

Creative Support Limited

Creative Support - Ainscough Brook

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 26 September 2018.

Creative Support Ainscough Brook is an Extra Care scheme.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is [bought] [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.

People lived in their own apartments which were accessible via a communal main entrance. There were some communal areas to each floor and a large lounge to the ground floor of the building.

At the time of our inspection there were nine people receiving support in their own apartments from Creative Support.

At the last inspection in September 2015, the service was rated Good.

At this inspection we found the service remained Good.

Risk assessments were detailed and specific, and contained a good descriptive account for staff to follow, to enable them to minimise the risk of harm occurring to people who lived at the scheme. We saw there were detailed protocols in place around people for when their behaviour escalated and placed them in harm's way.

There was enough staff employed by the service to help people with their day to day support needs.

There were systems and processes in place to ensure that people who lived at the scheme were safeguarded from abuse. This included training for staff which highlighted the different types of abuse and how to raise concerns within the infrastructure of the organisation. Staff we spoke with confirmed they knew how to raise concerns.

There was a process for analysing incidents, accidents and general near misses to determine what could be improved within the service provision. Some information was not always recorded, which we raised at the time with the registered manager.

There was personal protective equipment (PPE) available within the scheme, such as gloves, aprons and hand sanitiser.

Medication was well managed and only administered by staff who had the correct training to enable them to do this. Medication was stored securely within people's own apartments.

The service was operating in accordance with the principles of the Mental Capacity Act (MCA) and consent was sought in line with people's best interests. People's mental health needs were assessed appropriately, and people were treated with equality and diversity which was evidenced in the outcomes of their support. Consent was also sought and clearly documented in line with legislation and guidance.

Staff had the correct training to enable them to support people safely. Staff said they were up-to-date with the training they were required by the organisation to undertake for the job and training records confirmed this. Staff engaged in regular supervision with their line managers, and had annual appraisals.

People were supported to make their own meals.

There was access to other medical professionals who often visited the scheme and were involved with people, and regular meetings with external healthcare professionals took place when needed.

People were treated as individuals, and their choices and preferences were respected by staff. Staff also described how they ensured they protected people's dignity when providing personal care. Staff spoke with people and about them with warmth and sensitivity.

There was a complaints process in place which we were able to view as part of our inspection. There were no on-going complaints and there had been no complaints since our last inspection.

Staff undertook training to enable them to respectfully care for someone who was at the end of their life.

People's support plans were person centred and contained a high level of detail about the person, their likes, dislikes, how they want to be supported and what they could do for themselves.

The vision of the organisation was person-centred and staff said they tried to encourage people to do as much for themselves as possible.

Quality assurance system were robust and sampled a wide range of service provision. We saw that where issues had been identified they had been subject to an action plan which was reviewed regularly and updated with the latest action points.

The service worked in partnership with the local community, as well as other professionals such as the local authorities, GPs and the housing provider.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

regulatory functions. This inspection checked 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 September 2018 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before our inspection visit we reviewed the information we held about Creative Support. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who used the service. We also accessed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We contacted contract and monitoring officers who had involvement with the service for their feedback. No issues were raised.

We used this information to populate our planning tool. This is a document which helps is plan how the inspection should be carried out.

We spoke with four people living at the scheme, the senior carer, the registered manager the deputy manager, three staff and the regional manager. We looked at care plans for three people and other related records. We checked the recruitment files for two staff. We also looked at other documentation associated to the running of the service.

Is the service safe?

Our findings

We spoke with some of the people who lived at the scheme and received the following comments. "It is really safe here" and "I feel very well looked after". Someone also said, "Oh yes, the staff do a fantastic job."

Risk assessments were in place for people who lived at the scheme. For example, we saw a person could display some aggressive behaviours which could put the staff and the person at risk. There was a detailed risk assessment in place for this person which included specific action the staff were to take if the person was to display these behaviours to staff. This included what could trigger the behaviour, who to contact and when the staff should escalate this to the police.

The service used information to make improvements within service provision and people's support. We saw that an analysis of incidents and accidents had identified that one person experienced a high number of falls. There was a falls risk assessment in place for this person, which explored the possible reasons for the person falling, and any preventive action the staff could take, for example, 'encourage person to wear rubber soled slippers.'

Incidents and accidents were recorded and an incident form was completed, we saw however, that the actions box was not always completed, which we raised at the time as it is important to ensure all steps are taken to minimise the occurrence of incidents and accidents. The registered manager said they would make sure all forms were completed going forward.

Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused, this was reflected in the organisation's safeguarding policy. Staff we spoke with also said they would whistle blow to external organisations such as the Care Quality Commission (CQC) if they felt they needed to. We saw that safeguarding's were discussed within the staff team, and any additional action needed had been implemented.

We saw that the recruitment and selection of staff remained safe, as there had been no new staff appointed since our last inspection, and Disclosure and Barring Service [DBS] checks continued to be completed on all staff who worked at the home.

Medication was well managed. Medication was only administered by senior staff who had undergone specific training which included annual assessments of their competency. Medication Administration Records (MAR) charts for people and saw that they were completed correctly. The procedure for administered controlled drugs was in line with the provider's policy and national guidance (NICE) guidance for people who had medication administered in their own homes. These are medications with additional safeguards placed on them.

Risk assessments were undertaken on the general environment, and the registered provider worked well with the housing provider to ensure that any repairs or maintenance to the building was reported promptly.

Is the service effective?

Our findings

People we spoke with said that they felt staff had the correct training to provide them safe and consistent support. One person said, "Oh yes they certainly know how to help me with what I need." Also, "They haven't done anything that would make me think they are not trained."

All staff were required to complete an induction which was aligned to principles of the Care Certificate. The Care Certificate is a set of standards health and social care workers can adhere to as part of their role. Staff undertook other mandatory training; we checked these training dates and saw staff were booked on to attend courses.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood the need for DoLS to be in place, when an application should be made and how to submit one. There was no one currently deprived of their liberty under the Court of Protection. Consent was also gained in accordance with people's best interests, and we saw evidence of best interest meetings taking place regarding certain aspects of people's care. The person was involved as much as possible in these processes.

Each person's individual needs were assessed when they moved into the scheme. The registered manager completed pre-assessments before people moved into Ainscough Brook. People were supported to achieve their outcomes. For one person, their outcome was to shower and shave independently, which is something they continue to do.

Records and health action plans showed that people were supported to attend medical appointments. Decisions which were more personal and sensitive in nature were discussed as part of best interests with the involvement of a wider multi-disciplinary team.

People had access to food and drink whenever they wanted it. People chose when they wanted food and were supported to make healthy lifestyle choices. We saw that people's likes and dislikes were documented.

The accommodation was in a good state of repair. Each apartment was personalised, and there were communal areas where people could socialise.

Is the service caring?

Our findings

We received the following comments in relation to the caring nature of the staff. "Oh goodness they are absolutely excellent", "I would rate them ten out of ten", "It certainly makes a difference when they are under one roof", "I have gotten to know most of them, and we are more like friends" and "The staff are just lovely here".

Staff we spoke with told us how they protected people's dignity and gave them choice. One member of staff said, "We try to support people to do things they want to do." Another staff member said, "I close doors and make sure if people want to express themselves, even if this is during an incident, they are able to do this. We make sure people are encouraged to remain as independent as possible."

Advocacy information was available for people who wished to make use of this facility. Information was displayed in communal areas where it was easily accessible for people. We saw that there was a variety of information available in easy read formats. This ranged from policies to information people had displayed in their room, such as what they were going to do that day. This supported some people's understanding and allowed them to make choices independently. Where possible, people had been consulted with regarding their care and support. Family members were also communicated with, and had involvement with their relative.

Visitors were free to come to the scheme and see their family member when they wanted, and there was space in the scheme for people to visit in comfort either in the person's apartment, or in the communal areas.

Is the service responsive?

Our findings

People's support plans reflected that their support was tailored to meet their specific needs. One person told us, "Since I have lived here I feel much better. I feel the staff help me do things on my terms."

Support plans were specifically written with people's diverse needs at the forefront of the support. Support plans provided detailed information about people's health, behaviours, communication and the way in which they wanted their support delivered. This information was personalised and an individual personal profile was available, which contained information around people's life history, likes, dislikes and personal preferences. For example, one person's care plan stated that they wanted to remain as independent as possible. The care plan was written in a way which instructed staff to encourage the person to do as much as possible for themselves. Such as 'staff are to ask if [person] would like support making the bed.'

People were getting support which was in accordance with their diverse needs. For example, one person, who required hearing aids in order to communicate with staff, had a specific care plan in place to support them with the maintenance of their hearing aids. This included checking the batteries every few days.

Someone else liked to stay up late as this was something they had always done. Staff followed a specific care plan for this person which included making sure they had everything they needed during the night time call and that the television remote control was within accessible reach.

There was no-one receiving end of life care at the scheme. However, we saw that there were documents which were in place at an organisational level, which would take into account the needs and wishes of people and their families.

There was a process in place to respond and deal with complaints. This was displayed in the communal areas of the home. People we spoke with told us the process they would follow if they wished to make a complaint. We saw that there had been no complaints raised since our last inspection. The complaints policy contained details of who people should contact if they wished to complain, including the local authority and the Local Government Ombudsman.

Is the service well-led?

Our findings

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.

Staff we spoke with told us they enjoyed working at the scheme and the atmosphere was relaxed and friendly. There was a clear ethos of teamwork, which was highlighted in the way the staff worked well together to get the best positive outcomes for people.

We viewed the quality assurance procedure within the scheme. Handovers/walk arounds took place daily. Internal quality audits had just taken place which identified some areas of improvement which were needed. These areas had clearly been addressed and assigned to the registered manager to be delegated out amongst the staff team.

There was a flowchart which detailed which checks took place within the service and whose role it was to complete them. For example, the registered manager completed audits of safeguarding and complaints logs, whilst external senior auditors completed checks relating to contract action plans and health and audits. This helped ensure checks were getting completed, by staff who had the designated responsibility for doing so.

There were policies and procedures in place for staff to follow; staff were aware of these documents and their roles and responsibilities with regards to these policies.

The registered manager was aware of their responsibility and had reported all notifiable incidents to the Care Quality Commission as required. The ratings from the last inspection were clearly displayed in the communal areas. The rating was also displayed on the provider's webpage.

Team meetings took place every two months at each provision; we viewed a sample of minutes from different provisions. In addition, senior managers meetings also took place every other month.

There was a process completed annually where staff had the opportunity to voice their opinions about the service. We viewed the results from this and people raised had made positive comments.

The service worked in partnership with the housing provider, local GP's and the local Authority to ensure people received good care.