Creative Support Limited

Creative Support - Camden & Barnet Service (Learning Disabilities)

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**

Overall summary

Creative Support (Camden & Barnet Learning Disability Services) provides supported living to approximately 50 people at eleven sites including floating support to a small number of people in their own homes.

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. At the last inspection on 4 February 2014 the provider met all of the requirements we looked at.

Summary of findings

At the time of our inspection the provider employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

From the discussions we had with people using the service, relatives and other stakeholders we found that people were usually highly satisfied with the way the service worked with people. There was confidence about contacting staff at the service to discuss anything they wished to and carers were thought to be knowledgeable and skilled. People felt that there was honesty in the way the service communicated with them.

People's human rights were protected and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with. Where Deprivation of Liberty Safeguards (DoLS) were applicable we found that this too was managed properly.

People who used the service had a variety of support needs, in some cases highly complex needs, and from the six care plans we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly.

During our review of care plans we found that these were tailored to people's unique and individual needs. Communication, methods of providing care and support with the appropriate guidance for each person's needs were in place and regularly reviewed.

We looked at the training records of staff at three shared living projects. We saw that in all cases mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. We found that staff appraisals were happening yearly and staff had development objectives were set arising from the appraisal system.

We found that staff respected people's privacy and dignity and worked in ways that demonstrated this. From the conversations we had with people, our observations and records we looked at, we found that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Records which we viewed showed that people were able to complain and felt confident to do so if needed. People could therefore feel confident that any concerns they had would be listened to.

People who used the service, relatives and stakeholders had a range of opportunities to provide their views about the quality of the service. We found that the provider took this process seriously and worked hard to ensure that people were included and listened to.

Summary of findings

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. Any risks associated with people's needs were assessed, updated at regular intervals and at times changed to respond to peoples changing care needs.

The service had access to the organisational policy and procedure for protection people from abuse. As the service provided care and support to people across two different London boroughs we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur.

Is the service effective?

Good

The service was effective. The service did well to respond to people's care and support needs.

Care staff supervision and appraisal systems were well managed and their performance and development were assessed. Staff had access to a wide range of training opportunities both to ensure they had core skills and specialist training to support people with complex needs.

Is the service caring?

Good

The service was caring. The overwhelming view from people using the service, their relatives and health and social care professionals that we spoke with was of a service that cared for people.

The service provided care to people with a range of communication abilities. We saw a clear communication policy that included recommendations on methods that care workers could use when providing care. This was further backed up by descriptions in care plans about how best to communicate with each person so they could be as fully engaged with their care as possible. We saw during our visits that care staff clearly knew the people they cared for and how to respond to the way they communicated and made their needs known.

Is the service responsive?

Good

The service was responsive. The people who were using this service each had a care plan. The care plans covered personal, physical, social and emotional support needs.

We found that care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs.

Complaints were listened to and people could feel confident that their views were taken seriously.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability among the agency management and support staff and they demonstrated that these lines of responsibility were clearly understood.

The service placed a lot of emphasis on seeking people's views and assessing the quality of the care and support provided. The provider required regular updates on the way in which the service operated and the experience of the people using it. The service was transparent in communicating with people using the service, relatives and other stakeholders.

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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.

The provider was given short notice of this inspection because the location provides a domiciliary care service. We carried out two visits to the service on 12 and 26 May 2015. This inspection was carried out by two inspectors.

We looked at notifications that we had received and communications with people's relatives and other professionals.

During our inspection we spoke with two people using the service, observed care staff working with another three people, spoke with the relatives of two people, a community nurse, speech and language therapist, managers at the service and four care workers.

We gathered evidence of people's experiences of the service by conversations we had with people and reviewing other communication that the service had with these people, their families and other care professionals.

As part of this inspection we reviewed nine people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

We visited a shared house where three people were living and a block of six flats where everyone was provided with support by the service. Two people were able to speak with us and neither made any comment about feeling unsafe with staff. Our observation of staff interaction and people's responses to staff did not give any cause for concern about risks of potential harm.

Family members we spoke with told us how they believed their relative was safe in the care of the care workers. One told us "I have no reason to think my relative is unsafe in their care. They are given opportunity without being endangered." We saw how there was a missing persons procedure on each care record. This included clear instructions for staff on how to proceed with reporting a person missing.

We asked family members whether they felt there were enough staff to care for their relative. One told us that whilst their relative requires one member of staff to support them at all times, "they frequently seem to have two members of staff allocated, which is very generous."

Everyone we spoke with had positive comments about the service. They told us that the care staff were well matched with their relative and their specific needs.

People using the service were supported by specific teams of care staff. We found at the two sites that we visited there were the numbers of staff that the service allocated for each part of the day. The number of staff working with each person was outlined in their care plan and staffing numbers matched what each person required. We found that there were enough care staff available to meet people's needs.

The service had access to the organisational policy and procedure for protection of people from abuse. As the service provided care and support to people across two London boroughs we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur. We asked staff about how they would recognise any potential signs of abuse. The members of staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training when they were first employed which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened for all staff.

We saw examples in care plans where risks had been identified. The risk assessments went on to say what should be done to minimise any potential risks identified and instructed care staff about what action they should take to manage risk. These assessments were updated at regular intervals, at least every six months, but more regularly should people's needs change and these required a review. For example in one person's care plan a description of the potential risks to them described how they may become distressed in certain situations and what care staff should be mindful of when working with the person in different situations. The risk assessment went into detail about this and care staff were able to tell us about what the potential risks were and what they did to respond.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. Records also contained a 'Grab and Run sheet', which contained essential information, including health condition, medication and emergency contacts. Each person had their own personal emergency evacuation plan, with specific details of their own specific evacuation needs in the event of a fire or other emergency.

We looked at the recruitment records for two recently appointed staff. We found that the provider had diligent systems in place to ensure that staff were safe and suitable to work with vulnerable people. Background checks covered Disclosure and Barring Service (DBS), which included a criminal records check, references and interview. The service did not permit anyone to work with people until all of these checks had been undertaken and verified.

We asked a senior manager and four staff about their knowledge and skills to carry out their roles and responsibilities. They told us how staff induction was specific to the particular part of the service and included shadowing a more experienced member of staff. In addition to the mandatory training, staff had to complete training specific to the medical needs of people where required, for example, specialist medical equipment to be used, or medicine to be administered in a specific way. We

Good

Is the service safe?

asked how care workers were assessed as being competent to no longer have to shadow a more experienced member of staff and were told “only when we are confident they can work alone with people and can follow through procedures.”

The service was responsible for obtaining and administering medicines on behalf of most people. Where medicines were administered with staff support we found that signed agreements were in place and training had been provided to staff that needed to perform this duty. The provider had a policy and procedure in place and staff were able to talk us through this. This policy covered different types of medicines administration, the procedure for agreement to provide assistance and for maintaining records of medicine administration and / or other levels of support for this to be achieved.

Good

Is the service effective?

Our findings

A family member told us how they considered the staff to be well-trained "they are keenly aware of healthcare needs and rigorously apply any guidance from the nurse or GP." Another told us "care workers deal with the health challenges which my relative presents, and yet, they do not wrap them in cotton wool, their activities continue irrespective, which is what they want." No one else we spoke with made comments about staff training, however people did indicate that they believed staff demonstrated the necessary skills and abilities to meet people's care and support needs.

We spoke with the registered manager who explained the system used by the provider for both mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff. The staff data base listed those who had received specific training about specialised care and support needs. The registered manager told us that if a person had needs that required specialised training then only staff who had received this would be used to care for the person. We found from matching care needs records with records of staff training that this did occur.

Staff training was provided by suitably experienced staff working at the service, external training providers, local authorities and health and social care professionals. This meant that staff were supported to develop the skills and knowledge required to provide the most appropriate care for people. We looked at the training records of staff at three shared housing locations. We saw that in all cases, mandatory training had been undertaken and the type of specialised training they required was tailored to the needs of the people they were supporting. The staff training records also listed the dates on which any refresher training had been arranged and this supported the provider's aim to ensure that people were only supported by staff with the necessary skills.

The provider had a system in place for individual staff supervision. We talked with the registered manager and four care staff about how they were supported. We were told that support through supervision was regular, which we confirmed, and that staff were able to seek advice and support throughout their day to day work and no one had encountered any difficulties in doing this whenever it was needed. We also found that staff appraisals were happening at least annually, and the performance of staff was regularly reviewed in terms of their day to day work and training needs.

Information on care records was comprehensive and easily accessed. We saw where a person was deemed to lack capacity as per the Mental Capacity Act 2005, a best interest meeting was held to consider the introduction of a particular protective measure. This meeting included family members and a nurse. We also saw on care records communication with the local authority, requesting that they carry out a Deprivation of Liberty Safeguard (DoLS) assessment for people in a particular shared living service. The registered manager explained that this related to the type of front door latch which was fitted, which those who used the service lacked the physical ability to use to exit the front door. There was also a request for DoLS in relation to a person having one to one support with a note confirming that the local authority "was looking into it."

Care records demonstrated strong evidence of care staff working in a multi-disciplinary way, thus ensuring those who used the service had access to healthcare appropriate to their needs. We asked the senior manager whose responsibility it was to monitor and respond to healthcare needs of those who used the service and they told us "it is absolutely the responsibility of the service to ensure their health and well-being. A nurse told us that they believed their respective services work well together and meet regularly. They also told us that staff will always get in contact if there is a problem or they need guidance. A speech and language therapist told us how they were involved with staff from the beginning of setting up a new service. They said they had been impressed and that staff had delivered on everything they said they would with openness and honesty.

Meals were prepared by care workers in some cases. We found that people's specific preferences were known and adhered to and staff that had this responsibility were trained. Where someone received their nutrition, for example via a tube feed, the carers in these cases had specific training and individual guidance about how to do this safely and effectively.

We saw each care record had a communication passport and a hospital admission planning document. These documents contained current information essential for maximising communication and information for those staff

Good

Is the service effective?

that would not have any prior knowledge of the person. Information included the most effective means of communication, current health status and other general facts of importance. These documents helped to minimise the impact of an emergency hospital admission by ensuring the person was addressed and treated in the way most appropriate to their needs. We spoke with a senior manager about the health action plan which was included in each care record. They told us how "this is the over-arching document of peoples' health care needs. It is reviewed every six months, or when anything arises or alters."

Good

Is the service caring?

Our findings

A speech and language therapist told us they enjoyed visiting one shared living service in particular. They explained how they believed the service was a success story. They went on to say that staff had created a warm and homely environment. We spoke with a relative who told us “my relative always looks nicely turned out and dressed appropriately.” Another relative told us “staff have taken the trouble to get to know my relative. They have not made assumptions about who they should be, but rather address the person they are.”

The registered manager told us how communication was seen as an essential part of effective working. They said “we video the ways in which people with limited verbal communication make their needs known to staff and then use this video to train other staff on how to work best with the person. This works well and enhances confidence and good practice.” We subsequently saw consent forms signed by next of kin, who had power of attorney and as such, could sign the form. A community nurse told us that they believed that staff are committed. We also spoke with an occupational therapist told us they felt that the provider recruited keen and able staff that are driven to do a good job. They said that the organisation got the skill set and mix of personality right for people. The service took creative steps to ensure that they could do everything possible to assist people to communicate their needs and be involved in as many decisions as they could be about their care. This included detailed instructions on people’s facial and verbal responses to things they were asked, how each person used their own methods of communication and what reactions would tell care staff about how a person was answering a question or expressing how they were feeling.

There was good evidence in the person centred support plans we looked at that staff encouraged those who used the service to be as independent as possible, such as instructions for staff about how to encourage people to be as fully engaged with their own care. A speech and language

therapist told us that staff enabled people to participate in everyday tasks of daily living.

People’s individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how care should be provided. We found that staff knew about people’s unique heritage and had care plan’s which described what should be done to respect and involve people in maintaining their individuality and beliefs.

People's independence was promoted. Apart from supporting people in daily living tasks care workers also supported people to take part in activities. As an example we looked at some care plans which described educational activities using other services as well as leisure time activities. We found that the service placed a lot of emphasis on maximising people’s right to maintain as much autonomy as they could. One person using the service told us of their particular excitement about receiving a car that staff had helped them to apply for to help with their independence and opportunities to be more mobile.

Good

Is the service responsive?

Our findings

One family member told us "when my relative moved in, activities were a bit of a learning curve. They really disliked some of those on their timetable. However, staff responded very quickly and they now really enjoy all of their activities. Another relative we spoke with told us how the transition into the service had been difficult "but staff really used the time to get to know them and the move took place only when they were ready."

The people who were using this service each had a care plan. We looked at the care plans for six of these people. The care plans covered personal, physical, social and emotional support needs. We found that care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided. Care plans were updated at regular intervals, usually six monthly, to ensure that information remained accurate although more frequent updates could occur if people's care and support needs changed. Care plans were signed by the people they referred to but if they were unable to do this it was agreed with either a relative or local authority.

Three of the care plans we looked at were of people at a complex needs shared living service which had been launched by the provider in late 2013. The registered manager told us how this was a service "started from scratch." There was clear evidence that care was planned in response to peoples' needs. For example, we saw documents relating to the transition of one person which demonstrated a high level of planning and coordination with other services for what was a complex piece of work. The transition information included a comprehensive medical history and arrangements with the local pharmacy for the collection of drugs. and identified staff training dates specific to the person's needs. There was also a timetable of activities for the person to engage in when they had a trail visit. We found that the service was diligent in getting to know people and responding to their unique personality and support needs.

We looked at care records and saw how a person's weekly timetable reflected their stated preferences. For example, one person liked to be in busy surroundings and listening to music. Their weekly schedule included trips to café's and trips to the theatre. Another person's preference was for creativity and music – there was a weekly music making session at a local college factored into their timetable.

Relatives we spoke with expressed their confidence in the staff team's responsiveness to their relatives changing needs. They said this was demonstrated by the number and variety of reviews regularly held, for example, health and social care reviews, health action planning reviews and local authority reviews. A speech and language therapist we spoke with told us they felt that staff were very proactive and responsive to peoples' needs.

We saw how there was a service users guide on how to make a complaint on display in the office, and information was also available in the two shared living services that we visited. This was in an easy read format, and included pictures, signs and symbols. We looked at the complaints folder and saw there had been two complaints made since our last inspection. They were both responded to in a timely manner, and in accordance with the provider's complaints policy. The registered manager told us they felt it was "only right and respectful that I respond to any complaint as soon as possible."

Staff we spoke with talked about people who used the service in a polite and respectful way. They also told us they believed that it was vital for the service to build and maintain positive and open relationships with those they supported and their families. From these conversations we were left with no concern about the attitude of staff towards those who used the service.

Good

Is the service well-led?

Our findings

A family member told us how they found the style of management of the service to be "open and responsive. I never get a push back whenever I need to speak to the registered manager."

Apart from the registered manager and other managers of the service we spoke with four care staff. Everyone told us they felt supported and that "everyone talks together about what needs to be done and I like how we communicate." We were also told that "we work pro-actively and very well together as a team."

We saw a poster advertising a "Client Event Forum" which was held every three months for all those who used the service. The publicity encouraged people to come along 'let us know what events you would like to be planned for the next three months.' This included suggestions for trips and events and policy review groups. The dates for the subsequent meetings were also included.

We saw that the provider had consulted people who used the service about the development of policies and that an annual development plan was in place which reflected the feedback from people who used the service and staff. The consultation forum was supported by office based staff, not those involved in day to day support of people. This was designed to ensure that people could speak freely about their experience of the service and it was evident from the way these meetings were designed that the service aimed to provide ways for people to express their views with those who were not invoived in providing their direct care and support.

In discussion with the registered manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas and were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Staff clearly knew their responsibilities and lines of reporting within the service and to the service provider.

The service used a system that the provider had developed called "getting it right." This system was designed as a way in which staff, regardless of their role and responsibility, could feed into the service keeping its performance under continual review. We looked at the latest report from May 2015 and found that it covered areas such as direct care and support, keeping people safe, support of staff and compliments or complaints. We found that the areas given consideration were reported upon honestly and this helped the service to respond to any issues that may be arising as well as reflecting what the service did well.

A telephone survey of relatives had been carried out a few days before our inspection. The report from this survey showed a high degree of satisfaction with the service that was provided. We saw that people's comments had been recorded in detail and where anyone had raised a matter to be addressed the conversation had also recorded what the service would do to respond. This demonstrated that there was an open and transparent culture in respect of how the service consulted with people and how improvements to the service were considered and resolved.