

Creative Support Limited

# Creative Support - Robert Heath Street

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 26 November 2015 and was unannounced. At the last inspection in May 2014 we found that the home was meeting the regulations that we checked.

Creative Support - Robert Heath Street is registered to provide accommodation and personal care for up to 10 people who have mental health needs. The service is split into five bungalows and five flats with a shared lounge, kitchen and dining room. At the time of our inspection there were 10 people using the service.

There was a registered manager but they were no longer working at the service 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 felt safe and systems were in place to ensure that people were protected from avoidable harm and abuse. Staff understood different types of abuse and how to recognise signs of abuse. They were aware of the safeguarding adult's procedures and how to report concerns so that people were protected.

There were sufficient numbers of staff to deliver safe care and support people who used the service. We saw that people were supported to attend appointments and access the community. People's risks were assessed and plans were in place to minimise risks. Medicines were managed to ensure that people received them safely.

Staff had the knowledge and skills to ensure they could support people effectively. The principles of the Mental Capacity Act 2005 were being followed to make sure that people's rights were respected.

People's health needs were met and they were supported to have regular contact with health professionals when needed. People had enough to eat and drink and were offered choice and flexibility about their food and drinks.

People were treated with kindness and compassion by staff who knew their preferences and goals. People were encouraged to be involved in making decisions about their care and support and staff communicated effectively with each individual.

People's privacy and dignity was respected and they were encouraged to be as independent as possible and participate in the local community.

People received personalised care and were enabled to follow their hobbies and interests. Staff were proactive in supporting people to be involved in work and learning opportunities if they chose to be.

People knew how to complain and there was an accessible complaints procedure available that people knew about. People were encouraged to give their views at regular residents meetings .

Quality monitoring systems were not always effective in driving continuous improvement. Staff felt they were receiving more support following changes in the management arrangements at the home and were aware of procedures in place to raise concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff knew how to recognise and report any concerns or signs of abuse. There were enough staff to meet people's needs and risks to people's health and wellbeing were identified and minimised. People's medicines were managed to ensure people got their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people effectively and worked within the principles of the Mental Capacity Act (2005) to ensure that people's human and legal rights were respected. People were supported to eat and drink enough and manage their day to day health needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who knew them well. People were encouraged to make their own decisions and be as independent as they could be. People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care to meet their needs. Care plans were individual and explained how people liked to receive support. People were encouraged and supported to follow their interests and enabled to work if they chose to. People were asked for their views in resident's meetings and knew how to complain if they needed to.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager was not working at the service and there was a lack of consistent leadership. Quality monitoring systems were not effective in identifying shortfalls and driving improvement. Staff felt supported by the management team and the provider had recognised the need for improvement.

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# Creative Support - Robert Heath Street

## **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 26 November 2015 and was unannounced.

The inspection team consisted of two inspectors. We looked at information we held about the service. This included looking at information received by the public and other professionals. Before the inspection, we asked the provider to complete 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 used the information in the PIR completed by the provider to help plan our inspection.

We spoke with four people who used the service. Some of the people using the service were not able to give us their views in detail so we spent time observing how staff offered care and interacted with people. We spoke with four members of staff, the acting manager and the service director.

We looked at four people's care records to see if they were accurate and up to date.

We also looked at records relating to the management of the service. These included quality checks, two staff recruitment files, complaints records and other documents to help us to see how care was being delivered, monitored and maintained.

# Is the service safe?

## Our findings

We found that people were protected from harm and abuse. People told us they felt safe living in the home. One person said, "I feel safe, there's always someone here and staff look after me." Another said, "If I feel frightened one of the staff will help me." Another said, "I get anxious sometimes, but the staff help me." Staff showed they were aware of how to report safeguarding concerns. They were also able to show understanding as to what situations were considered as unsafe or potentially abuse. One staff member told us, "I would report it to the manager or area manager." We saw that concerns had been reported to the local authority when required, in line with local safeguarding adults procedures.

We found that risks to individuals were managed to keep people safe. One person needed to have the safety locks activated when travelling in a vehicle to keep them safe. The staff we spoke with were able to explain why this needed to happen. The care records also included information which stated what should happen when the person travelled in a vehicle. Staff were aware of the risks, the measures in place to reduce the risks and confirmed that this happens in practice. Another person needed to have someone accompany them when they went out. This needed to happen until they had got to know the area. The person told us, "I now go out on my own to the local shops." The staff we spoke with confirmed this, and the care records matched what we were told. This showed that risks had been managed to keep people safe but people also had as much freedom as possible.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person told us, "If I need something I'll go and find someone, it normally works well." Another person said, "There are enough people to help me when I need help." Staff told us, "There are enough staff, but sometimes if there are only two of us we can't do things spontaneously like giving people some individual time." The service manager told us that three staff should usually work during the day but that the service was safe to continue with two staff in the case of staff sickness or holidays. There were three staff on the day of the inspection. The staffing numbers were worked out based on the needs of the people who use the service.

We found that there were safe recruitment processes in place. Checks had been carried with the Disclosure and Barring Service (DBS) to make sure that staff were suitable to work with people. The DBS is a national agency that keeps records of criminal convictions. We also saw that the provider had checked staffs' references and had confirmed their identities.

We found that people's medicines were managed so that they received them safely. One person told us, "Yes I get my medication, I take lots of it." Another said, "I keep my tablets in my flat, the staff help me when I need to take them. They're kept in a locked cupboard." We saw that people's medication was kept securely in locked cupboards to ensure that it was not accessible to unauthorised people. The staff we spoke to said that they had received training before they were allowed to give people medication.

## Is the service effective?

### Our findings

People felt that staff had the knowledge and skills to support them. One person said, "They go for training and they know me well, they look after me well." Staff told us and records showed that they received training to help them meet the needs of the people who used the service. One person had a particular condition that staff previously had little knowledge about and the provider arranged for additional training in this area. Staff told us and we saw that the way the person was supported was adapted following the training so that they have specific support times each day to promote consistency. Staff communicated with people effectively and adapted their communication style when required. For example, some people needed clear instructions to help them understand and we saw that staff were consistent in the way they communicated with people in order to provide effective support.

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 checked whether the service was working within the principles of the MCA. People told us and we saw that they were encouraged and supported to make their own decisions. When people needed support, staff were aware of this and offered support whilst promoting independence. For example, we saw that staff reduced the number of options available to help someone make their own decision. Staff were trained to understand the requirements of the MCA and records showed that other professionals were involved when required, to ensure that decisions were made in people's best interests and their legal and human rights were protected.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people were free to leave the service as they chose and that each person had their own key to their own flats and bungalows. People were able to make their own decisions and were supported to do so in line with the requirements of the MCA. The provider understood the requirements of the DoLS and has assessed that no DoLS applications were required for people who used the service.

People were supported to eat and drink enough to maintain a balanced diet. Some people had their own food budget and planned and prepared their meals independently in their own kitchen. One person said, "I have food money and go to the shop and buy what I want." People told us and we saw that choice was offered to people who needed support with meal preparation and they were encouraged to be as independent as possible. We saw that people accessed the kitchen freely and helped themselves to drinks and snacks. Some people made their own breakfast and lunch at the times they chose. People told us they participated in a group each week to plan their meals and talk about healthy eating. Some people had been advised by health professionals to follow a healthy eating plan and records showed they had been involved in discussions about what to eat and had agreed for staff to help them eat healthily. One person said, "I'm proud that I'm losing weight by my own doing."



People told us and we saw that they were supported to meet their healthcare needs. One person said, "If I need to see the doctor, I ask for help and I get it." We saw one person was supported to see their general practitioner (GP) by a staff member who told us that the person requested to see the GP alone when they got to the surgery and this was respected. Records showed that people had regular contact with a range of healthcare professionals. People and staff were regularly involved with meetings with professionals to monitor their physical and mental health. People had individual health action plans in place which they were involved with and we saw that people were supported to make decisions about their health needs when required.

## Is the service caring?

### Our findings

People told us and we saw they were treated with kindness, compassion and respect. One person said, "I like it here, the staff are nice and they look after me." Another person said, "I find the staff jolly and helpful. I'm full of praise for them because they look after me well." We observed positive interactions between the staff and the people who used the service. Staff knew people well and chatted to them about things they were interested in, such as holidays and baking. One person said to a staff member, "You make me laugh you do." We saw people laughing together and observed a positive and relaxed atmosphere. Another person said "Staff show me respect".

We found that people were encouraged to make decisions about their care and that staff respected the decisions made. One person said, "I go on the bus once a week to the bank, I manage all my own finances." We observed staff helping people out when they needed it. We were told, "I think they're brilliant, they help me to do things." We saw that people had been involved with their support plans and had signed them when they could. We saw that people who did not have family support were supported to access an advocate to speak up on their behalf if needed. Independent advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. One person was offered the opportunity to see an advocate and they accepted. Staff made a referral for them and we saw that the person then made their own arrangements to see their advocate when they wanted to.

People were encouraged and enabled to be as independent as they could be. One person said, "I do my own laundry." Another person told us, "I have my breakfast here, I get it myself". We observed people who used the service getting their own lunches, doing their laundry and cleaning their flats. Some people were able to do these tasks independently and some needed verbal prompts and encouragement which were given by staff in a supportive and respectful way. We observed that people were able to do tasks in their own individual way and in their own time.

People told us and we saw that their privacy and dignity was respected and promoted. People had their own front door keys and were free to come and go as they wished. One person said, "The staff will knock on my door and wait till I answer it". We saw that staff knocked on people's doors before going into their flats. People were able to choose to spend time alone in their own flats. One person said, "They leave me alone when I want to be, which I'm thankful for." Staff were aware when people had requested privacy and we saw this was respected.

## Is the service responsive?

### Our findings

People told us they were involved in the planning of their care. One person said, "Sometimes I have a review but staff know me and what I like anyway." Care plans were individual to each person and included their personal history, interests, preferences and goals. We saw that care was delivered in line with these plans. One person had a specific daily routine that was planned to meet their needs and preferences and we saw that staff were aware of and adhered to this.

People were supported to follow their interests and take part in activities and work opportunities when they chose to. One person said, "I go to bingo at the community centre every week, I go on my own, I love it." People were able to access the community freely and we saw that some people went out shopping or to other activities they chose to do. Activities were also planned by the staff which included newspaper group, pamper group and cooking group. One person said, "I like cooking group, we are making burgers to have for our tea tonight." People were able to choose whether to attend the planned activities or not and one person said, "I don't go to the groups, I make my own activities, I'm busy. I go out on the bus or get a taxi into town." One person had been supported to get a job which they told us they enjoyed.

People told us they had residents meetings and we saw the minutes from these were displayed in communal areas. One person said, "They're helpful, we talk about outings, we've been on a boat trip, it was very good." Records showed that people were asked for their views and experiences at their meetings. One person had requested to go to a particular place for a Christmas meal and we saw this was arranged by staff.

People knew how to complain if they needed to. One person said, "I'd talk to any of the staff." Another person said, "There's a leaflet on the wall about complaints, I'd take a look at that if I had a reason to complain." We saw that a complaints procedure was in place and an accessible version was displayed in communal areas of the home and people were aware of it. Some people who used the service had made complaints and we saw records that showed staff had documented this and the issues had been resolved.

# Is the service well-led?

## Our findings

The registered manager had not worked at the service since 5 June 2015. The provider was in the process of recruiting a new registered manager. Management tasks were being completed by managers from the provider's other locations.

Quality assurance and governance systems had recently been introduced . These included monthly audits of medicines, finances and incident reporting. However, we found that improvements were required to ensure these systems were effective in identifying shortfalls and driving continuous improvement. We saw that one medicines audit had been completed. However, we found that the audit had not identified that risk assessments were not always carried out when people self-administered medicines. Neither had the audit identified that some medicines were being signed for by staff who were giving medicines to people to take out with them and have later.

The service had not kept complete and accurate records of events which meant that information could not be used to evaluate the quality of the service and ensure that lessons were learnt. For example, there were no records of incidents or accidents so no review or analysis of practice was taking place. There was a lack of leadership and management oversight to develop the service and drive for improvement . The provider had recognised that improvement was required and had made attempts to improve the systems and processes in place.

People we spoke with told us they did not know if there was a manager at the service but that they could speak with staff if they had any problems. Residents meetings continued in the absence of a registered manager and people were encouraged to give feedback and be involved in the service. For example, we saw that people who used the service were encouraged and supported to take part in the recruitment of new staff which helped them be involved in the development of the service.

Staff told us that they felt able to approach the management team and that the culture within the service had improved over recent months. One staff member said, "I feel happier coming to work. I'm confident at approaching the management. I didn't like to voice my opinion before, but now it feels OK to have a discussion." We observed that the atmosphere in the home was relaxed and friendly and that people, staff and management communicated with ease. Staff told us they had recently started to have supervision, which they had found useful. However, staff had previously felt unsupported and were only starting to gain confidence in being involved in the development of the service.

Staff were aware of whistleblowing procedures. One staff member said, "We had a whistleblowing month which raised awareness for us, how to do it and what support we would get". Staff we spoke with said they would feel confident to use the whistleblowing procedure and another said, "I would find it uncomfortable, but morally I would have to tell someone". Some staff we spoke with had seen a whistleblowing newsletter that had been issued by the provider to help increase awareness and confidence in using the whistleblowing procedure if required.