

Creative Support Limited

Creative Support - West Berkshire Services

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

This inspection took place on 8 and 15 September 2017. This was an announced inspection as Creative Support West Berkshire is a Domiciliary Care Agency (DCA) and supported living service. A DCA is a provision that offers specific hours of care and support to a person in their own home. The service was provided to people with a primary diagnosis of learning disabilities with associated needs. The service was offered to 42 people who received the regulated activity of personal care across eight complexes of privately rented sites including, houses and flats. We were told at the time of the inspection that the provider was considering reducing the number of complexes overseen by this location, however nothing had been confirmed. We therefore inspected all locations.

At the time of the inspection a registered manager had been in post since March 2016. The service had previously been registered at a different location, where the registered manager was registered, and CQC reports had rated the service as Good. 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 knew how to keep people safe by reporting concerns promptly through the safeguarding procedure that was taught as part of the induction process. This was further followed through as a topic of discussion within team meetings and in individual supervision meetings. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely, being kept in people's individual flats.

There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met at each location. Staff were matched to meet people's needs as per experience, knowledge, age and general personality, where possible. This was particularly noticeable within the service catering to support people with high needs.

All staff received a thorough induction, a minimum of mandatory training and support from experienced members of staff, where required. Staff reported feeling supported by the registered manager and said they were listened to if they raised concerns.

People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed where decisions were made on behalf of a person, these were always done in the best interest of the person.

People using the service said they were happy with the support and care provided. People and where appropriate their representatives confirmed they were involved in the planning and review of their care. Care plans focussed on the individual and recorded their personal preferences. We noted that these were not always kept up to date, and that each complex used a different style of paperwork. The registered

manager, advised us that measures would be taken to ensure one set of care plans were rolled out, and cross referenced with risk assessments.

People told us communication with the service was good and they felt listened to. Communication methods were employed by the service that were most appropriate to meeting people's needs. This reflected in people we spoke with reporting they were always given choice and were treated with respect by staff.

The quality of the service was monitored regularly by the location manager, registered manager, and the regional director. Whilst audit systems were in place for monitoring paperwork, there were numerous documents for the registered manager to select from. This could at times cause confusion. The registered manager told us she would review all audits, compiling one that may incorporate all appropriate sections to use and evaluate the service.

A quality assurance audit was completed annually with an action plan being generated by the service. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service as and where required. We found evidence of compliments and complaints that illustrated transparency in management.

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.

Robust recruitment processes were in place, meaning that suitably qualified staff were employed by the service.

Staff completed risk assessments, however risks were not always documented. This was going to be reviewed by the registered manager and all risks were to be documented moving forward.

Medicines were managed safely by suitably trained and competent staff.

Staff had an understanding of the safeguarding policy and would not hesitate to use this if required.

Is the service effective?

Good ●

The service was effective.

People were cared for by a staff team that received all mandatory training, and specialist training to ensure their needs could be met.

Communication methods were employed by the service that were appropriate to the individual.

Staff had an understanding of the MCA and how and when best interest decisions needed to be made.

Is the service caring?

Good ●

The service was caring.

Staff showed people respect and maintained their privacy and dignity when assisting with personal tasks.

People reported staff were polite in conversation and always encouraged them to voice their opinion and make choices.

People were encouraged to remain independent and motivated to complete tasks independently where possible.

Is the service responsive?

Good 

The service was responsive.

The service promoted social inclusion and assisted with activities that would enable people.

Care plans were person centred. There were several formats used by the service, however the registered manager was going to ensure one format was used by each of the complexes.

A complaints procedure was in place. We were able to see that complaints had been appropriately dealt with and resolved within the company timeframe.

Is the service well-led?

Good 

The service was well-led.

The culture of the service was open and transparent, with people and families being encouraged to speak to the registered manager as required.

The registered manager was reported by staff as being approachable and friendly. They would provide constructive feedback and guidance as need be.

Audit tools were in place. The registered manager was going to consolidate the audit documents to create one document that would cover all necessary areas of an audit.

The service was well managed and supported by a hierarchy of management and staff.

Creative Support - West Berkshire Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 15 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be able to give us access to files and documentation. This inspection was carried out over two site visits with one inspector completing both days of the inspection, which included visiting people and speaking with staff. In addition, a third day was used to complete telephone calls to professionals, relatives and any stake holders.

Prior to the inspection we referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received the PIR for Creative Support – West Berkshire, which allowed us to consider areas to look into further.

During the inspection we spoke with five members of staff, including the registered manager, one team manager and three care staff. We spoke with eight people who use the service and two relatives of people who were authorised to speak with us on their behalf. In addition we spoke with three professionals from the local authority.

Records related to people's support were seen for seven people. In addition, we looked at a sample of

records relating to the management of the service. For example staff records, complaints, quality assurance assessments and policies and procedures. Staff recruitment and supervision records for seven of the staff team were reviewed.

Is the service safe?

Our findings

People using the service told us that they felt safe with the staff involved in the delivery of their care. We were told "oh definitely safe", "yes I'm safe". We saw evidence of how robust recruitment procedures had been implemented by the service to keep people safe. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS) prior to employment commencing. A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. In addition files contained interview notes, health questionnaires, employment history with all gaps fully explained. Up to date photos were retained on files to confirm ID that was cross referenced with photo identification, for example passport or driving licence.

Risk assessments, were in place for some people to ensure least restrictive options were used and proactive plans implemented as necessary. However, we found that these were not always kept up to date. For example, one person had varying health needs that in turn meant risks would change depending on their health. The person did not have risks assessed in line with their updated care plan. Another person had risks identified within their initial assessment and care plan, however the risk was not assessed separately. This meant that staff were not given written guidance on how to manage this should the risk occur. However, staff we spoke with clearly illustrated knowledge on how to assess risk. One member of staff told us that they were continually assessing risk and where need be "speak to my manager to address the need for it to be written". We were provided examples of how risks may be managed without paperwork. For example, one person had recently been accompanied on holiday by support staff. Risks were identified during the holiday that had not previously been considered. A mental evaluation of the risk was completed by the staff to keep the person safe from the risk. We spoke with the registered manager about the paperwork, and were reassured that this would be rectified, and as required risks would be assessed and documents prepared.

Staff administered medicines and prompted people who required support in this area. The service aimed to help people become as independent as possible developing plans for self-administration. However, until this was achieved, staff signed off on a medication administration record (MAR) sheet when medicines were taken. Whilst this was not checked frequently by the registered manager, part of the senior staff remit was to ensure that medicines were administered appropriately by care staff. Where applicable any concerns were raised immediately with the registered manager or on call, for example a person refusing to take medicines. This was an effective way of safe medicine management. The senior staff and management per complex completed on site observations and checked records to ensure staff were correctly carrying out medicine management. We were advised that if errors were noted where required re-training and spot checks were arranged for staff. If concerns were repeated, the disciplinary procedure was implemented to keep people safe.

The service recorded incidents and accidents to monitor and minimise the potential of similar occurrences. Systems were in place for trends to be noted, which would then alert the registered manager to complete written guidance to prevent the likelihood of a similar incident. This was documented separately to safeguarding concerns that were monitored using a different system.

Staff were able to describe different types of abuse and how they would manage these if they suspected something. They were further able to describe the local authority safeguarding policy and how this was reflected in practice. The registered manager had ensured that staff were kept abreast of any changes to the safeguarding policy by keeping training refreshed for all staff. Posters were displayed in communal areas of the facilities visited by staff, detailing the protocols to follow should abuse be suspected. Staff told us that they were aware of the whistleblowing policy and would not have any reservations to use this, should the need arise. The Care Quality Commission (CQC) had received appropriate notifications of any alleged abuse, that were verified with the local authority.

We requested disciplinary records and the policy related to this. We were told that there had not been any disciplinary at the location since the location move and subsequent re-registration. The registered manager was able to describe the process should a disciplinary be held, and advised that she had been a part of the process within the wider organisation.

Is the service effective?

Our findings

People were cared for by a staff team that had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Training was delivered to all staff employed by the service. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care plans evidenced the importance of seeking consent. Staff were directed to seek permission and provide appropriate explanations prior to completing a task for a person. Where possible, people were to be given choice before completing a task. The staff we spoke with were able to give examples of how choice is to be offered. One said, "you ask before helping". In addition staff were able to provide examples of where necessary best interest decisions may be made for people, that may on occasion remove choice. This was evidenced within the care files for relevant people. Paperwork illustrated when and why a best interest decision had been made, and the necessity for this at the given time. In addition the care plans indicated where people needed support with food and drink, and how this support was to be provided. We observed staff leaving drinks for people when they had completed the calls. If a person refused to have a drink left, staff would ask several times, and document that this had been declined.

Where applicable people receiving a service had nutritional and health information in place for staff to follow. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for. Where necessary plans were prepared in conjunction with the local speech and language therapist (SALT) or a dietician. This meant a thoroughly comprehensive care plan had been prepared, that effectively catered to meeting the person's specific needs. For example one person required a specific diet due to their medical condition. Staff adhered to the plan that had been designed and agreed with the professionals. We saw evidence of this being presented in an easy to follow format in the person's kitchen, that staff could follow when preparing and assisting with meals.

The service had written a "my health passport" for each person, in the case of emergency hospitalisation. This detailed information on the person's diagnosis, medication and the preferred communication method. This further contained information on how the person wished to be supported, and people most important to them. This document had been used for several people who had required hospital treatment, whilst being supported by Creative Support.

People were cared for by a staff team who received comprehensive induction and training. This included completion of the company's mandatory training and additional specific training that would be supportive to their role. For example, staff working with people who had particular health needs, received training to enable them to effectively deliver care and support. New staff shadowed experienced staff until they felt confident to work independently, this varied between staff. The manager would agree when the person was deemed competent to work independently. The training matrix indicated that all required and suggested

training had been either completed or was booked for all staff. The registered manager had devised a system whereby she could check the training of staff working at different locations to ensure this was adequate. However, a system had not been employed that would alert the registered manager when training was due to expire. Staff competency was checked through topic based meetings and / or supervisions. This allowed the registered manager to be confident staff were able to put into practice the learnt theory, and have the necessary skills to deliver effective care. The service encouraged staff to share information on how they had successfully managed difficult situations by offering staff team meetings and "open office policy". This meant the service could effectively use known methods of success in managing complex situations. Staff felt this was a productive and useful way of working. One member of staff told us, "we share ideas... we don't have to reinvent the wheel".

Supervisions took place within the service on a frequent basis. These, depending on the service and client group varied between six supervisions to four annually. Staff reported that these were more frequent if they felt the need to have additional support. One member of staff reported, "These are always useful. You can talk through any issues you may have and seek a resolution."

The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need to provide communication to a person that is within a format that they can understand. The service needs to ensure this principles of this are applied to both people using the service and the staff. We were assured that the service had taken the appropriate measures to ensure that this regulation was applied across all the locations that received support. We saw information being provided to people in a format that they could understand. For example, picture symbols were used on written documents. In another example, we observed staff using Makaton with a person who had developed this in their own unique style. Staff followed this and ensured that they used signs the person understood and was comfortable with.

Is the service caring?

Our findings

We found the service was caring towards the people they supported. People told us, "They are like my friends". One person reported, "oh yes always polite." People told us they were treated with dignity and care. One person said, "They are very good. They talk to me nicely." Induction training reinforced the importance of treating people in a caring manner. The registered manager reiterated that the company prided itself on delivering support to people both respectfully and in a caring way. A professional we spoke with told us that they had no concerns about the staff and the way in which support was delivered. We were told, staff were "totally professional".

People told us that they were shown respect by staff. Staff were able to describe ways in which this was maintained. One member of staff spoke of the importance of having "day to day conversations, whilst supporting people. One person told us, "we have a lovely chat, I enjoy the company". A member of staff told us, "We have to treat them with the respect they deserve. They are no different to me or you."

It was evident that staff had read the care and support plans for the people they supported and knew the people well. Staff were given the responsibility of keeping these up to date. This did lead to some problems, as support plans were not always accurate on how the care was to be delivered, although staff could verbally detail this. One member of staff pointed this out, and raised that this could cause confusion should agency staff require delivering care. We spoke with the registered manager about this, whilst cross referencing the daily records. We found that whilst it appeared that care was being delivered details on specifics were not always provided. For example, a record documented that a person was supported however failed to advise if this included delivery of personal care. This meant that we could not be certain that appropriate staff numbers had supported the person as required. The registered manager took immediate action and left a note for staff in the communication book to review all documents. A separate message was entered in the book that reinforced the need for comprehensive records. The registered manager spoke with the staff who were on site and reinforced the need for detailed notes, further highlighting this as an area for discussion in the forthcoming meeting. We did not find evidence of any negative impact on people as a result of the documentation not being kept up to date.

People were encouraged to make decisions related to their care and lifestyle. A key worker system had been implemented within the service. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care the individual received was in line with their needs and how they wished to have a service delivered. The care plans were generally reflective of this, although were not always updated as required. The language used was in the first person and told staff what people wanted support with. Where applicable goals were written, with how the person wished to reach this. One person wished to go on holiday, and was encouraged by staff to achieve this. With staff support the person went on a short vacation abroad, and was now planning a longer break away. The aspiration documentation was predominantly found in the complexes where least support was required.

The service provided people with a "Local Area Guide: West Berkshire", that provided information to people on support and activities; advice; sports and wellbeing; theatres; places to eat; how to use trains / taxis; hospitals and health centres; as well a map of Newbury town centre, for them to use independently. This

booklet, created specifically by the service, aimed to give people all necessary information to increase and maintain their independence safely. This guide was also provided to people within the sister company Creative Support Reading. As the service provides the regulated activity of personal care, by offering this level of support and information, the service encouraged people to engage within the community and at times independently. People told us that they had found the guide useful. One person told us "It has taxi details in it. If I'm out late, I know who to call."

Is the service responsive?

Our findings

People had their needs assessed prior to a package of support being offered to them. This involved where applicable seeking input from family members, or professionals who know them well. The staff member completing the assessment would compile an initial assessment document. The initial assessment would allow a care plan to be developed. Risk assessments were completed during the initial assessment, with reviews and updates of documents taking place as staff developed relationships with people and began to know further details about them. The written updates of risk assessments did not always occur, although did not lead to any major known concerns, was accepted by the registered manager as not responsive practice. We were assured that this would be managed more appropriately.

Care plans were individualised and specific to the person. They contained relevant information such as, their past life history, how they liked things done and how they communicated their everyday care needs. Care plans were generally amended as required, these were always signed to say they had been reviewed. However there were several versions of the care plan being circulated within the services, that could potentially lead to confusion. The registered manager accepted that services were not utilising the most up to date paperwork, and assured us that consistency would be maintained with the documentation. Reviews would take place for all people with documentation being updated and prepared using one agreed format. Care plans provided insight into the reason why people liked things done in a particular way. This therefore gave staff a clearer understanding of the need for consistent support or a particular approach when working with people. For example one person, who received support was on the autistic spectrum and non-verbal communication. Their care plan detailed the need for a specific routine advising why this was important to them. This included set responses to be given at particular times, and more importantly allowing the person to take the lead in all interactions. This gave the person a sense of security as they knew the responses that were to be expected, and could feel a sense of control over the situation. A profile of each person was also maintained on file as a quick reference point. This was useful for staff to quickly respond to should they need some brief information, for example a diagnosis or important contact.

Staff were able to describe how they encouraged people to make choice, specifically around activities, food and outings. One person reiterated this point providing an example of how her choice was always enabled. She told us that when staff came to support her with her medicines, and it was not convenient, she would ask them to return. Staff would not force the issue, but return at a time more suitable for the person. This was recognised to be a "luxury" given that most services are unable to operate in such a manner. By having staff present at each of the eight complexes 24hrs a day, staff were able to respond to people's needs as and when they arose and if changes needed to be made.

The service focused on inclusion. This was seen as a crucial element of helping people to gain independence and a part of the enablement process. This included components of equality and diversity. People were told that they were all individual and had the same rights irrespective of their differences. The service emphasised equality and diversity by concentrating on how each individual person could achieve this, in their own personal way. For example, for some people, it was an opportunity to go out and browse in shop windows. For another person, it was the opportunity to travel overseas and visit places of interest to

them. One person told us that they "appreciated the support" and that it had allowed them to reach personal goals. Staff told us that they devised a plan with people on what they inspired to achieve, setting them realistic targets that they would work with them to complete. For one person this included, independently accessing the community, banking and completing all shops without any assistance.

There was a complaints procedure in place and people told us they had received information on how to make a complaint when the service commenced. Each person received a service user handbook that detailed who and what to do if they were unhappy. People and their relatives told us they would not hesitate to raise a concern should this arise. We reviewed the complaints log and noted that complaints had been appropriately dealt with. An investigation was completed, with the complainant being told of the outcome. People were confident that the service would correctly deal with a complaint. The local authority reiterated this point, informing us that they had not received any complaints from people or their relatives. One person stated, "I would tell them if I wasn't happy, I've done so in the past... they've always dealt with it, no problem there".

Is the service well-led?

Our findings

At the time of the inspection the registered manager had been in post for just over a year, registered at this location. She had held the position of registered manager for the service for longer, when the service operated from a different address. The registered manager had an open door policy. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time. Staff were encouraged to drop in or complete paperwork from the office if appropriate. On the first day of the inspection we saw one of the manager's was working from the office. The registered manager told us that whilst family or people's visits were infrequent they were always welcome. Formal meetings were held quarterly with managers from the services attending a meeting at the location address, however informal meetings were frequently held at each of the eight complexes. The registered manager also sought feedback from people and their representatives, encouraging them to attend local meetings. Any feedback gained within this could be used to inform the service moving forward. For example one person raised issues of agency usage and the need for consistency in staff where possible. The service acknowledged this point, and aimed to book whenever possible consistent agency staff.

Staff told us the registered manager was open and approachable and created a positive culture. One of the complex managers stated "She's a role model for me". Staff reported that the registered manager completed frequent spot checks, and general observations of their practice. This ensured that she retained an oversight of the management and practice of the service at the different complexes. In addition, where required suggestions or improvement ideas could be presented informally to staff. Each service / complex had their own manager who was overseen by the registered manager. This hierarchy and staff tier system allowed the registered manager to be able to oversee multiple sites simultaneously through delegating but overseeing the completion of works.

The registered manager completed audits of each location monthly and more comprehensively quarterly. We saw copies of the audits, and found that numerous versions had been created. We asked the registered manager to provide details on how the appropriateness of the audits was decided. We were told these were selected randomly. We found that this was not the most productive way of keeping a comprehensive oversight of paperwork. For example, we saw that paperwork varied from complex to complex, although a generic document had been created and circulated within the service. In some complexes three versions of care plans were kept in one person's file. These emphasised differences in how support was to be delivered, although generally information was the same. The registered manager recognised that this could be confusing for staff, and was unnecessary and time consuming for staff to read. The audits highlighted that documents were not cross referenced. For example, a care plan was not always supported by appropriate risk assessments. The registered manager advised that she would be seeking to complete a comprehensive audit of all complexes and develop a more suitable audit tool. This would look at small samples of all paperwork held at each location. The samples would change with each monthly audit, therefore ensuring that all people's files are reviewed by the registered manager. This audit would then generate an action plan that would highlight actions to be completed within a set time frame.

We found there to be good management and leadership. The registered manager was supported by the

service director, who offered on-going guidance and support, as well as the sister company's manager. The registered manager stated that she did not hesitate to ask for assistance as the priority was to maintain a well-led service. Location meetings were held quarterly which enabled all three registered managers within the Berkshire team to congregate and discuss ways to improve the service and establish organisational changes, with their mutual line manager.