Creative Support Limited

Creative Support - Jarrow Service

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 5 August 2015. This was the first time the service has been inspected.

Creative Support – Jarrow provides an independent supported living service to adults with learning disabilities.

The service comprises of six semi-detached bungalows, where people are assisted to live in the community. The service can accommodate up to six people, at the time of our inspection there were six people using the service.

A new manager was in place at the time of our inspection. The manager was aware of their responsibility to apply to become a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Family members told us their relatives were safe. One family member said, “Staff look after [my relative] well. They are happy.” Another said, “Everything is planned, staff keep [my relative] safe.”

People using the service and their families were involved in the recruitment process. All staff had completed a Disclosure and Barring Service (DBS) check. We also saw the provider carried out reference checking in line with their recruitment policy.

Staff we spoke to had a good understanding of safeguarding adults. We saw any concerns were investigated and the appropriate authorities were informed.

Risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. We noted these were reviewed every six months or before if required.

Medicines were administered safely and records related to medicines were accurately completed.

We saw personal emergency evacuation plans (PEEPS) were present in people’s care records. They gave staff clear directions on actions to take in the event of a fire, including an identification of hazards and escape routes.

Staff members we spoke to told us they had received training in the Mental Capacity Act 2005 (MCA) and they were confident in supporting people who did not have capacity.

There were systems in place for handling and resolving complaints. Family members were aware of how to raise any concerns they may have.

Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people’s changing support needs.

People had regular access to external health and social care professionals as they were required.

Staff were visible and the atmosphere was happy and calm. All activities and chats involved the people who used the service. We saw staff gave people their full attention throughout the whole day.

The provider had a clear philosophy to promote rights, independence, choice, inclusion, social opportunities, meaningful activities and relationships.

Staff were caring and treated people respectfully making sure their dignity was maintained.

People were involved in planning their own individual activities. We saw in one person’s home a board with pictures indicating activities or tasks for the week.

Quality assurance systems were in place and audits were carried out regularly to monitor the delivery of the service.

Summary of findings

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.

Good

As part of the recruitment process all staff had completed a Disclosure and Barring Service (DBS) check. We also saw the provider carried out reference checking in line with their recruitment policy.

Medicines were stored and administered safely and accurate records were maintained.

Staffing numbers were sufficient to ensure people received a safe level of care.

Is the service effective?
The service was not always effective.

Requires improvement

We did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

Staff encouraged people to maintain a healthy balanced diet.

Care plans reflected the co-operation between support workers staff and external healthcare professionals to ensure people received effective care.

Is the service caring?
The service was caring.

Good

Staff were aware of people's preferred method of communication and used it appropriately; allowing people time to express themselves.

People were treated with kindness and compassion.

People were supported to maintain their dignity. Staff made sure people's choices were respected and acted upon.

Is the service responsive?
The service was responsive

Good

People and family members were involved in the planning and review of the care received.

People were supported to take part in activities and interests they enjoyed.

The provider had a complaint, suggestions and compliments procedure in place and this was clearly displayed in the entrance of the office and available for all visitors

Is the service well-led?
The service was well-led

Good

Summary of findings

Staff and family members were positive about the management and leadership of the service.

The manager and regional manager recognised the importance of monitoring service performance to drive improvement.

The provider offered different formats to capture feedback from people who used the service and their families.

Creative Support - Jarrow Service

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.

The visit was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that they would be in. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the local authority commissioners for the service and the local authority safeguarding team. We did not receive any information of concern from any of these people.

We reviewed three care plans for people who used the service. We examined four staff records including recruitment, supervision and training records and various records about how the service was managed.

We looked around the service and visited people's homes with their permission. Due to their complex needs not everyone was able to share their views to us. We spoke with two family members, the manager, the regional manager, five support workers and three external professionals.

Good

Is the service safe?

Our findings

Family members told us their relatives were safe. One family member said, “Staff look after [my relative] well. They are happy.” Another said, “Everything is planned, staff keep [my relative] safe.”

The manager told us people using the service and their families were involved in the recruitment process, usually taking part in an interview. They said, “It’s important the person is part of the process.”

We examined four staff recruitment files and saw the provider was careful to recruit people safely. We noted the provider had followed their recruitment and selection policy. Each file held two references at least one from a previous employer. We saw all staff had a new Disclosure and Barring Service (DBS) check prior to their employment which was renewed every three years. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a safeguarding policy in place which included the prevention of abuse. The manager told us, “Safeguarding is discussed in supervisions.” Staff we spoke to had a good understanding of safeguarding adults. All were able to give examples of the types of abuse, the signs to watch out for and the appropriate action to take. We saw from training records all staff had received safeguarding training.

One staff member said, “I have never witnessed any abuse.” Another told us, “I would report any concerns to the manager.” We saw safeguarding incidents were recorded, impact was assessed, action taken was recorded and debriefing for staff was available.

We asked to look at the accident and incident records. We saw incidents were appropriately recorded. The manager advised all incidents are reviewed and dealt with immediately. They told us advised all accidents and incidents including safeguarding concerns are sent to the Incident Team at the provider’s Head Office for analysis into trends and follow up action across all services.

Medicines records supported the safe administration of medicines. We reviewed three people’s medicine administration records (MARs) and care records held in the office. We saw the MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Medicines records we viewed were up to date and accurate. We also saw medicine audits were carried out and these were also up to date.

Medicines were stored safely in people’s homes in a lockable cabinet attached to the wall. Care plans contained a medicine support declaration which outlined the level of support a person required. A ‘red card’ system was in place which clearly identified changes in medicine. We also saw a record of a person’s medicine, dosage, administration guidance and a homely remedies record.

We asked the manager about staffing levels. They told us staffing levels were set by the needs of the people using the service. We saw from the previous week’s rotas five support workers worked mornings, six on an afternoon, with one night staff and one sleepover. One family member told us, “There are always enough staff.” One staff member said us, “There are enough staff to ensure people’s needs are met.” However another staff member told us, “[Person] and [Person] both were on 1:1 [one to one support], now for some reason that isn’t happening which means [Person] is missing out on activities.”

We spoke to the manager about this concern. They told us, “[Person] and [person] have always shared support and this was stated in their contracts. There were never enough hours allocated for 1:1 support for both people. I think staff believe they should have 1:1 but assessments don’t support that need.”

We noted the use of agency care workers. The manager advised it was the first time they have needed to use agency staff and this was due to staff leaving and sickness. They told us they are currently recruiting for extra support workers.

We saw risk assessments were present in people’s care records and covered areas such as poor nutrition, mobility, challenging behaviour and personal hygiene. The risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. We noted these were reviewed every six months or before if required.

We looked at records relating to the safety and upkeep of the premises. Records we viewed showed regular health

Good

Is the service safe?

and safety checks were undertaken. This included checks of gas safety, electrical safety, electrical appliances, fire safety and water safety. At the time of this inspection these checks were up to date.

We saw personal emergency evacuation plans (PEEPS) were present in people's care records. They gave staff clear directions on actions to take in the event of a fire, including an identification of hazards and escape routes.

Requires improvement

Is the service effective?

Our findings

One family member told us, "Staff are really good, they know what they are doing." Another said, "They have the skills to look after [my relative] we have never had any issues." An external professional told us, "The staff have a high level of knowledge and are very capable to care for people."

Staff we spoke with told us they had received sufficient training to carry out their roles. Staff told us and records confirmed they received training in health and safety matters such as food safety, manual handling, first aid and safe handling of medicines. We found the majority of staff had an appropriate care qualification such as a national vocational qualification in health and social care.

One member of staff described the training as "brilliant" and highly praised the provider for the training it offered to all their staff. Another said, "I've completed three courses this year. We can ask for specialist training if we wish."

We looked at how the provider supported the development of staff through supervisions. Supervisions are regular meetings between a staff member and their line manager/ supervisor, to discuss how their work is progressing and where both parties can raise any issues to do with the people they provide care for or to do with their role.

The manager told us, "We have focused supervisions/ observations in line with monthly themes.

Staff we spoke to told us they had had supervisions recently with the new manager. One care staff member said, "We can discuss anything with the manager at our supervisions, they are open to ideas."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA)) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'.

Staff we spoke with had a good understanding of MCA, particularly in relation to healthy eating. Some staff had just completed training in MCA, with the rest of the staff due to attend training in MCA later this year.

We did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. The manager told us that when the local NHS Trust had managed the service 'best interests' meetings had been held, but copies of these were not available. The regional manager advised us the new MCA policy which included new documentation for capacity assessments was due in September.

People had regular access to external health and social care professionals as they were required. The manager told us external professionals such as the community nursing services attend the service. They told us the impact of this was some people using the service had improved so much that they were no longer under the care of a consultant. We noted in people's care plan multi-disciplinary team meetings had taken place. One external professional told us, "The staff are proactive and always contact us if they are concerned about someone."

Staff told us if they were concerned about a person who used the service they liaised with the person's GP. One care worker told us, "If someone's behaviour changes it could relate to their health, we look at what has happened, their routines and the handover logs to see what is different."

We saw people's care plans clearly described the support they needed with eating and drinking, including any risks associated with their nutrition. Staff were fully aware of people's eating and drinking needs and understood how they needed to be supported. For example, '[Person] has all their food blended and would like support with eating.' In another person's care plan it indicated support for the person to make healthy diet choices.

Good

Is the service caring?

Our findings

Family members told us staff were caring and treated their relatives well. One family member said, “The staff are marvellous, they allow [my relative] to do things for themselves, giving them independence.” Another told us, “[my relative] loves the staff.” An external professional stated, “The staff are great with clients.” And another said, “Staff ensure they balance people’s rights against risk.”

During our inspection we observed people being supported by friendly and attentive staff. Staff we spoke with were knowledgeable about the different needs of people who used the service.

Staff were able to discuss people’s needs, their likes, dislikes and routines. Staff were aware of people’s preferred method of communication and used it appropriately; allowing people time to express themselves. We saw staff used a picture board with one person who did not communicate verbally, enabling the person to express their wishes. One care worker told us one person used the Argos catalogue to point out things they want to buy, e.g. duvet set.

Staff were visible and the atmosphere was happy and calm. All activities and chats involved the people who used the service. We saw staff gave people their full attention throughout the whole day. One care worker told us, “I’ve worked here for years, I’ve seen people grow up here.”

We observed a positive interaction between the manager and a person who used the service. The manager asked the person what they would like to do and gave them several options so they could choose. They reassured the person that it wasn’t long for them to wait before they went to the disco, an activity that they enjoyed.

One staff member told us, “Our role is supporting people in their own homes with personal hygiene, medication, meals, cleaning and shopping.” Another staff member said, “It’s about maximising their independence.” One staff member described the relationship between staff and people who use the service as “like a family”. Another told us, “You get attached.”

Staff interactions demonstrated their knowledge and understanding of the people they supported. For example, one staff member described how a person became anxious about losing their belongings when out. With that in mind the staff member suggested the purchase of a bag, which they supported the person to buy. As a result the person is less anxious when they go out as their belongings are secure in their bag.

At the time of our inspection, no-one used an advocacy service. We saw a ‘your voice counts’ poster, an advocacy services specifically for people with learning disabilities, on display in the entrance of the office. The manager told us if it was identified someone needed an advocate they would ensure the person received the assistance they needed.

We asked family members if their relatives were treated with care and dignity. One relative told us, “They always have time for [my relative].” Another said, “All the staff are respectful to [my relative], they are caring and kind. It’s a difficult job.”

We saw choices were offered in people’s daily routines. Staff were able to describe how they offered choices to people, for example, regarding clothes to wear, what to eat and what activities to take part in. People using the service were able to see their friends and families when they wished. There were no restrictions on when family members and friends could visit the service and visitors were made welcome by the staff.

We observed people come to the office and have a chat with the manager. The manager described how the staff worked with hospital staff for three weeks before a person was discharged from hospital. The impact of this was that the person moved without incident and professionals and the family were “extremely happy”.

Staff encouraged people to maintain their independence. We saw one person’s care plan recorded, ‘[Person] is unable to do all kitchen tasks but loves to be involved.’ It advised staff to promote the person to do daily tasks including cleaning, reminding staff, ‘It’s their home.’ One staff member said,” I have seen [person] come on so much.” One relative told us, “At one point there were too many staff and [my relative] didn’t get a chance to do things for themselves, its different now.”

Good

Is the service responsive?

Our findings

Care records we viewed contained detailed information about the person including personal information, social history, medical history, personal care and a positive behaviour support plan. These were written from the perspective of the person receiving the care. For example we noted in relationships it outlined how the person wished to make decisions, 'Staff need to use the choice board and maintain my routine. I like information in the form of pictures please don't give me more than three choices at one time.'

Within the care plan we saw holistic risk assessments covering trips and falls, self-neglect, nutritional needs and medicine risk assessments. We found these were person centred and described how to support the person and reduce such risks.

The service had introduced positive behaviour support plans (PBS). The manager told us, "The PBS has had a massive impact in reducing restrictions on people who use the service. These contained an exact plan of what to do to adapt to the needs of each person who used the service. It's about us adapting to the client."

Family members told us they were involved in planning of their relative's care. One family member said, "We are invited to all meetings about [my relative's] care. If there have been changes in [my relative's] needs they get the appropriate medical support but always contact us."

The manager told us people using the service have more structure in place and more activities to do than previously. They told us staff embraced change and came up with their own ideas for improvements. They said they encouraged this and wanted to empower staff so that they could progress in their role and take more responsibility.

The manager advised each person was involved in planning their own individual activities. We saw in one person's home a board with pictures indicating activities or tasks for the week. One person told us they were attending a disco on the evening. Staff discussed the outing with the person throughout the day.

The provider had introduced a weekly planner for each person. The manager said, "The impact of this was a more structured week and people found new activities they enjoy." For example, one person now goes to an art studio.

One person showed us a piece of artwork they had made in an art class they had attended. We saw the person had appeared in the weekly newsletter proudly displaying their creation.

The manager told us the provider sourced different classes for people to take part in. We also saw the provider organised activities throughout the services including a football tournament, come dine with me and x factor competitions.

One staff member told us, "We are here to give people the best life possible. You can see the pleasure people get out of doing things." The manager advised support workers encouraged people to take part in as many activities as they wished. Activities included shopping, swimming, disco and going to the local sports centre. A family member told us, "[My relative] likes to go out for a coffee; they always make sure someone is free to take them."

We asked people and family members what they would do if they had a concern or complaint about the service they received. A family member told us, "I don't have any complaints the staff are brilliant." Another said, "If I had concerns I would speak to the manager." The provider had a complaint, suggestions and compliments procedure in place and this was clearly displayed in the entrance of the office and available for all visitors. The manager advised no complaints had been received in the last year but a system was in place to log and investigate complaints immediately.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager had applied to become a registered manager. They had been pro-active in submitting statutory notifications to the Care Quality Commission. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

Family members told us they were happy with the service their relatives received. One relative said, "I get on well with [the manager]." An external professional told us, "The manager is really good we work well together." Another said, "I have no doubts about the manager's ability to do the job. I have no worries or concerns."

The service had changed ownership at the end of last year. The manager told us, "The staff have been through a lot and it was very unsettling at times. The company had tried to "drip feed" changes and involve staff in any changes that were made." Staff told us they enjoyed working at the service. One staff member said, "[The manager] is very easy to get on with and guides me." Another told us, "[The manager] has an open door policy and they are very supportive."

We observed staff worked well as a team supporting each other when required. One care worker told us, "We support each other, it can be difficult but we look after each other." Another care worker recalled an incident they had been involved in and described how the management had been "really good" about this and they felt supported.

The provider had a clear philosophy to promote a person's rights, independence, choice, inclusion, meaningful activities, social opportunities and relationships. We saw this message on notice boards and within the support worker's handbook which all staff received on commencement of their employment. The manager told us the provider had themed months. We saw in February 2015 dignity was the theme, educational information was displayed and the dignity formed the centre point of staff's supervisions.

People using the service had the opportunity to take part in the Quality Forum with the board of trusties. The Quality Forum is a forum that meets to discuss how to improve the service. The regional manager told us people are also involved in the review of company policies. They said, "We like to involve people in every part of the service."

We saw team meetings were held monthly and covered such subjects as safeguarding, incident trends, training and emergency evacuation procedures. Staff confirmed attending the meetings. One staff member said, "It's an opportunity for us to get together and we can raise issues for discussion." The manager advised any immediate concerns are written in the staff communication book to enable staff to adjust instantly.

The provider had a comprehensive system to audit various aspects of the running of the service. The manager monthly audits included checks of recruitment, supervisions, safeguarding, accidents and incidents, impressions of service and consent. The regional manager told us they then conducted a further audit. We saw evidence of the previous months audit and the manager showed us the current months which they were completing. Both the manager and regional manager recognised the importance of monitoring service performance to drive improvement.

We saw a daily handover checklist was completed covering such areas as medicine, finance, health and safety checks and a verbal handover. This ensured that any concerns were picked up immediately.

We looked at what the provider did to seek people's views about the quality of the service. The manager told us questionnaires were sent to people and family members once a year. They said they used different formats to capture information from everyone involved.

The pictorial questionnaires we viewed were all positive and included such comments as 'The staff are courteous and polite' and 'Senior staff are passionate about their work.' One family member told us, "I completed a survey not long back."