

Creative Support Limited

Creative Support - Trafford Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Creative Support - Trafford Supported Living Service is a supported living service providing personal care for people with a learning disability and autistic people. Some people also had a physical disability. At the time of our inspection there were 26 people using the service, living in 8 supported living houses.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support:

Risk assessments and associated guidance had not always been reviewed in a timely way. Medicines records and storage were not always robust in some properties. Environmental risks in one house had not been identified. The model of care met the right support, right care, right culture guidance. There were enough staff to meet people's needs and support people to take part in activities of their choice. Staff were safely recruited. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, records of best interest decision were not always kept.

Right Care:

Care plans were person-centred and promoted people's privacy and dignity. Relatives were positive about the support and kindness of the support workers.

Right Culture:

The quality assurance systems did not give the registered manager and project managers full oversight of the service. In some properties, issues had not been identified, in others identified issues had not been escalated to the project or registered managers to ensure they were resolved in a timely way. Incidents were recorded and reviewed to identify any patterns and ensure actions had been taken to reduce any reoccurrence. The registered manager took action straight after our inspection visit to address the concerns we identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 November 2018).

Why we inspected

We received concerns in relation to staff not meeting people's needs, record keeping, and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. The provider took immediate action to begin addressing the issues we found.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support - Trafford Supported Living Service on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to managing medicines, risk assessments not always being reviewed, environmental safety and the quality assurance and oversight of the service at this inspection.

We have made a recommendation about introducing an escalation system to ensure all care plans are reviewed in a timely way and for following best practice in recording best interest decisions.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Creative Support - Trafford Supported Living 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. We checked 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 Health and Social Care Act 2008.

Inspection team

3 inspectors visited the service's office and 2 houses on the first day of the inspection. 1 inspector visited another house on the second day. An out of hours visit was also made to 1 house. An Expert by Experience telephoned people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 8 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. They were also the registered manager for a nearby supported living service with the same provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. Most people using the service were not able to verbally communicate with us. We observed interactions between people and the care staff in the 4 houses we visited. An Expert by Experience spoke with 9 relatives by telephone. We also spoke with 12 members of staff including the registered manager, service director, provider quality manager, project managers and care staff.

We reviewed a range of records, including 6 people's care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines administration records (MARs) were not always fully completed in some properties. For example, one medicine was not on the MARs sheet. Medicine's audits had not identified these gaps. This meant it was not possible to assure ourselves people had received their medicines as prescribed.
- Medicines were not always safely stored. In one property the lock could be opened without a key and access to the medicines could be gained from the adjoining cupboard. A new medicines cabinet was ordered after our inspection.
- Records were not always kept when medicines were returned to the pharmacy. This meant it appeared a quantity of Lorazepam was unaccounted for, although the staff said they had been returned to the pharmacy. The guidelines for when people may need an 'as required' medicine (PRN), for example pain relief, were not always clear in identifying how the person would communicate the PRN was needed. The PRN guidelines were updated immediately after our inspection.
- Not all risk assessments, and guidance for managing these risks, had been reviewed to ensure they continued to reflect people's current needs. Risk assessments at one property had recently been reviewed following a visit by the local authority commissioning team.
- Environmental risks were not always safely managed. One property did not have radiator covers, even though the radiators were too hot to touch. We also saw cleaning chemicals on a shelf and tools in an accessible cupboard. These were moved to a safe storage location during the inspection.
- A range of regular safety checks were made at each property. Issues found had not been resolved in a timely way, though we were told they had been reported to the housing association. These issues had not been escalated through the project manager or registered manager to ensure they were actioned. This was done following our inspection.
- Not all servicing certificates were available to view. We were assured the servicing had been completed, with the housing association arranging the servicing and all certificates being sent to them.

The issues with medicines records, storage of chemicals, environmental safety issues and risk assessments not being reviewed were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Immediately after our inspection the register manager sent the inspector a plan of the actions taken to address the issues we had found.

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 MCA 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.

- We found the service was not always working within the principles of the MCA. Generic capacity assessments were in place, however there were no records of any associated best interest decisions, for example for the use of bed rails. The registered manager told us best interest meetings would be arranged where needed. We found people had not suffered any harm because of the lack of best interest meetings.

We recommend best practice guidelines are followed to record best interest meetings.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff knew how to report any concerns and had completed training in safeguarding vulnerable adults.
- Incidents were recorded and reviewed by the senior care worker or project manager. The service director, registered manager and project managers reviewed all incidents every three months to identify any possible patterns or an increase in incidents for one person or property. These could then be looked at in more detail and actions taken to reduce the risk of further incidents occurring.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The service had several vacancies and was trying to recruit additional support workers. Rotas were being covered by overtime, bank staff or agency workers. This had some impact on people as the agency staff did not know them, or their needs, as well as the regular staff did.
- Staff were safely recruited. All pre-employment checks were completed prior to new staff starting work.

Preventing and controlling infection

- All properties visited were clean throughout. Staff followed current government guidance for the use of personal protective equipment (PPE).
- Visitors followed current government guidance and were encouraged to wear appropriate PPE. We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was responding effectively to risks and signs of infection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Not all person-centred plans had been reviewed to ensure they reflected people's current needs. The plans identified people's support needs and provided guidance for staff on how to meet these needs.
- We also noted it had taken 5 months to complete all parts of one person's care plan after they had moved in. This had been identified as being required but had not been escalated to the project manager when it had not been completed. Following the inspection, the senior care worker was given additional non-shift time to complete the care plans for another person who had recently moved in.

We recommend the register manager follows best practice guidance to ensure systems are in place to enable the escalation of issues affecting the completing and reviewing of care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified in their care records. This included what the person may be communicating by their actions and behaviours. however this had not been included in the protocols for when 'as required' medicines should be administered as detailed in the safe domain.
- A relative told us the staff used British sign language and Makaton when communicating with their relative.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records showed people regularly took part in a range of activities. Activities were planned to meet people's preferences.
- Improvements had been made in the recording of activities. If changes were made, why this was needed and what activity was offered as an alternative.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. Few formal complaints had been received. Those which had, were responded to appropriately.

End of life care and support

- No one currently supported by the service was at the end of their life. A document was used to record people's wishes at the end of their lives, where they wished to discuss this. People's families were involved in this where appropriate.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits were not always robust. In some properties we found issues had not been identified in the quality audits, for example medicines management. In other properties issues were identified but not actioned in a timely manner or escalated to the project or registered managers.
- The project and registered managers did not have full oversight of the service and were not aware of the issues we found, even when the senior care staff had identified some of them in their monthly audits.
- The registered manager told us the audits were being reviewed to prompt additional information to be recorded about what had been found and actions taken to address them.
- We requested copies of audits for one property to be sent to us after the inspection, but these were not received.

The lack of robust quality audits and escalation procedures were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We received mixed feedback from relatives about communication with the service. A majority said they had good communication with the staff team in the property their relative lived in. However, others said they struggled to speak with the staff team and messages they left were not responded to.
- Staff said they felt well supported by their senior support worker and were happy working for the service. One support worker said, "I feel well supported" and another told us, "I feel supported 100% at the home. The senior here is brilliant; whatever support I want I just need to ask."
- Not all project managers were visible in the properties. One support worker said, "We don't see [project manager] or [registered manager] much, only if there's something major or [senior support worker] is off." Other support workers said they saw their project manager regularly as there was not a senior support worker at the property they worked in.
- Relatives said they were involved in annual reviews and were able to discuss people's care plans and support with the staff team. One relative said, "The staff always listen to what I have to say."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we observed had good relations with the support workers and were relaxed in their company. One

person said, "The staff are kind. My room is nice; I have all my own things and pictures of the children."

- The majority of relatives were happy about the care and support their relative received and were complimentary about the staff teams supporting their relative. One relative said, "[Name's] happy there, it's his home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Working in partnership with others

- The service worked with a range of medical and other professionals.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The issues with medicines records, storage of chemicals, environmental safety issues and risk assessments not being reviewed were a breach of regulation 12 (safe care and treatment) |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The lack of robust quality audits and escalation procedures were a breach of regulation 17 (good governance) |