

Creative Support Limited

# Creative Support - Balshaw Respite Service

## Inspection report

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21 May 2019

22 May 2019

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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 - Balshaw is a residential short-term break service that provides care to up to five adults with learning difficulties. Some people may have other disabilities. At the time of the inspection there were two people staying at the service with three more people booked in to visit on the second day of the inspection.

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

People were supported to be safe and said that they felt safe.

Staff received robust safeguarding training and had a good understanding of the principals involved in taking action when abuse was suspected.

The provider had a robust recruitment process that meant staff were recruited safely.

Medicines were managed safely.

There was an open and transparent culture in relation to accidents and incidents and they were used as opportunities to learn and reduce risks.

People's needs were met through robust assessments and support planning.

The service worked with healthcare and social professionals to achieve positive outcomes for people.

Staff and carers had good knowledge and skills which helped to ensure people's needs were well met.

We saw good examples of when people had been supported to maintain a healthy and balanced diet

People told us carers and staff were compassionate and kind.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff and carers expressed commitment to ensuring people received high-quality care.

Carers and staff knew people well.

People received care and support that was person-centred.

We saw good examples of how the care and support people received enriched their lives through meaningful activities.

The service was proactive in its response to concerns or complaints and people knew how to feedback their experiences.

The registered manager planned and promoted holistic, person-centred, high-quality care resulting in good outcomes for people.

The values and culture embedded in the service ensured people were at the heart of the care and support they received.

Staff told us they received good support from management. They told us they were proud to work for the service.

There was an open and transparent culture and people were empowered to voice their opinions.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured

they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways -

People's support focused on them having choice and as many opportunities as possible in a respite setting. e.g. People had choice in the food they ate or at what times meals were served and could continue with their activities and interests whilst living at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection, the service was rated good (published 3 December 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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?

Good ●

The service remained good

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good

Details are in our Well-led findings below.

# Creative Support - Balshaw Respite 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. This inspection was planned to check 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 conducted by one inspector.

Service and service type:

Creative Support - Balshaw is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the service 24 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 21 May 2019 and ended on 22 May 2019. We visited the home on both days.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback

we received from members of the public and the local authority. We also checked records held at Companies House.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

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

During the inspection we visited the home and met people. We also saw the registered manager, provider's representative and care staff. We reviewed care records and policies and procedures. We reviewed four people's care records, three staff recruitment and personnel files, staff training documents and other records about the management of the service.

After the inspection we continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with a relative whose loved one regularly stayed at the home and one professional who visits a person who used the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of harm, abuse and discrimination. People told us they felt safe using the service. One relative said, "I trust staff and the manager and they will let me know if there ever is an issue with my relative."
- The service had a safeguarding and whistleblowing policy which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff. We saw good examples of where the service had done this to alert the authorities of concerns.
- Staff and the registered manager had a good understanding of their responsibilities. Staff completed safeguarding training to provide them with knowledge of abuse and neglect. All staff members we spoke with had a good understanding of the types of abuse that could occur in a short-term residential setting and the steps they would take to protect people and alert the authorities with any concerns.
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management

- Staff carried out assessments to assess and manage possible risks to people who used the service. People's care files included risk assessments based on their support needs. These assessments covered areas such as the home environment, moving and handling, medicines, behaviours, cognition, communication, mobility, nutrition, continence and medicines. Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
- Records showed that the provider's representative and registered manager completed checks on equipment to ensure it was safe and had been serviced. The registered manager also carried out environmental risk assessments and health and safety checks. These included electrical installation, fire and gas safety and legionella testing and water temperature monitoring.
- The provider had a comprehensive contingency plan in place to safely maintain the business and continuation of support to people in the event of an emergency

Staffing and recruitment

- The provider followed robust recruitment systems and processes to ensure only suitable staff were employed. All of the recruitment files we looked at contained records of checks that were completed before people were employed including criminal record and identity checks.
- People and a relative said there were sufficient numbers of staff available to support their needs. We observed a good staff presence in the home during the inspection.

Using medicines safely

- People's medicines were administered safely. The service had a medicines policy which covered the recording and administration of medicines. Medication administration records were accurately completed and showed that people received medicines as prescribed. Staff also completed daily checks on the home's stock of medicines.
- Records showed staff were up to date with medicines training. Only trained staff supported people with giving medicines. The registered manager carried out checks of staff competency with medicines.

#### Preventing and controlling infection

- People were protected against the risk of infection. Staff were trained in the control and prevention of infection. Staff told us that they helped people to keep their rooms clean and tidy. We noted that the home was clean and tidy during the inspection. Records supported that staff managed the risks of infections and carried out regular infection control audits.
- Personal protective equipment was available to staff at the home and people said that staff wore this when providing support such as personal care.
- We noted that staff had completed training in safe food preparation and hygiene practices.

#### Learning lessons when things go wrong

- The provider has systems to share lessons learnt following incidents and complaints. We saw examples of when safety issues had occurred. These were recorded and reviewed by the registered manager to identify and so that improvements could be made. We also noted, where appropriate, they were discussed in meetings and supervision sessions with staff.



# 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.

People's outcomes were consistently good, and people's feedback confirmed this

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

- The service gathered information about a person before a new care package commenced. The registered manager carried out a needs assessment to ensure the service could meet the person's needs. This included assessments from health and social care professionals.
- When we spoke with staff, they knew people's preferences, likes and dislikes.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. No new members of staff had been employed since the last inspection.
- Training was provided in subjects including medicines administration, fire safety, moving and handling, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005.
- Staff told us the training provided helped them to perform their role. One staff member said, "We receive training regularly and the manager really keeps on top of it." We noted that the provider had scheduled all staff to receive training in a language programme using signs and symbols to help people to communicate.
- Staff said they felt supported and received formal supervision sessions at least every three months and annual appraisals of their work performance.

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

- People were supported to eat and drink enough. One person's relative said, "Staff are good and encourage my relative to eat and drink properly."
- When people required support with their meals, records showed staff assessed people's dietary needs, such as their food preferences and how they should be assisted with their meals.

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

- The service worked with other agencies and professionals to ensure people received effective care. Where people required support from other professionals, this was arranged and staff followed any guidance provided. We noted, where appropriate, information was shared with other agencies.
- A social care professional commented favourably about how the service worked with them to ensure a person received appropriate care and support.

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

- The service was designed around people's needs. We saw that people's bedrooms were personalised and homely. People could bring with them when starting their visit items that made them feel comfortable and 'at home'. The communal lounge and dining area were bright and spacious with a homely feel.

- Some people who used the service had a physical disability and consideration had been made around this with the availability of specialised equipment around the home.
- People looked relaxed and comfortable in the environment.

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

- People were supported to be healthy. Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP. Staff also assisted people to access other services such as emergency healthcare services.
- Records showed the service worked with other agencies to promote people's health such as occupational therapists.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us most people who lived at the home did not have capacity to make their own decisions in relation to complex issues such as those relating to finances and activities in the community. Staff completed mental capacity assessment forms during people's needs and support assessments to find out whether or not they had capacity to make decisions related to their care and treatment.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were deprived of their liberty, the service worked with the local authority and any authorised people such as a next of kin to ensure decisions made on behalf of people were lawful and in their best interest. The service was compliant with any authorised conditions to restrict people's liberty.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People told us staff were compassionate and kind. One person said, "They are caring staff. They listen to me and help me."
- We noted the registered manager had a commitment to ensure people received high-quality care and support which included putting people first within the home. One staff member said, "We are all encouraged to treat people equally and as we'd like to be treated ourselves."
- Staff and carers knew people well. During the inspection, we observed positive interactions between people and staff. We noted people were comfortable in each other's presence.
- Training records showed staff had completed equality and diversity training. The provider also had a comprehensive policy on equality and diversity that was available for staff to consider. We noted the service subscribed to the Stonewall Education Champions programme and there was a 'lead' member of staff who promoted LGBT rights.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. Records supported this and showed that people who used the service and their relatives were involved in care planning and reviews.
- One person's relative said, "My relative regularly visits and stays at the home. I am regularly consulted and informed about all aspects of their needs."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff treat me with respect and ask permission before doing anything." Staff gave examples about how they respected people's privacy. One staff member told us, "I always knock on someone's door and if performing personal care, ensure that people's dignity is maintained."
- The registered manager and staff promoted and encouraged people's independence. A relative said, "My relative is disabled but they still encourage independence."
- We noted people's care plans were written promoting independence and with encouragement for staff to support people to maintain their independence. During the inspection we noted staff provided the appropriate degree of support that enabled people to do as much as possible themselves.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that was person-centred and this was embedded in the culture of the service. We noted one set of core values of the service was having a 'proactive person-centred approach, with strong values and a focus on quality'.
- The theme of feedback we received from people and their relatives was that the service and staff were passionate about meeting people's needs and providing a good service to people. A relative told us, "My relative loves going to the home and sometimes doesn't want to leave. I think that says it all!"
- Staff had a good understanding of people's needs, preferences and wishes. Support plans reflected how the person wanted to be supported and what the goals were that people and relatives wanted to achieve.
- The registered manager fully understood their responsibilities in relation to the Accessible Information Standard. Information was available in many different formats, depending on the person's needs. For example, we noted easy to read information and symbols were being used to assist people in communicating their requirements.
- People were supported to continue with their educational needs and activities, hobbies and interests.

Improving care quality in response to complaints or concerns

- The service was proactive in responding to any concerns or complaints. The provider had a complaints policy and procedure to guide management and staff.
- Records showed the service had received one complaint since the last inspection. This had been acknowledged, investigated and responded to, consistent with the provider's policy. We noted this had been discussed with staff to learn lessons from the complaint.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, regular surveys and meetings.
- People and their relatives were given information about how to make a complaint and a relative said they were confident that any complaints they made would be listened to and acted upon in an open and transparent way.

End of life care and support

- At the time of the inspection, people were not receiving care and support at the end of their life. However, the service had processes and policies to be able to support people and their relatives at this important time.
- Where required, the provider ensured end of life training was available for staff.

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service, registered manager and staff planned and promoted holistic, person-centred, high-quality care and good outcomes for people.
- All of the people and the relative we spoke with told us they had regular communication with the office, staff were accessible and they knew who the registered manager and staff members were.
- Records relating to the care and support of people who used the service were accurate, up to date and complete. Policies and procedures were available to support staff in the delivery of care and support.
- The provider's representative and registered manager had an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.

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

- There was effective management oversight in the service and the registered manager and staff understood their roles, and the importance of quality performance and support and risks assessment requirements.
- At inspection however, we noted that not all regulatory requirements had been fulfilled. The service had not reported an alleged safety concern to CQC but had cooperated with the local authority in relation to the enquiry. This meant we had not had the opportunity of monitoring the situation whilst the matter was under consideration by the local authority. The provider representative instigated a review of the case and during inspection we were shown a report that supported lessons had been learned from the error and senior staff were reminded of their duties in similar circumstances.
- There was a comprehensive on-call system that provided support to people and staff.

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

- There was a positive culture of engaging staff, people using the service and their relatives in order to help provide good care that promoted positive outcomes and support.
- There was an open and transparent culture that supported equality and inclusion. People were empowered to voice their opinions through different forums so their voice was heard. For example, we

noted people and relatives were included in meetings and participated in questionnaires and surveys.

- The registered manager supported an 'open door' policy so people could approach them directly and discuss their concerns openly and in confidence. People and staff told us the registered manager and provider's representative were approachable and they would have no hesitation in speaking with them.

#### Continuous learning and improving care

- There was a strong emphasis on continuous learning and development within the service. It was clear the success of the service and staff members was celebrated in a provider-wide newsletter that staff and people could access.
- The service had quality assurance processes and systems to monitor and improve the service. We noted the registered manager discussed this with staff at team meetings.
- Annual surveys were sent out to people who used the service and their relatives. We noted the results from the 2018 survey were positive and in response to a theme that was recognised, a new schedule of activities was arranged.

#### Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with local health services to improve a person's diet. A member of staff said, "We work well with other services and our client's families. There is mutual respect and I'm proud to work here."