

Creative Support Limited

Creative Support - South Lakes Service

Inspection report

Birthwaite
Phoenix Way
Windermere
Cumbria
LA23 1DD

Tel: 01612360829

Date of inspection visit:
30 November 2018
03 December 2018

Date of publication:
11 January 2019

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

This inspection took place between 30 November and 3 December 2018. The inspection was announced. We contacted the service on 29 November 2018 to give notice of our visit on 30 November 2018 because we needed to ensure the registered manager would be available to speak with us.

At our last comprehensive inspection in of the service in October 2017 of the service we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were at risk of not receiving their medicines safely because not all people had a care plan on how to manage their medications or the risk associated with them.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe, responsive and well-led to at least good. At this inspection we found that the provider had completed those actions and we found the service was meeting all of the fundamental standards of quality and safety.

This service provides care and support to people living in specialist 'extra care' housing in three locations. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is owned or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. The purpose of the service is to enable people to live as independently as possible in the community. At the time of the inspection there were 31 people receiving the service.

Not everyone using Creative Support - South Lakes Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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.

We saw significant improvements had been made to the care planning and management of risks associated with people's medications. People received their medications as they had been prescribed and received the right level of support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

We saw that the service worked with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

There were sufficient numbers of suitably qualified staff available to meet people's needs. The frequency and duration of visits provided ranged depending on people's individual needs, and to allow flexibility in the service should people make a request to alter their visit times.

Where safeguarding concerns or incidents had occurred, these had been reported by the registered manager to the appropriate authorities. We could see records of the actions that had been taken by the home to protect people and the identified lessons that had been learned.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were asked for their consent before care was provided and the decisions they made were respected.

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

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

Further information is in the detailed findings below.

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 and the rating for this domain has improved to good.

Improved records relating to the management of medicines ensured people received their medication more safely.

People told us they felt very safe and secure with the service they received.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people's needs.

Is the service effective?

Good ●

The service was effective

Staff received training and support to ensure they had the skills and knowledge to provide the specific care that people needed.

Staff were knowledgeable about the Mental Capacity Act 2005. People's rights were protected.

People received the support they needed to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People said staff treated them with kindness and gave them the right level of support they needed.

The staff supported people to maintain their independence and protected their privacy and dignity.

People were complimentary about the attitude and kindness of the staff.

Is the service responsive?

Good ●

The service was responsive and the rating for this domain had

improved to good.

People's needs were reviewed regularly and any changes were responded to in a timely manner.

People received personalised care that was planned and delivered to meet their individual needs.

The registered provider had a procedure for receiving and managing complaints about the service.

Is the service well-led?

Good ●

The service is well-led and the rating for this domain has improved to good.

There were adequate processes in place to monitor the quality and safety of the service.

Staff told us they felt supported and listened to by the registered manager.

People told us they felt the service was well managed.

Creative Support - South Lakes 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.

This inspection took place on 30 November and 3 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it covers three extra care housing schemes across the South Lakes and the registered manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 30 November and ended on 3 December 2018. We visited the office location on 30 November 2018 to see the registered manager and to review care records and policies and procedures. We visited the housing schemes and with permission visited a person in their own home.

The inspection was carried out by one Adult Social Care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service.

Some of the people who received the service could not easily share their views with us. During the inspection we spoke with eight relatives, two support workers, the registered manager and the service director. We looked at the care records for eight people receiving services. We also looked at records that related to how the service was managed. We also used a planning tool to collate all this evidence and information prior to visiting the service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local health and social care commissioners to obtain their views of the service.

Is the service safe?

Our findings

At the last inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were at risk of not receiving their medicines safely because not all people had a care plan on how to manage their medications or the risk associated with them.

At this inspection we saw action had been taken to improve the records, care plans and systems used for the management of medications. We saw that people received their medications as they had been prescribed and received the right level of support they needed to take their medicines safely. One relative told us, "[Relative] can self-medicate at the moment and I am happy with her doing this as it encourages her to be independent." Another relative told us, "The carers [care workers] give medication from a blister pack which is kept in a safe in the flat. There have never been any problems."

All the people used the service that we spoke said they felt safe and protected by the care workers who helped them. Some people who used the service had alarms to alert staff should they fall. Members of Creative Support staff are based in the housing schemes and are always available. Relatives told us this made them feel safe about there being an immediate response should people need assistance.

We looked at records of training the care staff had completed These showed the staff had completed training in how to provide care safely, including protecting people from the risk of infection and using equipment in people's homes safely.

The staff we spoke with said they were confident people were safe receiving support from the service. They knew how to identify and report abuse and said they would be confident reporting any concerns to the registered or care manager. One care worker told us, "I have attended safeguard training regularly." Another care worker told us, "I have received safeguard training it is given every three years and there is an annual on-line training course we complete."

Risks to people's safety had been identified and managed. People's care records gave guidance for staff about the actions to take to ensure their safety and the safety of the people they were supporting. The staff we spoke with told us they were given good guidance about how to manage risks and protect people from harm.

Rotas we saw showed there were enough care workers to flexibly cover the services they provided. Staff we spoke to confirmed they knew the people they supported extremely well as they usually worked with the same group of people. We were told by people who used the service that it was extremely reliable.

Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them.

We looked at four personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the provider's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can decide about employing or not employing the individual.

Is the service effective?

Our findings

Everyone apart from one relative said the care workers were well trained and able to meet their relatives needs competently. One relative said "The carers [care workers] are well trained and very astute in the jobs." Another relative said, "The carers are well trained as they deal with [relative] very well and speak to her appropriately and politely." We were also told, "The staff appear to be very well trained. Sometimes they double up when needed. Four staff have worked there for many years and they are competent in their job."

The staff told us they had completed a range of training to give them the skills to provide people's care. This was confirmed by the records we looked at. We saw new employees completed an intensive induction training programme before working with people. New staff also worked with a more experienced staff member to gain practical experience and to give them confidence to work on their own in people's homes.

The care staff we spoke with told us that they had regular meetings and could contact the registered manager at any time to discuss any issues they might have. We saw there was an on-call system to provide support to staff when working out of office hours if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. A care worker told us, "I have received training regarding the Mental Capacity Act. Clients [people who used the service] can give us their consent. If they are unable, we can talk to relatives for consent if they have power of attorney."

A relative told us, "The carer communicates with [relative] all the time asking for consent or explaining what they are doing." Another relative said, "They [care workers] always talk to [relative] and ask for permission before they do anything for them."

Some people who used the service required support to prepare their meals and drinks. People said that the care workers gave them choices about the meals they prepared and said that they enjoyed the meals they cooked. We found where people had risks identified with nutritional requirements some of the care plans we looked at only had limited information however, we saw where necessary they had been referred to the GP or dietician.

Is the service caring?

Our findings

Relatives said the staff were friendly and caring and one person told us, "The support we as a family have had has been unbelievable." Another relative said, "The carers are very kind and caring with [relative]. We were also told, "The carers are very good I can't fault them. They are kind, caring and friendly" and "They [care workers] are lovely. They spend time chatting and listening to [relative]." A staff member said, "We treat our clients as if they are own relatives with compassion and respect."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. The service provided to individuals was focussed on supporting them to maintain their independence as long as possible in their own homes. A relative told us, "They [care workers] try to encourage [relative] to do small things for herself whenever possible."

We saw from the records that where people could they had been included in planning and agreeing to the support they received. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

The registered and care managers knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. The registered manager told us, "I have worked with advocates in the past, which has been very beneficial for the clients."

We saw people received care when they needed it and in a way, that took account of their expressed wishes and preferences. A relative said, "[Relative] can get up and go to bed when she wants. If [relative] is still in bed asleep when they make the morning call, they will leave her and go back to her later in the morning."

We were also told the staff always treated people with respect and ensured their privacy and dignity were maintained. All the staff we spoke with understood how to support people in a way that promoted their dignity. They spoke about people in a respectful way and we also saw that the care records the staff completed were written a respectful way. A relative told us, "They [care workers] are respectful at all times. They always shut curtains and close doors when they are dealing with [relative]." Another relative told us, "They respect [relative's] dignity and privacy by letting her stay in bed whenever she wishes."

Is the service responsive?

Our findings

The feedback received from people who used the service was that the service was extremely responsive to people's needs. Relatives we spoke with said they knew about or had been involved in developing the care plan and reviewing it every so often. One relative said, "The care plan is in place. I was involved in its development and signed a copy when it was completed." Another relative said, "There is a care plan which meets needs [relative's] perfectly and I have signed it. I attended the initial meeting when we first became involved with the service and I have attended review meetings. These can be at any time. If I wish for something to be changed, they will meet with me and the necessary changes are made in the plan and implemented."

We saw each person had a care plan to guide staff on the level of support and care required and how they wanted this to be provided. We saw that people had a copy of their care plan in their own home.

Relatives told us that the care staff who visited their relatives' homes knew the support they required and how they wanted their care to be provided. Care records included information about people's families and their personal life history. A relative said, "The care plan is very good as it explains all my relative's needs so that the carers know how to support her. It is easy to understand and I look at it all the time. Everything gets done. There is a review meeting next week to make sure the plan is adequate as she has only been in the flat for two weeks, so if anything needs changing that will be a time to bring it up, but I am very happy with the service."

There was a formal process in place for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us they knew who to go to if they ever had any issues or complaints and would feel confident bringing them up to anyone at the agency. One relative said, "I did make a complaint once and the situation was sorted out very quickly."

The service supported, where required, people in accessing social activities. A relative told us, "They [care workers] are excellent at spending social time with [relative]." Another relative said "The best thing about the service is the communication and care. They are excellent at chatting with my relative and having a laugh with her." We discussed with the registered manager about identifying where people may be at risk of social isolation and where people had been supported in accessing social activities it was not always recorded. The registered and service manager agreed they could amend records to ensure social activity time was recognised in the care plans.

The service had supported people to remain in their own homes as they were reaching the end of their lives. The care staff had worked with local health and specialist services to help people remain comfortable and pain free as they reached the end of their lives. We discussed with the registered manager about developing the care planning records specifically for caring for people at the end of their lives to ensure people's wishes had been fully documented.

Is the service well-led?

Our findings

There was an experienced 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.

Relatives we spoke with were very complimentary about the registered manager and told us the service was well-led. One relative said, "I know the manager very well I have shed many a tear in her office. She has supported me very well and has provided the care I needed for my relative. She is very easy to talk to and very polite." Another relative said, "I've met the care manager at meetings. She is very friendly and polite, very easy to speak to. Without hesitation I would go to her if there was a problem." We were also told, "I have met the manager. She is fantastic, very open and helpful. She responds very quickly to situations."

Staff we spoke with also complimented the way the registered manager supported them. One care worker told us, "The management at every level are very good. The management we have now are very knowledgeable. If we [care workers] have any issues or problems we can contact them and they will support us."

People we spoke with rated the service as very good and said they would recommend it. We were told, "I am very impressed by the care being provided, I would recommend it to others. The standard of care and the management is very good." Another relative said "It is a very good service and I would recommend it to others. I would go there myself if I was at that stage of life."

The registered provider had systems in place to monitor the quality and safety of the service provided. Quality surveys had been sent to people who used the service and the staff employed to gather their views about the service. The feedback received was used to further improve the service. The service operated an 'on call' system so there was always an experienced staff member available for the care staff and people who used the service to contact if the registered manager was not available.

Registered providers of health and social care services are required to notify us of significant events such as serious injuries to people who use the service of allegations of abuse. This is so we can check appropriate action has been taken. The registered manager was aware of the notifications that were required to be provided.

The registered manager and provider worked in partnership with organisations who commissioned the service and health professionals to ensure people received the appropriate support they needed. When people's needs changed the registered manager took further advice to ensure people continued to receive the care they required.