

Creative Support Limited

Creative Support Stoke on Trent (Learning Disabilities)

Inspection report

1 Longfield Road
Stoke-on-Trent
Staffordshire
ST4 6QN

Tel: 01782620553
Website: www.creativesupport.co.uk

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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

About the service

Creative Support Stoke-on-Trent provides personal care to 32 people at the time of the inspection. The service supports people who have a learning disability and may also have physical disabilities.

There were ten individual houses/bungalows that people lived in and each home accommodated no more than four people. Staff supported people with their personal care needs and people were supported to access the community. Within each home there was a separate office and staff were available 24 hours a day including a member of staff throughout the night.

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

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed, and staff followed infection control procedures.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. 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; the policies and systems in the service supported this practice.

People were supported to access healthcare professionals and advice received was followed by staff. There were systems in place to ensure people received consistent care and support.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy. People's independence was promoted by staff.

People were involved in the planning and review of their care. Staff followed care plans to ensure they provided support in line with people's wishes and diverse needs. People's communication needs were met, and information was provided in a way that promoted people's understanding. There was a complaints system in place which people understood.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered manager who acted on concerns raised to make improvements to the delivery of care. Staff and management were committed to providing a good standard of care, which was focused on positive outcomes for people.

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 (report published 14 October 2016).

Why we inspected

This was a planned inspection based on the previous rating. The service continued to be rated Good in all domains.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 continued to be safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service continued to be effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service continued to be caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service continued to be responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service continued to be well-led.

Details are in our well-led findings below.

Good ●

Creative Support Stoke on Trent (Learning Disabilities)

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in ten 'supported living' settings, so that 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2019 and ended on 01 July 2019. We visited the office location on 01 July 2019 and visited people in their own homes on the 28 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider had sent to us as required by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with five members of care staff, the registered manager, three home leaders and the service director.

We reviewed a range of records. This included three people's care and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the monitoring and management of the service were looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further information from the registered manager to help inform our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People told us staff supported them safely. One person said, "Staff help me with a hoist. I feel safe with them."
- Staff displayed detailed knowledge of people's risks and how they needed to support them to remain safe.
- There were detailed risk management plans and care plans, which ensured staff had up to date guidance to follow to support people safely.
- The registered manager had a system in place to learn when things went wrong. For example; incidents were analysed by the registered manager and risk management plans were implemented to ensure appropriate action had been taken and people were protected from the risk of a recurrence.

Staffing and recruitment

- People told us there were enough staff to support them. One person said, "The staff always come when I need them." Another person said, "I like the staff, they help me with lots of things and there are always staff about."
- Staff told us they were given enough time to support people with their needs in an unrushed way. One staff member said, "There is always enough staff about to meet people's needs and ensure they are supported in a person-centred way."
- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Using medicines safely

- People told us staff supported them with their medicines. One person said, "The staff help me with my medicines. If I am in pain I ask for a tablet and staff help me to feel better."
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines and creams.
- Staff told us they were trained in the administration of medicines, which we saw documented in the training records. Competency assessments were carried out to ensure the medicine training received was

being used in practice.

Preventing and controlling infection

- Staff explained how they followed infection control guidance and ensured personal protective equipment (PPE) such as gloves and aprons were used when they supported people. This meant people were protected from the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives told us they had been involved in the assessment of their needs prior to using the service. One person said, "We have meetings to discuss what I want." A relative said, "I was fully involved in the planning of my relative's care. They took account of all their needs."
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "Before I started I received training to carry out the role. It was good, and I felt able to support people afterwards. We receive regular updates in training too."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff helped them to prepare their meals and they had choices that met their preferences. One person said, "The food is nice. I help to decide what we are going to have with the other people who live here. I go shopping with staff and they help me to cook the food."
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained. One person said, "I have lost some weight. Staff help me to eat the right things."
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- There was a handover system in place, which ensured staff provided consistent support that met people's changing needs. One staff member said, "The handover is good, it helps us to understand what has happened or if there have been any changes since we were last on duty."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff gained their consent before they provided support. One person said, "The staff ask me what I want help with and they listen to me."
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.
- The records in place supported what staff had told us and ensured staff had guidance to follow to support people in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and kind towards them. One person said, "The staff are very nice. They help me when I am sad and make me feel better." Another person said, "Staff are all very gentle with me and I am very happy here." Another person said, "Staff make me laugh and make me feel happy."
- Relatives told us staff were all caring towards their family members. One relative said, "The staff are very caring towards my relative. My relative is very settled and happy, which means a lot to me."
- Staff understood the importance of respecting people's diverse needs when they provided support and the care plans reflected what staff had told us. For example; people's sexuality and their religious beliefs. The plans detailed how people wished to be supported in these areas.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff asked them what they needed before they provided support. One person said, "I choose lots of things and staff listen to me if I don't want to do something. I am happy because staff help me when I need help."
- People were encouraged to make decisions about their care and staff provided support to ensure people were given information in a format that promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff who promoted their privacy and dignity. One person said, "The staff treat me well and I don't feel embarrassed." A relative said, "The staff treat my relative with the upmost respect and dignity. I am very happy with the way they are treated."
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. For example; staff ensured people were asked what they felt they could do for themselves before they provided support.
- People were provided with specialist equipment to aid their independence. For example, one person had adapted cutlery to help them eat their meals independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in the planning of their care which ensured their preferences were met. One person said, "I sit with staff and talk about the things I need help with and the things I want to do."
- People made goals, which showed what they wanted to achieve and they were supported to achieve these by staff. For example; one person showed an interest in a cooking course and staff supported them to arrange this. Staff helped this person practice their skills in this area. This person said, "I like cooking, I put everything in my PCP (person centred planning) file when I have done the things I wanted to do."
- People were involved in the review of their care on a regular basis, which meant people's needs were discussed and changes implemented when required.
- Staff knew people well and understood people's preferences and supported people to access interests that were important to them. This included accessing the community to socialise with friends and being involved in daily living activities around their home environment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had guidance to follow to enable them to communicate with people effectively. For example; one person had difficulties communicating verbally and there was a clear plan for staff to follow. This person used physical gestures and Makaton to communicate. Makaton uses signs and symbols to help people communicate. Staff had a good understanding of how to promote this person's way of communicating.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place that was accessible to people in a pictorial format to aid their understanding. People told us they knew how to complain if needed. One person said, "I would tell [home leader's name] if I was unhappy. I'm not though as I'm very happy."
- Complaints received at the service were investigated and responded to in line with the provider's policy.

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- The registered manager told us the provider had recently developed "when I die" booklets and they were in the process of gaining people's their wishes for the support they wanted at this time of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were positive about the service. One person said, "Staff are always happy, and I like it here [the service]." A relative said, "My relative receives good care to help them in their daily lives. I have seen how the service has helped them to reduce their stress levels and they are happy. The whole service from the carers to the managers are all good."
- Staff felt supported by the individual home leaders and registered manager. They told us they felt valued in their role and they understood the values of the service. Staff showed enthusiasm in supporting people to maintain a good quality of life.
- Staff were encouraged to challenge themselves to increase their skills and the provider recognised good practice through staff awards. This ensured staff felt valued.
- The registered manager was committed to providing a good quality of care to people that was person centred and outcome based. They said, "It is important to ensure people receive individualised care that meets their needs. I am committed to continually make improvements and I welcome feedback to help continually make improvements."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to continually improve the service people received.
- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits that had been carried out contained details of the actions taken to ensure improvements were made to the way people received their care.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their rating was on display.
- The provider had systems in place to ensure the service was working in line with regulations. For example; internal audits were completed, and regular management meetings were held to ensure the registered manager was undertaking their responsibilities of their registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt involved in the service. Feedback was gained through numerous sources such as

telephone calls, home visits and surveys. Action was taken to make improvements as a result of the feedback received.

- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told us suggestions they made were listened to and changes made to make improvements to the way people received their care.

Continuous learning and improving care

- Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "The registered manager is always open to ideas and will access training in specific areas where people's needs change, such as dementia and diabetes."
- Regular spot checks and competency assessments were carried out to ensure that staff were supporting people in line with their assessed needs and national guidelines.

Working in partnership with others

- We found the registered manager had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.