

Creative Support Limited

Creative Support - Wigan Service

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

Creative Support Wigan Ltd provides a supported living service to 26 people with learning disabilities in nine properties, which varied in size and included single person tenancies and shared properties for up to four tenants.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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. The registered manager is currently off work temporarily, their role has been covered by another registered manager from within the organisation. Staff we spoke with reported this had been effective and they felt they had enough support from the management team.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected from the risk of harm and abuse. The service had clear safeguarding policies and procedures in place which had been followed when required. Staff knew how to recognise and raise any concerns.

Risk assessments identified the support people needed to manage the specific risks in their daily lives. Though some of the paperwork could have been clearer to follow, everything had been considered. The service continued to consider the impact on people's liberty and rights when supporting them to manage risks.

Staffing had been maintained at a safe level. The service reviewed the level of staffing regularly in response to changes in people's needs.

Medicines continued to be managed safely.

Emergency plans were in place and ensured staff knew how to respond to events including fires. Everyone living in the service had a Personal Emergency Evacuation Plan. (PEEP)

Infection control policies continued to protect people from the risk of infection and cross contamination.

Assessments identified people's needs prior to admission to the service. This ensured the service could be confident they were able to meet people's needs.

Staff training remained up to date which ensured staff had the appropriate skills and knowledge to support people effectively.

People continued to receive support with their nutrition and hydration. Advice and guidance from related professionals had been included in the support plans.

In addition to information about health needs and diagnoses people had hospital passports and health action plans, which ensured they were supported effectively should they need to access health services.

The two properties we visited had been adapted to ensure they were accessible. Further development had been undertaken to respond to the specific needs of individuals. Eg, sensory area in one of the properties.

The service continued to work within the principles of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DOLS). Staff understood the importance of achieving consent prior to providing care and support.

Staff were observed to interact with people and each other in kind and caring ways. The service had clear values in relation to supporting people to maintain their privacy, dignity and respect. Staff were skilled in ensuring these were achieved.

Communication guides were detailed and ensured people were supported to express their views and wishes. People living in the service were encouraged to be involved in decisions and had support from advocacy services when required.

People continued to receive person centred care which was responsive to their individual needs and preferences. Details about the individual, their background and cultural identity had been recorded together with details of the support people needed to maintain these needs.

People had access to a broad range of activities which reflected their recorded preferences. In addition shared social activities were arranged including parties and trips out.

The service had a complaints policy had been followed when required. People were supported to share their views about the quality of the service they received. Compliments were recorded and shared with the staff.

The service continued to promote values based on achieving high quality support and positive outcomes for people who used the service. Staff were aware of the standards expected of them and spoke about their commitment to achieving them.

There was a clear management structure which identified the roles and responsibilities of each member of the team. Senior staff were supported to manage delegated responsibilities in the individual properties.

Regular audits continued to ensure good governance. Quality assurance visits were completed with local commissioners. Regular checks of care records ensured information was up to date. Any concerns had been identified and addressed to prevent reoccurrence.

Team meetings were held regularly, including large meetings of the whole team and individual meetings in the separate properties. The management team also met regularly. This ensured people had the opportunity to share knowledge and keep up to date with any changes.

The service continued to work closely with their partners and stakeholders to share skills and knowledge and maintain the quality of the service.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

Creative Support - Wigan Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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, 29 and 30 October 2018 and was announced. We gave the service 24 hours notice because it is small and the manager is often out of the office supporting staff or providing care and we needed to be sure they would be in. We visited the office location on 26 October to see the manager and office staff; and to review care records. We conducted two home visits on 29 October 2018 and made phone calls to people's relatives and staff on 30 October.

The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed all of the information we held about the service in the form of notifications, previous inspection reports, expected/unexpected deaths and safeguarding incidents. We contacted commissioners to establish if they had any information to share with us.

As part of the inspection, we met with the registered manager, completed home visits to two of the nine services which each provided a supported living service to four people. We spoke with five staff both in the properties we visited and on the telephone.

Records looked at included four care plans, two medicine administration records (MAR), four staff personnel files, training records for the staff team and the service's policies and procedures. This helped inform our inspection judgements.

Is the service safe?

Our findings

Relatives we spoke with told us they thought people were safe living in the service. Comments included; "They keep [name] safe by making sure her room is private.", "I know [name] is happy and safe. I never have to worry about them now."

Safeguarding policies and procedures continued to protect people from the risk of harm and abuse. Staff knew how to recognise potential indicators of harm or abuse and how to raise their concerns. Staff comments included; "We monitor all visitors to make sure people are safe.", "I have not needed to raise a concern but I know how to, if I thought I needed to I know how to raise things at a higher level." Information about safeguarding and whistleblowing was displayed in the services main office and in the individual properties we visited.

Risk management policies and procedures ensured people had been supported to manage the risks in their daily lives. Risk assessments had been completed in the support plans in relation to all aspects of the person's health and social care needs. Risk management plans had been developed to minimise the potential for harm. Where the person had been unable to consent to some elements of the risk management plans the potential restrictions on their rights had been considered to ensure the least restrictive option had been used. The service consulted broadly with other professionals to share decisions about risk. Risk assessments were kept under review to ensure they remained relevant to people's changing needs.

The service had a system for assessing how many staff were needed on duty in each service to ensure people were supported safely. We reviewed staffing rotas and saw the levels of staff had been maintained. Staff we spoke with told us they felt there were enough staff on duty to meet people's needs safely.

Staff recruitment policies had been followed and ensured recruitment remained safe. We reviewed four staff files, including staff who had started since the previous inspection. The files included all the necessary documents to demonstrate safe recruitment, including disclosure and barring checks (DBS) which ensured people did not have criminal convictions which may prevent them from working with vulnerable adults.

We reviewed the medicine stocks and records for some people in the two properties we visited. Appropriate audits and quality control systems ensured the safe management of medicines had been maintained.

Emergency files in each property continued to provide information for staff about how to respond to events including fire or power failure. Everyone had a personal emergency evacuation plan (PEEP) which provided essential information about the support they needed in emergencies. Fire tests and tests of the fire equipment including lights and alarms had been maintained.

People continued to be protected from the risk of infection and cross contamination. Staff were aware of the policies and ensured they followed good practice. Personal protective equipment, including; gloves, aprons and hand gel were available throughout the properties. We observed staff used these appropriately when

supporting people.

Maintenance of the premises, including electrical and gas safety checks, remained the responsibility of the landlord. The service ensured they raised concerns with the landlord in a timely way to ensure the buildings were maintained safely.

Is the service effective?

Our findings

Detailed assessments of people's health and social care needs continued to be completed prior to admission which ensured the service were able to meet their needs. In the four support plans we reviewed there was evidence of the involvement of a broad range of appropriate professionals to ensure assessments were comprehensive. This included; the complex care learning disability team, speech and language therapists, physiotherapists and occupational therapists.

Relatives of people who used the service praised the skills and knowledge of the staff team. Comments included; "Staff really know what they are doing and how to support [name].", "I never have to worry, I know they can help [name] well, I have peace of mind."

Staff were trained and had appropriate skills and knowledge to ensure people were supported effectively. Training was up to date, the service ensured any refresher training necessary was completed. New staff received a comprehensive induction. Staff we spoke with felt they received a good level of training and felt confident in their roles.

Staff received supervision in line with the service policy. Supervision is a one to one meeting between a member of staff and a senior to discuss work related matters. Supervision had also been provided in response to specific development needs. This ensured staff were supported and able to consider their professional development.

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 someone lacks the 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). In supported living services DoLS are authorised by the Court of Protection. The service continued to comply with their obligations under this legislation.

Staff understood the importance of achieving consent from people prior to providing care and support. Staff described how they respected people's choices if they declined support but would re-approach people later to ensure their needs had been met.

People continued to be supported to maintain their health and wellbeing. Detailed health action plans and hospital passports provided thorough details of the persons health needs and the support people needed when accessing health services.

People were supported to maintain their nutritional and hydration needs. Individual dietary needs were

recorded and we could see these had been followed which ensured people ate a variety of appropriate textured foods they enjoyed. People we spoke with said they like the food.

The properties we visited were maintained to a good standard, they were well decorated and furnished. There were lots of pictures on the walls of people and their friends and families. Some adaptations had been made to improve access to the kitchen with lowered surfaces. Bathrooms were equipped with appropriate mobility aids to support people to shower or bath as they preferred.

Is the service caring?

Our findings

People who used the service told us the staff were nice. Relatives we spoke with told us the staff were kind and caring. Comments included; "The staff are really caring and care for everyone in the same way. When [name] was unwell they stayed with them and were fantastic.", "Staff are really kind, something that works really well is the way the make sure [name] keeps visiting a relative by taking them and staying with them."

We observed staff interacted with people and each other in kind and caring ways. The service had clear values and a commitment to supporting people to retain their privacy, dignity and respect. Information about these values had been included in the service user guide provided in a variety of formats including easy read which used pictures and symbols. Relatives we spoke with praised the attitudes of the staff. Comments included; "The staff make sure they protect [name] privacy, if they need to do anything that might invade their privacy they talk with us about it and make sure they only do what they have to.", "This is the best care [name] has ever had, I couldn't ask for anything better."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. In addition people had support to ensure they could communicate their wishes and needs. Communication strategies in the support plans provided information to maximise people's ability to express themselves and make choices. These had been developed in conjunction with other professionals where required. A relative told us, "[name] gets to make choices and to do the things that are important to them. Things seem so much better and I really believe they are happier than they have ever been." People continued to be supported to maintain their independence and were encouraged to participate in household tasks.

The service recognised their responsibilities under the Equality Act in relation to people with protected characteristics. Support plans included sections about people's religion, cultural identity and lifestyle choices. Support had been provided to support people to maintain these including attending religious services and events when required.

Is the service responsive?

Our findings

People continued to receive care that was personalised and responsive to their needs. Support plans were person centred and reflected the persons background and preferences. Personal histories had been captured and staff said they had found the support plans useful. Entries in daily records were thorough and written respectfully. It was evident from the records staff continued to follow people's support plans.

The service continued to be responsive to changes in people's wishes and needs. Staff were knowledgeable of what indicated a possible change, for example, in a person's mobility or presentation and knew how to raise this with the management team. Records showed people had been referred on to other services and agencies when required. Regular reviews had been held to ensure needs and changes had been thoroughly addressed. Relatives told us; "There are regular reviews and we are always invited, they don't do anything without consulting with us first." Staff said they were confident that anything they raised would be responded to in a timely way. The service continued to work with community based services to ensure people had the right level of support.

Individual activity schedules showed people had been supported to participate in a broad range of activities and interests. The service continued to develop opportunities for people to engage in community activities which promoted social inclusion. A relative we spoke with commented; "[name] is always out and doing things, the staff know what [name] likes and how to support them." Some people had their own cars and were supported to go out on day trips further afield. Shared activities and parties were frequent and relatives told us they were always invited and welcomed.

The service continued to follow their complaints policy. We could see where complaints had been received they had been responded to fully and the outcome discussed with the complainant. Relatives we spoke with were confident the service listened to any concerns they raised and responded. One relative commented; "If I raise anything they always respond positively and try to work things out for the best."

Though the service did not provide end of life care regularly, there was a policy which reflected good practice guidelines in relation to supporting people to have choice and control at the end of their life. There was a commitment to supporting people to remain at home for as long as this was in the person's best interests and to work cooperatively with community based health staff.

Is the service well-led?

Our findings

There was a registered manager. 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. At the time of inspection the registered manager was temporarily off work. The role had been fulfilled by an area manager who was also a registered manager, they were supported by the seniors in each of the properties which ensured the service continued to be well led.

The service continued to have clear values based on achieving high quality care and support for the people who used the service. The policies and procedures file reinforced these and staff had access to them on line or in the office. The management team ensured staff were aware of the standards expected of them in relation to the provision of support and professional conduct. Staff we spoke with praised the approachability and commitment of the management team and felt supported by them. Comments from staff included; "The team leaders are really effective and proactive, I can approach them any time.", "The management team have ensured a consistent quality service." Staff told us they enjoyed working for this service. A relative told us they believed staff stayed so long because it was so well run.

Team meetings were held regularly. Each property had their own team meeting but there were also larger team meetings to allow everyone to get together. We reviewed the agenda for the next team meeting and reviewed the minutes of the previous meeting. A broad range of items were on the agenda reflecting the breadth of the service. Staff we spoke with said meetings were useful and productive. The management team also met regularly to ensure consistency.

The service continued to demonstrate good governance. There remained an effective system of auditing and cross checking at every level of the organisation to ensure quality and consistency were maintained. Spot checks in the properties were conducted to check records, buildings and quality issues. The service continued to address any areas of concern they identified in ways appropriate to the circumstances.

Locked cabinets and storage units ensured people's confidential information continued to be stored securely in line with current legislation.

The service continued to work with partner organisations to share knowledge and experience in order to improve the quality of the service.

The service continued to notify CQC of any incidents that were notifiable under the regulations.