good practice. The provider was focussed on supporting the aspirations and accomplishments of the people using the service. Ensuring that managers worked alongside care staff in a practitioner's role to maintain an up to date understanding of care provision.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC. Prior to our visit there had been no whistle blowing notifications raised at the location in the past twelve months. The provider ensured that all policies and procedures were up to date and adhered to current guidance and legislation.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found. The feedback we gave was received positively.