

Creative Support Limited

Creative Support - Stockport Extra Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 and 18 July 2016. After that inspection we received concerns in relation to the safe management of medicines at the service, including an error that had put a person at serious risk. As a result, we undertook a focused inspection to look into those concerns, and to follow-up on actions taken to meet the legal requirements relating to the breaches identified at our last inspection. This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support – Stockport Extra Care on our website at www.cqc.org.uk

This focussed inspection took place on 13 and 14 September 2016 and was unannounced. At our last comprehensive inspection of Creative Support – Stockport Extra Care we identified five breaches of three of the regulations. The breaches were in relation to; the safe management of medicines; taking actions to mitigate potential risks; ensuring the competence of staff; record keeping and effective systems to monitor the safety and quality of the service. At this inspection, although improvements had been made in some areas, and were underway in others, we found continued breaches of all these regulations. You can see what action we have told the provider to take at the end of this report. We are currently considering our options in relation to enforcement and will update this section once any action has been concluded.

Creative Support – Stockport Extra Care Services (Stockport Extra Care) provided care and support to people living in their own homes based within seven extra care housing schemes. The seven schemes were run as four projects/schemes dependent on their location. The four locations were Edgeley, Marple, Reddish and Heald Green areas of Stockport. The registered office for the service is located at Spey House in Reddish. At the time of our inspection the service was providing support to between 125 and 140 people across the schemes, although not all people received assistance with personal care.

At the time of our inspection there was a registered manager employed by the service. 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.

Following our last inspection we had identified that the provider was sending though a high volume of notifications relating to medicines errors, including errors that presented a risk of harm to people using the service. The provider had made some improvements following our last inspection to the processes relating to the auditing and administering medicines. For example, a new more frequent 'spot-check' was being carried out on people's medicines, staff had received medicines supervisions and competency assessments, and the service had made efforts to ensure all people's medicines were recorded on pharmacy printed administration records. Despite these steps, we identified on-going issues in relation to the recording and administration of medicines, including two serious medicines errors that had not been identified by the provider or registered manager. We requested the provider to refer these concerns to the local authority

safeguarding team.

We found on-going issues with the way the service identified and reduced risk to people using the service. Since our last inspection, actions had been taken to identify people at risk of pressure sores and we saw appropriate steps had been taken to reduce potential risks. However, one person who was supported using a hoist did not have a moving and handling risk assessment in their file for staff to review, and one person did not have a current risk assessment. This would increase the risk that staff would not know how to support these people safely.

The provider had recruited to a number of vacant posts staff since the last inspection, and we saw use of agency staff varied between the schemes and from week to week. A new induction process for temporary/agency staff had been devised to ensure agency staff received a sufficient induction to the scheme, and this was due to be implemented two weeks following the inspection. There was evidence agency staff who had recently worked at the service had not received an induction whilst awaiting the implementation of this new system.

We saw the new audit system for medicines had, in the majority of cases, identified potential concerns and shortfalls. However, one of the spot-checks carried out during the inspection failed to identify a serious medicines error. The service director took appropriate actions in relation to our concern.

We found some shortfalls in the way the service monitored and improved the safety of the service. Accident logs were not kept up to date at all the schemes, and shortfalls in the incident reporting procedures had been identified by the provider. The service director showed us a new system that had been put in place that should help to address this concern.

The provider was in the process of taking actions to improve the quality and safety of the service following feedback from our last inspection. We saw positive steps had been taken such as providing supervision to team leaders, producing action plans and providing training. It was acknowledged by the inspection team that some of the action plans were still in progress in relation to areas where we identified on-going concerns. The action plan submitted to CQC indicated completion dates of 26 September 2016 and December 2016.

Following concerns raised during the inspection, the service director informed us they had been released from their other responsibilities and would be based full-time at the service for a temporary period. They also informed us they had requested input from the provider's quality assurance team. The service director has provided CQC with regular updates in relation to the safe management of medicines.

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 consistently safe.

Although the service was taking actions to improve the safety of the service, we identified on-going concerns.

Medicines were not managed safely. Despite improvements in the management of medicines, we found some people had not received their medicines as prescribed, and there were gaps in some of the records of administration.

The service had taken steps to improve the assessment of risk in some areas. However, one person's moving and handling risk assessment was not in their care file, and another person had no risk assessment in place

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider had devised a new system to help ensure agency staff received an adequate induction. This was due to be implemented two weeks following our inspection visit, so we were unable to assess how effective it was at this time.

Use of agency staff was variable between services and from week to week. Not all agency staff had received an induction to the service.

Training had been undertaken in for some staff in relation to pressure care. Staff had received recent supervision.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although systems of audit and quality assurance had improved; these had not consistently identified potential shortfalls in medicines administration.

Systems in place to monitor the safety of the service had not been operated consistently. Accidents and incidents were not

Requires Improvement ●

always reported appropriately and promptly. The provider had identified new procedures to help address this issue.

The provider was taking action based on feedback from our last inspection. At the time of inspection, action plans were still in progress and had not had chance to be fully implemented.

Creative Support - Stockport Extra Care 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.

We undertook an unannounced focused inspection of Creative Support – Stockport Extra Care on 13 and 14 September 2016. This inspection was done in response to concerns we had received following our comprehensive inspection on 13 and 18 July 2016 in relation to the safe management of medicines, and to check what improvements to meet legal requirements had been made by the provider. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led. The inspection team consisted of one adult social care inspector and a pharmacist inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications of serious injury, safeguarding and other significant events the provider is required to tell us about. We also reviewed the action plan the provider sent us following our last inspection. On this occasion we did not ask the provider to complete a provider information return (PIR). This is because this was a focussed inspection carried out due to concerns. A PIR 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 did not contact other agencies specifically to receive feedback prior to this inspection. However, we had maintained contact with social workers, safeguarding and the local authority quality assurance team in the time between the last comprehensive inspection and this focussed inspection. Concerns had been shared with us in relation to medicines errors that had occurred.

During the inspection we visited four of the seven buildings where the service provided support to people. This covered all four of the geographical 'schemes' where the service had offices. We reviewed medicines management at three of the four schemes we visited and spoke with nine staff. This included the registered manager, the service director, three permanent care staff, a member of agency care staff, two team leaders and a senior support worker. We reviewed 12 care files, records of care provided and two staff personnel files. We looked at other documentation related to the running of the service such as records of audits and records of accidents and incidents.

Is the service safe?

Our findings

At our inspection on 13 and 18 July 2016 we identified concerns in relation to the safe management of medicines. We found records did not always provide sufficient information to ensure staff were aware of the support people required with their medicines, and records of administration had not always been completed accurately. We found this to be a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had identified shortfalls in the relation to the safe management of medicines and was taking actions to improve safety in this area. However, since our last inspection there continued to be concerns notified to us by the provider in relation to medicines errors and incidents that had occurred at the service, which showed any immediate actions had not effectively addressed this area of concern. The provider was working on an action plan to improve the safe management of medicines and had completed several actions at the time of the present inspection. These included re-assessing staff competence to administer medicines, providing medicines supervisions, reviewing medication administration records (MARs) and improving the system of checks and audits for medicines. Despite these positive actions and areas of good practice, we identified on-going concerns in relation to the safe management of medicines at two of the three schemes where we reviewed medicines.

We found two medicines errors that we asked the service director to report as safeguarding issues to the local authority: One person was receiving too much of an inhaled medicine and a second person had not been given a strong medicine for pain relief for twelve days, as there had been two missed administrations.

Medicines were kept safely as people were given a lockable storage box in their room, with the carer keeping the key if risks had been identified in relation to the open storage of medicines. Carers recorded the administration of medicines on a MARs that were printed by the pharmacy supplying the medicines. This helped prevent errors occurring through the service's staff writing MARs and was safe practice. However, we saw a significant number of missing signatures that would confirm that people had been administered their medicines, and no explanations of why a person hadn't taken a medicine on the MARs at two of the schemes. This meant it was not possible to tell if the person was receiving the medicine in the way their doctor intended.

Some people prescribed a medicine to be taken only 'when required' had a protocol which told staff when the person might need the medicine and how to give it safely. However, the reason given for taking the medicine was not always specific (e.g. "pain relief") or correct. Instructions on the MARs and the pharmacy labels for two people's eye drops did not say whether the drops were for the right, left or both eyes. We also noticed that staff did not write the date of first opening on eye drop containers. Eye drops should not be used for longer than one month after the container was opened to reduce the risk of an eye infection. This meant staff had insufficient information to give some medicines safely.

The service's medicine policy gave clear guidance on how to handle medicines safely and the registered manager and team leaders carried out regular checks to help ensure staff were following the policy. All staff

employed by the service received medicines training and were supervised when giving medicines, to check they could do so safely. At one scheme we found that the medicine audits were thorough and staff who made errors had been given further training and supervision to help ensure they were competent. However, at another scheme we found a 'spot check' audit of one person's medicines did not identify that an important medicine had not been administered. If audits are not done properly this increases the risk of medicine incidents going unnoticed and prevents proper follow-up actions being taken.

The concerns in relation to the safe management of medicines were a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 13 and 18 July 2016 we identified concerns with the way that risks to people's health, safety and welfare were being managed. For instance, we found risks relating to the developments of pressure sores had not always been assessed and appropriate actions and re-assessment of risks had not always been taken following accidents or incidents. At this inspection we saw evidence of progress being made in relation to the assessment and mitigation of risks, but also found on-going areas of concern.

We saw the service had made good progress in relation to assessing and reducing potential risks to people of developing pressure sores. We saw logs had been put together that identified people who may be at risk of developing pressure sores, and detailed what measures were in place to reduce potential risks, such as input from district nurses, pressure relief or use of specialist equipment such as pressure relieving mattresses. This information had been transferred to individual's risk assessments in some cases, and was awaiting transfer in the case of one person's risk assessment we looked at. We also saw evidence that risk assessments were reviewed and updated when there was a change in a person's circumstances. For instance, we saw one person had sustained a recent fall and the risk assessment had been reviewed and updated following this incident.

Risk assessments we reviewed identified relevant risks such as those relating to nutrition and hydration, social isolation, self-neglect and falls. However, one person's care file we reviewed contained no risk assessment and there was a sheet dated May 2016 in the file stating this document was not required. Review of other documents in this person's care file indicated they may be at risk of pressure sores and falls. The lack of a risk assessment meant the provider was not able to demonstrate potential risks and measures to reduce risk had been adequately considered. We found a second person was supported using a standing hoist. However, the provider was unable to locate a moving and handling risk assessment either in this person's care file or amongst the documentation kept within their home. They told us there had been a moving and handling risk assessment in place, and were unsure where this had gone. During the inspection they were able to access this person's local authority moving and handling assessment online, and placed a copy in this person's file. Although there was no evidence any harm had occurred to this person, the lack of a moving and handling assessment that was available to staff at the point of the person's care being provided would increase the risk that staff would not use the appropriate moving and handling techniques to support this person safely. This was particularly the case as the scheme was making use of regular agency staff who may not have been familiar with people's needs.

This was an on-going breach of Regulation 12(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to assessing and mitigating risks.

Is the service effective?

Our findings

At our inspection on 13 and 18 July 2016 we found there was frequent use of agency staff due to vacant positions within the service for care staff. We found over half of the 13 recorded medicines errors involved agency staff, and the provider was not able to demonstrate that all agency staff had received an adequate induction to the service. We found this to be a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had followed their action plan to develop systems to improve the induction process for temporary staff. The new induction process had not been put into practice at the time of this inspection, and the action plan sent to us by the provider indicated the new process would be finalised by 26 September 2016, approximately two weeks following the inspection. We saw the new system should be ready to implement by that date, but were unable to assess how effective it was at the time of this inspection.

The provider was continuing to make efforts to recruit permanent staff, and they told us a number of the vacant posts had been recruited to since our last inspection. The registered manager told us that following the most recent round of recruitment that there were two full time equivalent (FTE) vacancies at the Edgeley service, four at the Heald Green Service; two at the Marple scheme and no vacancies at the Reddish scheme. Team leaders and the service director told us they had found there had been less reliance on agency staff since the last inspection. We reviewed rotas and saw use of agency staff varied from week to week and between the different schemes. The registered manager informed us the service was now ensuring there was at least one member of permanent Creative Support staff on site at each scheme, working alongside any temporary staff. Team Leaders also talked about trying to ensure any new agency staff worked alongside permanent staff on 'double up' calls where possible.

We found evidence of two agency staff who had recently worked at the service, and no record of any induction could be located for either staff member. Team leaders we spoke with told us this issue could arise when agency staff started shifts at 7am at the time of the first call, when there might not be a team leader on site to carry out the induction. The registered manager and service director had put together a new induction checklist and pack for agency staff. The service director was also sending induction material to the agencies that supplied staff to the scheme. The registered manager told us the new induction process would be carried out by all care staff, rather than relying on team leaders or senior staff. We saw the new induction materials covered essential information that temporary staff would need to know about policies and procedures, including medicines administration. The checklist also required staff to go through the 'allocation sheets', which provided staff with a brief overview of the care and support needs of the people they were due to support on their shift. This would help ensure any new or temporary staff were aware of the care and support needs of the people they were supporting.

Although we saw improvements had been made to the processes for inducting agency staff, as these had not been fully implemented at the time of our inspection, we were unable to assess whether they would be effectively operated. We also found evidence of agency staff not having received an appropriate induction since our last inspection. This was therefore an on-going breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to ensuring staff receive adequate support

and induction.

At our last inspection on 13 and 18 July 2016 we found that although care staff had received regular supervision, team leaders who had management responsibilities for the individual schemes had not always received regular supervision. We made a recommendation that all staff, including those with managerial responsibilities at the schemes received regular supervision. We spoke with two team leaders and one senior support worker during our inspection, all of whom confirmed they had received recent supervision. Records we reviewed confirmed these staff had received recent supervision since our last inspection. The service director had also run regular team meetings for team leaders and senior support workers, which were 'themed' and focussed on discussions around improving care provision in particular areas such as medicines, catheter care and pressure care.

We saw evidence that some staff had attended training in pressure care since our last inspection, and other staff were booked onto future courses. Training in end of life care had also been arranged, but staff had not attended this training at the time of inspection. We spoke with one staff member who had attended the training in pressure care. They were able to explain to us what they had learnt from the training, including good practice to follow in the prevention of pressure sores.

Records of care showed that a range of health professionals were involved in people's care. This included district nurses and General Practitioners for example. During our inspection we heard staff contacting the district nurse team as they had identified some redness on a person's skin, which could indicate potential skin break down that could result in a pressure sore developing. This showed the service was effective at identifying potential health concerns and taking action to ensure people received the healthcare support they required.

Is the service well-led?

Our findings

There was a registered manager in post who was present on the first day of our inspection. The registered manager was supported by a service director who had responsibility for services across a wider area. Team leaders took responsibility for much of the day to day running at the separate schemes, and worked 'off-rota' to provide them with the time required for such tasks. At the time of the inspection there were team leaders in post for the Edgeley, Marple and Reddish services. There was no team leader in post at the Heald Green service, and one of the care staff had recently been appointed to act-up to a senior support worker position with time off rota to provide some management support in addition to that received from the registered manager at this service.

Senior support workers provided additional support to team leaders, including, for example, when they were on leave. There were senior support workers in place at the Reddish and Heald Green schemes, but not at the Edgeley or Marple schemes. The service director informed us a senior support worker had been recently recruited to work at the Marple scheme. One of the team leaders told us they felt the Edgeley service also needed this additional support, particularly as there were no full-time project managers from the housing associations based at these schemes. The provider told us they were actively recruiting to this post.

Following concerns identified as part of our inspection, the service director informed us they would be released from their other responsibilities and would be based at the Heald Green service to oversee the running and quality improvement process there. They also informed us they had requested regular input from the provider's quality assurance team.

At our last inspection on 13 and 18 July 2016, we identified shortfalls in the audit processes in relation to the checking of medicines. We found this to be a breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Although there had been some improvements in the medicines audit process, we found on-going issues in relation to the monitoring and improvement of the quality and safety of the service.

We saw regular 'spot checks' were carried out on people's medicines to help identify any errors or omissions that had occurred. We saw evidence these checks had been adequate to identify shortfalls in medicines practice in many instances. However, we reviewed one medicines spot check that had been completed during the inspection that indicated there were no issues with the person's medicines and that all medicines had been administered as required. However, we had reviewed this person's medicines prior to the spot-check taking place and had identified a serious error whereby the person had not received a strong pain relief medicine as prescribed. We raised this concern with the service director who took appropriate actions.

At our last inspection we identified the accident logs had not been consistently updated at all of the schemes. These logs were used by the team leaders to help monitor any trends occurring in accidents and incidents. At this inspection we found the accident/incident logs at two of the schemes were not up to date. The log at the Edgeley scheme had not been updated since July 2016, and the log at the Heald Green service

had not been updated since June 2016. Although review of accident reports showed appropriate actions had been taken in response to any accidents or incidents, this would make it more difficult to effectively monitor the safety of the system. We also found there had been issues in relation to the incident reporting process. We found the registered manager had reported several incidents to the Care Quality Commission on the same day, which the registered manager acknowledged was due to a delay in them receiving accident and incident reports. We were also aware of two medicines errors where it had not been possible to locate any corresponding incident report. During the inspection the service director and registered manager discussed a new system they had set up, which they hoped would help address delays in the incident reporting procedure. This involved setting up a dedicated email address and requiring staff to scan and send any incident reports to the registered manager within 24 hours. Staff confirmed that any serious concerns would also be notified to the registered manager or an on-call member of staff immediately.

These issues in relation to the monitoring of the quality and safety of the service were an on-going breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our inspection on 13 and 18 July 2016 we found there were gaps in records of care provided. This was a breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014. We saw evidence of some improvements in this area, as well as on-going areas of concern.

We reviewed records of repositioning for one person and saw these records had been completed consistently, and demonstrated the person had received the support they required with this aspect of their care. However, staff were still not consistently recording the quantities of fluids people were supported with when this was an important aspect of that person's care. One person's care plan we reviewed indicated they received a modified texture diet. However, the intake records did not always record whether the texture had been modified in accordance with the guidance, which meant we could not be certain this person had received appropriate support. The team leader told us staff were aware of the foods that this person was safe to consume, however, staff could not locate the copy of this guidance we were told had been in this person's care file.

This was an on-going breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the maintenance of accurate and complete records of care provided.

Staff we spoke with during the inspection told us they felt they received sufficient support from the provider and registered manager. Following our last inspection, the provider sent us an action plan detailing how they intended to make improvements in order to meet the requirements of the regulations. We acknowledged that the action plan indicated dates for completion of the identified improvements of between 26 September 2016 and December 2016, and have considered this when making our judgements. There was also evidence of some improvements, such as improvements to medicines audits and pressure care having already been implemented, as well as some actions that were nearing completion, such as the introduction of a new induction process for agency staff. However, at the time of this inspection we found evidence of on-going concerns and breaches of the regulations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not operated effectively to ensure the quality and safety of the service was adequately monitored. Regulation 17(1)</p> <p>Accurate records of care provided were not consistently maintained. Regulation 17(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There was not adequate support and induction provided to temporary workers to ensure they were able to carry out their duties effectively. Regulation 18(2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being managed safely. Regulation 12(2). The provider was not adequately assessing risk or doing all that was practicable to mitigate risk. Regulation 12(2)

The enforcement action we took:

We issued a warning notice to the provider and registered manager.