

Creative Support Limited

# Creative Support - Cannock Services

## Inspection report

17 Wolverhampton Road  
Cannock  
Staffordshire  
WS11 1ST

Date of inspection visit:  
07 August 2017

Date of publication:  
07 September 2017

### 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

We inspected this service on 7 August 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. This was the first inspection since the provider's registration on the 1 March 2016. This service supports adults with a learning disability to live in the community. Some of the accommodation was within a supported living setting, other support was provided to people living with their family or living independently. There were six people in receipt of personal care at the time of this inspection visit.

The service had a registered manager in post. 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.

People were protected from the risk of harm because identified risks were managed safely. The provider had completed safe recruitment practices. The staff understood what constituted abuse or poor practice and people were supported to take their medicines as needed. People were supported by staff that received the training and support they needed to develop their skills. Staff felt listened to and were happy to raise concerns.

People were supported by a consistent staff team that knew them well and promoted their independence. People were supported to make their own decisions. When people were unable to consent they were supported in their best interest.

People's needs were assessed and support plans were developed with them so that they could be supported in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and were supported to use healthcare services. People were enabled to develop and maintain hobbies, interests and work opportunities within the local community to promote equality and integration.

There were processes in place for people to express their views and opinions about the service and to raise any concerns they had. Information on how to raise concerns was provided to people in an accessible format to support their understanding. Quality monitoring checks were completed by the provider and management team and when needed action was taken to make improvements. The provider and registered manager understood their responsibilities around registration with us.

## 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 supported to keep safe and take their medicines as prescribed. Risks to people's health and welfare were assessed and actions to minimise risks were documented in people's care plans and implemented. People were supported by staff that were suitable to work with them and there was enough staff available for the support they needed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff in their best interests when they were unable to make decisions independently. Staff were skilled, confident and equipped to fulfil their role, because they received the right training and support. People were supported to maintain their nutritional and health needs.

### Is the service caring?

Good ●

The service was caring.

There was a positive relationship between people that used the service and the staff that supported them. People liked the staff. People were supported to develop their independence and were supported to maintain their dignity. People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved in discussions about how they were supported. The complaints

policy was accessible to people and they were supported to raise any concerns.

**Is the service well-led?**

**Good** 

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided and drive improvements.

# Creative Support - Cannock 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 checked 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 comprehensive inspection took place on 7 August 2017 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and staff as part of this inspection during the office visit. We also spoke to people's relatives by telephone after the office visit. The inspection team consisted of one inspector.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the local authority quality monitoring team.

We spoke with three people who used the service, three people's relatives and two members of care staff. We also spoke with the registered manager, the team leader, and the support coordinator who were based at the office. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People told us they were comfortable with the staff that supported them. One person told us, "The staff are very nice to me, I like them." Relatives told us they were confident their relations were supported in a safe way. One said, "They seem very happy and they get on well with the staff and tell me that they like them." Another relative told us, "They are safe with the staff and have staff with them all the time." Staff confirmed they had received safeguarding training and confirmed refresher training was provided and discussed in supervisions. They understood their responsibilities to keep people safe and protect them from harm and knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to manager or above the manager if that was needed. We can also ring the local authority safeguarding team."

Information regarding reporting concerns was on display in the office and staff confirmed this information was sent out to people that used the service and was on display within supported living homes. A safeguarding course had also been provided to people that used the service to support them in understanding how to keep safe. This course included recognising abuse and hate crime and learning how to report it. It also educated people about staying safe in public and when using public transport and recognising what a healthy relationship and friendship was. The provider's quality team checked people's understanding of this training as part of their auditing role. This demonstrated the provider took a proactive approach to enhance people's understanding about how to keep safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions that were needed to reduce risks, whilst supporting people to maintain as much choice and independence as possible. We saw that people were supported to take responsible risks and staff helped them with living skills. For example, one person was being supported with travel training on the day of the inspection as they were moving into a new home. This was being achieved by staff initially working with this person to familiarise them with the public transport route until they were confident to do this alone. People were also supported to stay safe at home. One member of staff told us, "I do checks with [Name] every night to check they have locked their doors and the house is secure." Another member of staff told us, "In the supported living houses we do fire drills with people, so they know what they have to do if there's a fire."

The staffing levels were determined according to the needs of each person and the activity they were undertaking. For example some people had staff support on a 24 hour basis, with a staff member sleeping in overnight. Other people required less support or were supported for specific activities. None of the people or relatives we spoke with raised any concerns regarding the staffing levels in place and confirmed staff were available to support them when needed.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff told us they had received specific training in this area. Staff learnt how to de-escalate situations and manoeuvres that they could use to protect themselves and others from harm. Staff confirmed that no restraint was used when supporting people. Plans were in place which focused on positive behaviour

approaches; this is known as Positive Behavioural Support (PBS). We saw these plans along with how to support people when they became anxious or upset provided clear guidance. This in turn enabled people to lead more fulfilling lives. Staff had a good understanding of people's behavioural support needs and how to support them. This reflected what we read in their individual plans. For example, one person was able to access the community using public transport. This person had not had this opportunity before due to their behaviour. We saw that all of the staff that worked with this person had completed the appropriate training. This provided them with the skills to identify when this person was becoming anxious and how to effectively support them.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we saw had all the required documentation in place. People that used the service were encouraged to be involved in the interview process. One person told us they thought this was a good idea as it gave them the opportunity to meet people that were applying to work with them. The provider had completed additional checks where staff received limited information on their references. For example, some previous employers only provided confirmation on the dates a person had worked for them. In this instance the member of staff was put on a work trial for 12 weeks at the start of their employment to enable the management team to assess their suitability. DBS checks were renewed every three years in accordance with the provider's policy.

We looked at how staff supported people to take their medicines. Some people that we spoke with confirmed that they had support from staff to take their medicines. We saw that people were supported to manage their medicines and be as independent as they could be. For example, staff told us that compliance aids were being sought for two people that would enable them to administer their own medicines with minimum staff support. One person told us, "The staff help me to take my tablets but they are kept in my bedroom. They are safe because they're locked up." Staff told us they had undertaken medicine training and records confirmed this. For people who required support a medicines administration record was kept in their home. These records were then audited by the senior staff and the audits taken to the office for review, to enable the management team to identify any trends in errors. We looked at these records and saw that no actions were identified. This was because any errors were picked up on incident forms and addressed promptly with the staff involved.



## Is the service effective?

### Our findings

People's needs were met and their well-being and independence promoted by staff that had the necessary skills and training. People we spoke with confirmed that they were happy with the support they received from staff. Relatives told us, "The staff are very good with [Name] what they need help with and what they can do. They seem very well trained to me." Staff told us they received the training they needed to support people. One member of staff told us, "We get the training we need to support people it's a mix of E learning and classroom training depending on what it is." Another member of staff told us, "Each person has their own team of staff. We all get the essential training and then training specific to the person's needs and we get our competency assessed. We did mental capacity training and then had supervision to check we understood it." We saw that training was ongoing to ensure staff received constant refreshers and updates. For example, we saw that an annual three day refresher training on de-escalation techniques and behaviour support was booked for some staff in August 2017. One member of staff told us, "Only staff that have had the training can work with people that need that level of support with their behaviour." This demonstrated that staff were equipped with the skills they needed to meet people's specific needs.

Staff that were new to care completed the care certificate. This sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff confirmed they received supervision and appraisals. One member of staff told us, "Supervisions are done regularly and we cover different areas like safeguarding adults which include how to make safeguarding referrals. Others are things like managing service user's finances, direct observations and medicine administration observations." This showed us that staff competency and understanding was continuously monitored. Staff confirmed they were supported by the management team. One member of staff said, "The support is very good we don't have to wait for supervisions everyone in the office is approachable and available when we need them."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Information in people's assessments and support plans reflected their capacity and when they needed support to make decisions. We saw that when people were unable to make decisions, they were made in their best interests with the involvement of people that knew them well along with the relevant health professional. Discussions with staff demonstrated they understood the principles of the MCA. One member of staff told us, "The mental capacity act is about protecting people's right to make their own decisions when they can with as much support as they need. If they can't make a certain decision it's made in their best interest with information from people who know them and know what they like and don't like." Information in people's records reflected this.

Some people were supported by staff to purchase and plan their meals. One person said, "The staff help me to plan my meals." Another person told us, "I go shopping with the staff." Information in people's support

plans showed us that staff supported and encouraged people to maintain a healthy balanced diet. We saw that a healthy eating talk had been undertaken and NHS dieticians and the community learning disability team were invited to attend. One person had been supported to lose weight with the support of their staff team and family. The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans.

People were supported to manage their healthcare needs where this was required. Staff supported people with routine appointments such as health checks. We saw that information was recorded that provided staff and health care professionals with information about their health needs. This included information on the level of support the person needed with healthcare appointments and their preferred communication method. This was to ensure people could be supported in an individualised way when accessing health care services.

## Is the service caring?

### Our findings

We spoke with three people and the staff that supported them. People appeared comfortable and the staff demonstrated a good understanding of their needs and treated them in a respectful and caring way. People told us they found the staff likeable, approachable and caring. One person told us, "The staff are alright, I'm very happy. I think they are very nice." Another person told us, "The staff are nice to me I get on with them."

Staff supported people to maintain their dignity. We saw that one person had been supported with their continence needs. When they had a long journey to make, this was undertaken by taxi rather than public transport, to reduce travel time. They were also encouraged to carry a spare set of clothes with them, in case of an incident, so they could get changed and safeguard their dignity in public. A workshop on personal hygiene had been organised for the autumn of 2017. This was to enhance people's understanding regarding the importance of personal hygiene.

Staff worked in partnership with people to ensure they were treated as individuals. Information was provided about each person regarding their personal preferences, their daily routines, their method of communication, their cultural and religious beliefs and goals they had set for themselves to achieve. We saw two people had completed plans with staff support regarding their wishes and goals which they were working towards. This included the planning of holidays. People's views had also been considered in relation to staff. For example through the staff awards where people that used the service voted for the staff member of their choice. This demonstrated that people were empowered to give their views.

People were supported to be as independent as they could be. For example, one person worked voluntarily for a charity. Training was provided to people to enable them to develop their skills, such as managing their finances and budgeting, benefits assertiveness and employability. A course on self-confidence had also been provided to promote people's self-esteem. People were supported to use their voting rights. This had been achieved through a 'love your vote' campaign in association with the parliament outreach service.

People were supported to maintain relationships with significant people who were important to them, such as family members and partners. We saw that information was provided within person centred plans about people that were important in the person's life and their involvement. One relative told us, "I have regular contact with [Name] and the staff ring me if there are any problems."

## Is the service responsive?

### Our findings

Staff worked in partnership with people to develop their skills and confidence. One person we spoke with had initially received 24 hours support; they now received 10 hours a week. This reduction in hours had been achieved by staff working with them to develop their independent living skills and supporting them to move into their own home.

We saw that people were encouraged to increase their levels of confidence such as travel training support and through participating in the Mencap Gateway Award that ran over six months to improve their well-being and participate in leisure activities and challenges that they haven't done before. At the end of the six months an award was given. We saw that people that used the service were nominated by staff for an award based on their achievements. For example, one person had won an award as they had achieved a qualification for the voluntary work they had completed.

Where possible people were supported by staff with similar interests and hobbies to the people they supported. This was done to further enhance the experiences that people received by working with staff that had a common interest. For example, one person enjoyed fishing and was supported to do this with a staff member who also enjoyed fishing. Another person enjoyed swimming and they were matched with a member of staff that also enjoyed this.

People were supported to access community facilities such as local colleges. We saw that staff ensured the courses met people's specific requirements. For example, one person had registered on an art course but found that it wasn't right for them. The staff supported this person to find another college where the course available suited their requirements. This person had entered a competition for Creative supports calendar next year and told us they were hoping their art work would be included in the 2018 calendar.

People were supported to plan for holidays of their choice. One person told us they were planning to go to Benidorm with staff support. They told us, "I decided to go to Benidorm; the staff are helping me to sort it out." Another person told us they had been on holiday with a friend earlier this year. They also told us about a champagne breakfast they had enjoyed at a hotel and told us, "It was very posh, I enjoyed it."

Newsletters written by the development officer were given out to people that used the service every month. These newsletters provided information on recent events and activities such as trips to the sea life centre and a review from a person regarding this trip. Other days out included a trip to Madam Tussauds in London. Events were also included such as the autism awareness day where people talked about their experiences of living with autism. We saw other events were planned for the remainder of this year such as a trip to the Harry Potter studios, Dudley zoo and the Black Country museum.

We saw that people's support records were reviewed regularly and people and their representatives were involved in reviewing the support they received. A key worker system was in place to ensure consistent support was provided. One member of staff told us, "Key workers are responsible for supporting a person to

manage their money, discussing any new items they want, what activities they would like to do and setting goals. We also encourage healthy eating when planning meals with people and support them with routine doctors' appointments."

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. A complaints procedure was in place and this was included in the information provided to people when they started using the service. This information was provided in a pictorial format to support people. We saw a system was in place to record the complaints received and the actions taken and outcome.

## Is the service well-led?

### Our findings

People and their representatives told us that they felt the service was managed well. One person told us, "It's very good here." A relative said, "It seems well run to me, they keep in touch with me if there are any changes." Another relative told us, "I am very happy with everything."

We saw that people were encouraged to express their views through a variety of methods, such as annual questionnaires, person centred reviews and consultations with people. We saw that in June 2017 a consultation was held with people that used the service to discuss the activities they would like. People confirmed at this consultation that they would like to attend the new social club that was scheduled to open in the near future. The registered manager told us, "Following people's requests we are having a cooker fitted here so that people can do some cooking in the café. We will also have indoor gardening such as potting plants." People that used the service were provided with opportunities to become a representative for excellence. This role enabled people to become involved in different areas such as staff recruitment and training. People's representatives were also encouraged to express their views. The registered manager told us that a family consultation was undertaken in September 2016; however only one person's family member attended.

Staff had a good understanding of their role and responsibilities. One member of staff told us, "Each team has their own group of staff so that they are individualised to each person or group." This demonstrated that there was a consistent approach to care. The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. Staff confirmed they worked well as team. We saw that staff meetings and employee surveys were also undertaken to enable staff to give their views and keep up to date with any changes in the service.

The management team encouraged staff to take ownership of their roles. This included delegating tasks such as rota planning. One member of staff told us, "Senior staff do the rotas for their services." An on call system was available for staff. A member of staff said, "Seniors are included in the on call rota along with managers and we have a backup on call from the head office in Manchester, so there is plenty of support." Another member of staff told us, "If we need any support we can contact the office or on call if it's out of hours, everyone is really supportive."

Regular audits were undertaken by the management team to check that people received good quality care. Audits covered any incidents and accidents to ensure any trends were identified and action taken as needed. Health and safety and medicines management was also audited along with key records such as people's support records, risk assessments and environmental checks of people's homes. The provider also monitored staff's professional development and support. Regular consultations regarding staff support was undertaken with people that used the service. An internal quality team also supported the registered manager in driving improvement. We saw that any required actions had been addressed.

We saw that information kept at the office base ensured only authorised persons had access to records. All

information relating to people that used the service and the staff team was kept securely. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.