

Creative Support Limited

Creative Support - Melody Road

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

About the service

Creative Support- Melody Road is a supported living service for adults with an autistic spectrum disorder, learning disabilities and mental health needs. At the time of our inspection the service was supporting nine people in one adapted building but only three of the people were supported with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support: Staff knew people well and supported them in a way that enhanced their choice, control and independence. People had support to achieve their goals and aspirations.

Right Care: Staff knew people well and attended to their care with compassion. Care records were robust and included individual information about people so that the person- centred support could be provided.

Right Culture: Staff valued diversity and supported improvement-driven culture which ensured people were respected, included and empowered to choose the way they wanted to live their lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The mental capacity assessments we reviewed did not always included all the required information to note how decisions were reached, but the provider had followed the Mental Capacity Act (2005) principals as required.

Although staff said they received the necessary support to meet their role expectations, records showed gaps in one to one meetings with their line manager and observations. People's care needs were appropriately assessed, with the involvement from the family, which helped staff to have a good understanding of what was important to people and how best to support them. Care records reflected the

support people required to attend to their health needs and dietary requirements. Specialised training was attended by staff which helped them to meet people's individual care needs.

We were assured that use of personal protective equipment (PPE) was effective. Staff were trained and knew how to recognise, and report abuse so that people could be protected from harm as necessary. Risks to people were assessed and managed in a least restrictive way possible where it was identified that people required support to ensure their safety. Staff levels were adequate to support people's involvement in the community as and when they wanted to. Appropriate recruitment checks were completed before staff started working with people. People's medicines management needs were assessed making sure people received the necessary support to take their medicines as prescribed.

Staff were caring and compassionate towards the people they support. People were encouraged to make decisions in how they wanted to be supported and choose their staff members that they felt comfortable being around. Staff recognised and encouraged people to maintain their independence skills so they could feel empowered and able to carry out activities for themselves.

Person-centred care approach was one of the core values that staff had imbedded when supporting people with their short and long-term goals and aspirations. We observed staff understanding and being mindful of people's communication needs, being thoughtful when organising meaningful activities for them and helping to expand their social circles.

Quality of care and empowering of people to make their own decisions was the primary aim of the service which meant that people could live independently in their homes and according to their wishes. Skilled leadership at the service encouraged staff's engagement and inclusiveness in planning and delivering of care provision. The provider ensured that people had access to healthcare organisations where they required information and support related to their well-being.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 30 September 2020.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Creative Support - Melody Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

This inspection was carried out by one inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Where people did not communicate verbally, we observed their interactions with support staff.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who was on leave at the time we inspected the service. This means that they and the provider are legally responsible for how the service is

run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the management team would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the area manager, team manager and support workers. We also received feedback from a healthcare professional and day centre staff who had experience of working with the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care records, staff employment, training and auditing systems.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A family member told, "[My relative] is doing great, he's more settled than he's ever been." One staff member told us, "Whistleblowing is when you witness at work clients being at risk so that the right people could be alerted. Firstly, I would go to my senior, and if needs to go beyond, I would go to [name of the area manager]. There is a confidential advice line that we could call and it's anonymous. I am sure I would report to CQC if my concern is not dealt with."
- Staff had training on how to recognize and report abuse. They were also provided with policies for whistleblowing and safeguarding to ensure the correct procedure was followed should any concerns about people's safety was reported.

Assessing risk, safety monitoring and management

- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. People had individualised risk assessments which clearly stated the risk, it's likelihood and severity and the least restrictive option to mitigate the risk to minimise the impact on people. This included guidance on how to support a person safely when out in the community and when crossing the road.
- Risks associated with people's care needs had been assessed covering different aspects of their support. We checked that people's finances were managed safely where they required support. Staff used a receipting and reconciliation system which was monitored by the management team as necessary. People had Personal Emergency Evacuation Plans (PEEP) in place with assessed risks and the support they required in the event of fire in their home.
- Staff could recognise signs when people experienced emotional distress and knew how to care for them safely. Staff told us how to support people in emergency, for example if a person unexpectedly had to stay in the hospital and the discussions they should have with the medical professionals to ensure the person's comfort and reduced anxiety levels.

Staffing and recruitment

- The service had enough staff and provided one-to-one support for people to take part in activities and visits how and when they wanted. Care records showed that people were regularly supported to go out in the community and access healthcare as necessary.
- We saw a COVID-19 emergency plan that included information related to daily shift allocations which ensured that people's personal care needs were managed safely should the service had staff shortages due to positive COVID-19 cases.
- On-going recruitment was carried out making sure the provider employed competent staff to meet people's individual care needs. Specific roles were advertised to encourage staff with specific skills and

hobbies to apply so that people's interests and cultural aspirations could be met. Regular bank and agency staff were used to cover gaps in the rota.

- Employment checks were carried out to ensure safe care delivery. Staff had to attend an interview, undertake a Disclosure and Barring Service (DBS) check and provide references before they started working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people.

Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. For example, medicines risk assessments and support plans were completed and included guidance for staff, on how to support people to take their medicines in a safe way. Support plans included information on why medicines were prescribed to people and their side effects for monitoring.
- People were supported by staff who followed systems and processes to prescribe, administer and record medicines safely. The medicines administration record (MAR) sheet we viewed was correctly completed and up to date, and medicines stocks tallied with the MAR sheet.
- As and when required medicines protocols were in place and reviewed regularly. Staff knew the actions they had to take and followed the procedure when a person refused their medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic. We observed staff using personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up to date and included guidance for staff in relation to safe handling of disposals and sharps and hand hygiene. One staff member told us, "We have boxes and boxes of PPE. Infection control is all about washing your hands, put on the mask, tests for COVID-19. These are the measures. We also do cleaning regularly, moping the floor, cleaning the handles and disinfect. We use aprons and gloves when doing personal care."
- The service supported visits for people living in the home in line with current guidance. Staff were required to undertake regular tests for COVID-19 and check visitor's temperature before they entered the premises.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. For example, information was shared with the relevant health care professionals and actions agreed on how to support a person better where their behaviour was considered challenging.

Is the service effective?

Our findings

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Although staff told us they received on-going support from the management team, we saw gaps in the schedule for supervisions, appraisals and direct observations. The management team told us that some of the gaps were due to the impact of COVID-19. Improvement made in this area will be checked at our next planned inspection.
- Some people communicated using sign language and sign language training was included in staff induction and some other training courses. In addition, the provider told us they would look to arrange training in communication skills to ensure staff had the appropriate skills to communicate effectively with people.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and autistic people may have, mental health needs and positive behaviour support. A healthcare professional told us that staff were "dedicated and willing to learn and have the skills to work with very complex clients with autism and challenging behaviour."
- Updated training and refresher courses helped staff continuously apply best practice. Staff were automatically enrolled onto a relevant level of Health and Social Care Diploma once they completed their probationary period.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

met.

- Staff empowered people to make their own decisions about their care and support. One staff member told us, "MCA is about advocating for [people] and if they are not able to make their own decisions. There is a process in place to understand if [people] don't have capacity and can't make their own decisions. That is what we do well here, encouraging [people] to make their own decisions, even if it's a risky decision, we support them in the right way."
- The service demonstrated good practice around assessing mental capacity, supporting decision-making and best interest decision-making. Mental capacity assessments were completed where people's capacity to make a decision was doubted, for example in relation to the COVID-19 vaccinations. Where it was decided that the person lacked capacity to make the decision, the best interests meeting took place involving the family members as necessary.
- However, some records viewed in relation to the MCA required more information. The mental capacity assessments lacked information in relation to how the decision was reached, for example that the person could not retain or understand the information provided. We discussed this with the management team who told us they will review their systems making sure the records were completed appropriately. We will check their progress at our next planned inspection.

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

- The service proactively involved family members in people's care delivery and provided feedback about any concerns or issues. Comments included, "I've tried to build a rapport with the staff and they will contact me now, just for a catch up...[The staff team] will contact me and ask for my advice still but they usually sort things out themselves."
- Support plans reflected a good understanding of people's needs, including relevant assessments of people's physical and mental health needs. Care records were up to date and regularly reviewed.
- Staff understood and successfully managed people's behaviours. Information was collected in relation to people's history and background so that staff could understand people better and what made them anxious. For example, staff built up trust and confidence with a person using the service which resulted in him learning new skills.

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

- People were involved in cooking their food and planning their meals. A staff member told us they involved a person in preparing and cooking their own meals in their preferred way. The person was also encouraged to plan their food menu by choosing the ingredients for their meals.
- Care records identified people's nutritional needs and the support they required to eat safely, including pace of eating and dietary needs.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed. Information was available in relation to what was important to people to maintain a healthy lifestyle, including what was in place already and what could be done to be healthier.
- People's health needs were identified, and staff were provided with a clear management plan regarding the actions they should take should a person have a seizure.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who understood them. A family member told us, "[Staff] are very kind and [my relative] is very content. I would know if [my relative] is not happy... [Staff] love him, they love their job, they tell me that."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff spoke warmly about people and what was important to them, how they supported people to achieve their long and short-term goals and aspirations. Staff's comments included, "I love the job, it's my first job in care. I find it very rewarding" and "The care we give is very supportive and person centred."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. A family member told us their relative had a staff member to support them who shared the same ethnicity.
- We observed a staff member understanding and supporting a person's cultural and religious needs, including their food choices, everyday rituals and church visits. People were provided with a choice for staff gender where it was important to them. Care records identified people's cultural and religious needs and the support they required to follow their preferences.

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

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. Residents meetings took place to discuss people's choices and concerns, including how they felt going back out into the community following the no restriction rules. People had a key worker who regularly met with them to review their goals and discuss wishes, including the support a person required to maintain an important relationship to them.
- People were enabled to make choices for themselves and staff ensured they had the necessary support when needed. The service ensured that people had an advocate where they required them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A family member said, "[Staff] will try and get [my relative] involved in cooking and stuff but they know if [my relative] doesn't want to and how far to push him." A staff member told us, "In the community we do basic shopping with [name of the person] and he enjoys carrying the basket. [Name of the person] learnt to sign his name, he copies the writing we do for him... Catching the ball is an amazing skill he has!"
- Staff helped people to maintain their dignity. A family member told us, "[My relative] always looks clean and presentable and [staff] have recently asked for some money to buy some new clothes..." Staff comments included, "We share information on the need to know basis. If [name of a person] has an

appointment, we wouldn't share this with staff who do not support him. We respect [people's] wishes and do not publicise them. We treat [people] how we would like to be treated" and "Preserving the person's dignity is very important. We thrive on this. We have to plan their personal care, how quickly to do it so that [name of the person] could feel respected and not rushed. We help [people] to choose their clothes, close the curtains. If they don't talk, it doesn't mean they don't make a choice. It is all about preserving their dignity."

- Staff knew when people needed their space and privacy. We observed a staff member ringing the doorbell before they entered the person's flat.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- Staff provided person-centred support with self-care and everyday living skills to people. A family member told us, "I would know by [my relative's] demeanour if there was anything wrong. I feel the staff know [my relative] really well and enjoy working with him." A healthcare professional said, "Melody road is one of those services I ask social workers to refer our clients to as the staff are consistently dedicated, and person centred and willing to deliver guidelines and recommendations effectively from our team."
- People's support plans were person centred and developed to meet their preferences and aspirations. A staff member told us, "Care plans are detailed. It is good we have such a detailed support plan. We get to know and understand [people] before we meet them."
- Information was available in relation to the support people required to achieve their desired outcomes and how this will be accomplished. The set outcomes were reviewed regularly to monitor and evaluate the progress made. This included staff supporting a person to plan their move where they wanted to change their living arrangements.

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

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed a staff member using the person's preferred communication methods, including Makaton and body language when talking to them about their day plans. A staff member told us, "[Name of the person] smiles when they eat food and we know if they like it."
- Staff supported people to use electronic communication devices, such as tablets, to help them keep in touch with family and friends who were unable to visit them. Staff also used tablets to communicate to people about their planned activities for the day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in meaningful activities to them. Staff encouraged and supported people's hobbies making sure they spent time doing what they liked and occupied their free time. This included a person making art.
- People had activities timetable to help them to follow their routines. We saw a person being supported to

attend regular activities so they could develop relationships in the community.

- People were supported by staff to try new things and to develop their skills. A staff member told us, "We applied for [name of the person] to join the day centre. We don't know if he will like it. We can only try, to see how it goes."
- Care records identified important relationships to people and where they required support to build new ones, including interacting with other residents and expanding their friendship network.

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. In the last 12 months, the service received one complaint which was logged, responded to appropriately and actioned to improve the service delivery.
- We also viewed compliments received by the service from family members and healthcare professionals which thanked staff for their hard work successfully supporting people to go out in the community and learning of new skills.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. We viewed a client satisfaction survey completed in 2021 and the overall results were satisfactory. People felt able to open up to staff if needed and included in the decision-making process about their care delivery.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a good leadership at the service with shared values to support a positive and improvement-driven culture. A family member told us, "[Name of the registered manager] is just an angel and [name of the staff member] is a really great person. I can't actually fault anybody." A healthcare professional told us that the care provision was "the best I have come across. The service is very well led, excellent leadership."
- The provider worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One staff member told us, "The managers are very supportive, very very friendly, engaging, effective in communication. We tend to work towards the same goal, supporting [people] well is the key."
- Managers worked directly with people and led by example. They worked alongside staff delivering care to people so that they could get to know people better and in person observe staff's performance.

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

- There was a clear management system in place with shared responsibilities to cover management absence when needed. Senior staff demonstrated understanding and compliance with regulatory and legislative requirements, including when they required to notify the CQC about the events that stop the service delivery and affect care provision.
- Staff were committed to monitoring people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff used different communication methods, including handover process, communication book and diary to ensure effective information sharing. Regular staff meetings were held to discuss changes in policy and people's individual care needs.
- The management of records and recordings was robust which helped to provide good quality care and support to people. Clear and precise records of people's support needs helped staff to understand and find information quickly when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Processes were in place to monitor people's wellbeing. Person Centred Plan (PCP) review meetings took place to gather people's feedback about their quality of life. Areas discussed included what made a person happy or sad and if they felt acknowledged when matters concerning them were discussed.

- The management team was aware of their responsibilities under the Duty of Candour and were open and transparent if things went wrong in care delivery. This included taking actions to address incidents and accidents that took place making sure people were well supported.

Continuous learning and improving care

- Regular checks were carried out by the management team to ensure effective and safe care provision. Manager audits took place to oversee the tasks being undertaken by the staff team in the areas related to health and safety, medicines management and safe use of equipment.
- Senior managers were responsible for planning, directing and overseeing the care delivery. They checked the records making sure they were being updated, reviewed and reflecting people's current support needs.

Working in partnership with others

- The service worked well in partnership with health and social care organisations, which helped to monitor and improve people's wellbeing. A healthcare professional told us, "Despite being a busy service, the manager is very responsive and will call back and feedback promptly."
- Stakeholder satisfaction survey results, completed in 2021, showed that the healthcare professionals valued provider because of 'consistent team and leadership' at the service, staff being 'responsive, and timely in its management of risk' and applying the 'person-centred' approach.