

Creative Support Limited

Creative Support - Heysham Gardens

Inspection report

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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

We carried out this announced inspection on the 11 and 18 July 2017. This was the first inspection since the service was registered in July 2016.

Heysham Gardens is a purpose built Extra Care housing development managed by Eden Housing Association Ltd. Creative Support - Heysham Gardens (Creative Support) has a contract to offer some of the personal care to those requiring support within the Heysham Gardens development. Creative Support are registered to offer personal care in people's own homes 24 hours a day. When we inspected 27 people were receiving care from Creative Support ranging from a few hours a week up to several hours per day. We inspected the personal care provided to the Extra Care development provided by Creative Support - Heysham Gardens (Creative Support).

A registered manager was in post at the time of our inspection. 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 very complimentary about the service and the staff who supported them. They told us they received care from staff who knew them well, and had the knowledge and skills to meet their needs. Staff displayed genuine caring attitudes towards the people they supported.

We received very positive feedback from health and social care professionals about the working relationship with the service. One professional told us that Creative Support was the "glue" that made the development work so well.

We found there were enough suitably qualified staff available to meet people's needs. The service was very flexible and responded to people's changing needs. Staffing levels were determined by people's needs and the care packages in place. There was a well-developed programme of training that was designed around the requirements of the people they were supporting.

Matters of a safeguarding nature were dealt with appropriately by the service and referred to the relevant local authority safeguarding adult's team for investigation and action as necessary. Staff were aware of their own personal responsibility to report matters of a safeguarding nature and to protect the vulnerable people to whom they provided care.

Detailed risk assessments helped to protect people from risks they may encounter in their daily lives. Hazards to people's safety had been identified and managed.

Recruitment processes were robust and appropriate vetting checks were carried out to ensure that new staff employed were suitable to work with vulnerable adults. Staff confirmed their induction provided them with

the essential knowledge and practical guidance they needed before they took up their care duties.

People told us they were very satisfied with the standards of care and support they received. They described how they enjoyed good working relationships with care staff and they were treated with dignity and respect. People received person centred care in line with their individual needs and preferences. There was a clear commitment to support people in a way that promoted their independence.

People were supported to eat and drink in sufficient amounts to remain healthy. Staff encouraged and supported them to eat and drink regularly where this was part of their agreed care plan.

Staff also supported people to access the services of healthcare professionals where they could not do this for themselves, or they had no family members to do this for them.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People's rights were protected and staff obtained people's consent before providing care. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA).

Complaints were dealt with appropriately and records retained about complaints included information about how the complaint had been handled and the outcome.

The manager and provider demonstrated a very good understanding of the importance of effective quality assurance systems in promoting a high quality of service. The provider was committed to delivering a good service that was person centred.

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.

Safeguarding policies and procedures were in place and records showed that historically these had been followed.

There was sufficient staffing capacity and people were provided with a safe and reliable service.

People received their medicines safely and as their doctors had prescribed.

Risks that people were exposed to in their daily lives had been considered. Measures had been put in place and actions taken where necessary, to mitigate these risks.

Is the service effective?

Good ●

The service was effective.

People and their relatives told us they were happy with the standards of care that they received from the service.

Staff training was up to date and competency assessments were carried out. An induction programme was in place and staff received on-going supervision and appraisal.

The provider had a good understanding of their responsibilities in line with the Mental Capacity Act 2005 and best interests decision making.

People were supported to eat and drink in sufficient amounts to remain healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well. They gave people time to carry out tasks themselves and understood it was important to support people to maintain their independence.

People and their relatives were involved and kept informed about any changes in their care.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning the care they received.

The provider had a procedure for receiving and managing complaints.

The care that people received was person-centred and considered their likes and dislikes.

A structured complaints policy and procedure was in place and people said they would feel comfortable in raising any issues or concerns.

Is the service well-led?

Good ●

The service was well led.

The provider and manager had a good ethos about providing person-centred care. They had clear visions and values and had people's best interest at heart.

Staff told us they felt supported by the provider and received appropriate supervision and appraisal to support them to deliver a good service.

The provider and manager set high standards and monitored the quality of the service to ensure these were maintained.

Creative Support - Heysham Gardens

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.

This inspection took place on 11 and 18 July 2017 and was unannounced on the first day and then announced on the following visit. This inspection was carried out by one adult social care inspector.

Before our inspection a Provider Information Return (PIR) was requested from the provider. A PIR provides key information about the service, what it does well and improvements that are planned to be made. We also issued people, staff, relatives and healthcare professionals with questionnaires about the service. We reviewed all of the information that we held about the service internally, including statutory notifications that the provider had sent us. In addition, we obtained feedback from the local safeguarding adult's team and the contracts and commissioning team about the service. We used all of the information we had gathered to inform the planning of our inspection.

As part of our inspection we visited ten people within their own homes and in the day room. We spoke with five members of the care staff team. We also spoke with the registered manager, deputy manager and the provider's operations manager. We looked at four people's care records and reviewed a range of other records related to the operation of the service, including five staff training and recruitment files and quality assurance documentation.

Is the service safe?

Our findings

People told us they felt safe when they received care from the staff. They told us that they never had any concerns about their safety. One person told us, "I feel much safer now since getting this agency. I've had other agencies and they weren't as thorough." Another person commented, "I feel safe here as I know in a crisis the staff know me well and can respond."

Relatives reported no concerns about people's safety or the staff who cared for them. One relative told us, "We chose to come here as it gives us security knowing staff are to hand and available in an emergency."

Safeguarding and whistleblowing policies and procedures were in place for staff to follow should they believe that any of the vulnerable people they cared for were at risk of harm or abuse. Care staff told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation.

Providers of health and social care services are required to tell us of any allegations of abuse. The managers of the service had informed us promptly of all allegations, as required. From these we saw that, where staff had concerns about a person's safety, the care staff and agency managers had taken appropriate action. We saw that the care staff had reported the concerns promptly to a senior person in the agency who had referred the concerns to the local authority safeguarding team. This ensured appropriate action could be taken to protect the individual from harm.

People we spoke with told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and liked. Rotas we looked at confirmed that staff cover was well organised and an 'out of hours' emergency backup was in place.

Recruitment procedures were robust and included checks on prospective staff's identity, character and employment history. Prospective staff were interviewed, given contracts of employment and observed for a probationary period of three months to ensure they were suitable for the role for which they were employed. The provider had measures in place to ensure that staff they employed were of suitable character to work with vulnerable adults and they remained suitable for their roles throughout their employment.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. The staff we spoke with told us that they had completed training in how to support people safely. They said this had included training in the safe use of equipment in people's homes and safe moving and handling techniques.

There was a policy in place linked to the management of people's money and set instructions for staff to follow around handling people's cash, for example, if they were assisting them with shopping or to do their personal banking. Receipts were retained for any items purchased on people's behalf and a corresponding running balance.

People were supported to take their medicines independently where they were able. Medicines support ranged from giving people their medicines and observing them taking them, to opening packets of medicines and leaving them for people to take at a later time. Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training and had regular updates and competency checks in how to handle people's medicines in a safe way.

Is the service effective?

Our findings

People told us the care staff who visited their homes provided a high standard of care. One person commented, "They [care staff] know what they are doing". Another person said, "I think they [care staff] are well trained, they know how to help me".

People told us they were supported by staff in a range of ways depending on what they needed help and assistance with. They said staff were capable in their roles and seemed well trained. One person commented, "I think the staff are marvellous. They know me so well and the signs when I'm becoming unwell. They get me the help I need when I need it. It's a great model of care and I think it must save a lot of money in the long run as it keeps me and other people out of hospital. The staff have had training in looking after people with all sorts of health problems."

Healthcare professionals told us of positive working relationships with service. One healthcare professional said, "People tell us that they are pleased with the help and support they receive to remain living as independent as possible. I find the staff to be approachable at all times."

All of the staff we spoke with told us that they had received training before working in people's homes. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. One staff member told us, "The training is very in depth. I worked shadowing experienced staff before working on my own. I was given a full weeks training in the office and felt really prepared well before I started working on my own".

The manager told us, and training records confirmed, that new staff went on to undertake the 'Skills for Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.

Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care. For example supporting people with mental health needs and people living with Parkinson's disease. Staff had undertaken recent training in mandatory areas such as safeguarding of vulnerable adults, the safe handling of medicines, moving and repositioning and first aid. This helped to ensure that the staff had the skills to provide the support that people needed.

Records confirmed staff had received formal supervision meetings on a periodic basis, with those staff whose records we examined having attended either three or four formal supervision meetings during the previous 12 months. Annual appraisals were also carried out in detail, with staff being expected to spend time preparing for the appraisal to look at areas for development. At least one of the supervisions was an observation of care practice and additional to this senior staff dropped in to carry out spot checks of staff practices and behaviour.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People who have capacity can set up a lasting power of attorney, which is registered with the Office of the Public Guardian. A lasting power of attorney gives legal authority to an identified individual to make decisions on a person's behalf. They can be used to authorise another person to make decisions about finance or health and welfare, or both. The provider had good systems to check if people who used the service had a valid power of attorney in place. They identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on individuals' behalf.

The MCA sets out how decisions can be made in the best interests of a person who does not have capacity to make or express their own choices. The manager of the service understood the principles of the MCA and how to ensure people's rights were protected.

Consent to care and treatment had been considered and there was evidence in people's care files that consent had been obtained, for example, for the administration of medicines by staff where this was an agreed task and also consent to share personal information with relevant healthcare professionals and other important persons.

Care staff also understood how to respect people's rights. People told us the staff who supported them asked what assistance they needed and only provided care with their consent. One person commented, "The staff always ask what I want". People told us they could refuse any part of their planned care if they wished. They told us the staff "always" respected the decisions they made about their support.

People were supported to eat and drink in sufficient amounts to remain healthy. They told us that staff encouraged and supported them to eat and drink regularly where this was part of their agreed care plan. Records were used to monitor people's food and fluid intake, where there were concerns about their nutritional needs being met.

People were supported to maintain good health. Details of people's medical history, health conditions and any allergies were obtained. Checks were also made and documented to make staff aware of emergency healthcare plans and instructions for resuscitation. We saw that individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed.

Is the service caring?

Our findings

People told us that they received a high standard of care from the service. One person said, "The staff are brilliant, helpful and attentive." People commented that they were asked for their views about their support and included in all decisions about the care they received. Everyone we spoke with told us the care staff who visited them were kind and helpful. One person the staff were, "Excellent carers [care staff] who do care about you." And another person commented, "A wonderful set of carers."

Relatives' comments included, "My (relative) is treated with respect and dignity. The carers often make their day" and "You can tell it's more than a job for most of the carers. Their commitment is great, the care's great too."

Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy. They said the staff treated them, their families and homes with respect and told us that this was important to them. People told us the staff knocked on the door before coming into their homes, one person said, "I always know who's coming and they knock always before they come in."

People were given the time and information they needed to make choices about their daily lives. Care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. The manager told us that new staff were always introduced to the person prior to the visit when they would receive personal care. People told us the support they received helped them to stay in their own homes and said this was very important to them. One person told us the service was "invaluable" and another person said, "I couldn't do without them."

People told us they were encouraged to be as independent as possible and do as much as they were able for themselves. People told us, and we saw, that the staff gave people time to carry out tasks themselves. The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at included information about the tasks that people were able to carry out themselves and guidance for care staff about how to promote people's independence. One person told us, "I'm very independent and the staff know and respect that". Another person said, "The staff help to build my confidence to do things".

People told us they had developed positive relationships with the care staff who supported them. The manager spoke of doing informal 'welfare checks' whereby staff were encouraged to call to see people when they had a spare minute. People said they liked the staff and looked forward to their visits. One person told us, "They [care staff] brighten the day up and will often pop in to check on me". A relative we spoke with told us, "The staff make [my relative] smile. There's a real warmth from the staff."

The provider promoted equality and diversity throughout the service and staff had been trained in this topic area. We found no evidence that any person was discriminated against, and nobody told us anything during our inspection which contradicted this.

The manager told us that nobody who currently used the service was supported by an independent advocate. They were aware of how to access advocacy services within different local authority areas, should this be necessary. Relatives and staff advocated on people's behalf about minor issues, to ensure their human rights were protected.

The provider supported some people with end of life care and had ensured that staff were suitably trained to deliver such important care, in the most sensitive, caring and appropriate manner. We saw compliments and thank you cards had been received within the service which highlighted relatives' satisfaction and gratitude, for the way their family members had been cared for at the end of their lives, in a dignified and very personal manner.

Is the service responsive?

Our findings

People told us the care they received was individual to them. One person said, "Because I have my regular carers who come all the time, they've been able to get to know me and my ways really well".

Another person told us, "(name) manager and staff have really helped me with my anxiety and nerves. They keep me on track. I used to have a lot of input from health professionals but now living here with this support, I'm much better. They get my thumbs up!"

People said staff and the management of the service were responsive to their needs and any issues that they raised. People also commented that if they needed support to arrange a GP appointment or other specialist healthcare, staff provided the relevant support. Records confirmed this and we found evidence that the provider had referred important matters to relevant parties and shared pertinent information with people's care managers.

One healthcare professional said, "The staff respond swiftly to offer support and reassurance at all times. We work with people with quite complex needs and this can put a strain on the care team, but they continue to deliver the care and support appropriately." Another social care professional told us, "I'm able to contact them when necessary and get a quick response when I leave a message asking to be contacted. Any issues and concerns are addressed as soon as possible working as a team to resolve them."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out thorough assessments to establish people's needs. Based on these assessed needs the agency then formulated clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes.

Care records were person centred in that they contained information about the individual person they related to. Person-centred care means planning care in line with the person, which fits what that person is ready, willing and able to do, and it looks at their care as a whole.

Care plans included information about people's life histories and relationships that were important to them. We saw that the staff knew people well and talked to them about their families and interests. People told us this was important to them.

The care plans included an assessment of the person's practical abilities and dependencies for example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. The agency was also keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff had at times attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs. A social care professional told us how one person's care package had been reduced because the support given by the agency had made them more confident and independent.

Staff reported that they had been trained and directed to notice and report any changes to people's needs

so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting, "A bit unsteady on their feet" and this had resulted in an occupational therapist assessing the person and aids being put in the house to promote their safe mobility.

People were supported with companionship and accessing the community where this was part of their agreed care package. People told us they really looked forward to the visits they received from care staff and passing the time of day with them whilst they were assisted to look after themselves. Staff looked for events and day trips for people to attend with their support. Some staff had taken people on a holiday and some of this had been in their own time. The agency had set up a lunch club on Saturdays where people in the development and those receiving care could socialise and have a meal together. This showed the provider assisted people to remain socially stimulated and involved in their community.

The provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service. Everyone we spoke with told us they knew how they could raise a concern about the service they received. People said that they had never needed to make a formal complaint, as they were very happy with the service they received. At the time of our inspection the service had no outstanding formal complaints.

Is the service well-led?

Our findings

A registered manager (manager) was in post and they had registered with the Care Quality Commission in July 2015. The manager was registered to run another care service in an extra housing scheme nearby. There was a deputy manager who worked full-time at Creative Support Heysham Gardens.

People who used the service told us they were happy with the support they received. The relatives we contacted told us that they would highly recommend the service to other families.

People and staff shared positive feedback about the provider and their leadership of the service. One person said, "I would most definitely recommend the agency, I have been nothing but totally impressed with the service I've been getting" and another person commented, "I have found everyone in the office to be very approachable and when you want to speak to a manager there has never been a problem in the past".

The provider's representatives were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way. They told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect. Care staff were also enthusiastic and clear about expected standards of work and the deputy and manager's ethos.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

We saw how the agency worked in partnership with other organisations. Healthcare and social care professionals told us of the positive and effective working relationship with the service. One organisation working in partnership with Creative Support described how the service was "like the glue that made Heysham Gardens work so well." Another reported that Creative Support's flexibility was the key and that the support made a real difference to people's lives. We also heard that any issues were professionally sorted out being resolved immediately and effectively.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the provider. The results were all positive and we saw numerous examples of people's care being changed to meet people's requests. For example not receiving care when visitors were staying and one person not wishing to have care from male carer workers. People also said they were asked for their views at meetings to review their care and were encouraged to be part of the scheme's committees that Creative Support were a part of.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. Staff we spoke to were well motivated and proud of the care and support they provided. Care said that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client".

There was a management structure in the service which provided clear lines of responsibility and accountability. The provider had good systems in place to record the training and supervisions that care staff had completed and to identify when training needed to be repeated. The staff records we looked at showed that care staff were observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. The service had other quality assurance measures in place such as audits of care plans, accidents and incidents. This helped the managers of the agency to monitor the quality of the service provided.

We found people's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received and were up to date. Medication records were of a very high standard and reflected the close scrutiny.