

Creative Support Limited

# Creative Support - Bury 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

### About the service:

Creative Support Bury provides support to people who have learning disabilities and mental health needs. The agency helps people living in their own home or small group homes, offering support in meeting their social, emotional and personal care needs. The level of support provided varies on the individual assessed needs of people. Twelve people currently use the service.

### People's experience of using this service:

People told us the service was good and they benefitted from the care and support they received.

People were able to live their lives with full support from staff who respected their diverse needs.

Good systems and staff training helped keep people safe and known risks were managed effectively.

All documentation we saw was detailed and kept up to date. This helped keep staff informed of any changes to a person's care and treatment.

The service liaised with other organisations to ensure support was based on best practice.

Staff had received sufficient training and ongoing support to help them carry out their roles.

People were encouraged to be independent. Staff supported them with daily living tasks and helped them to reach their goals.

People were encouraged to eat healthily. People could 'win' incentives for healthy living.

Activities were meaningful because they were what people wanted. People were encouraged, where possible, to attend work or educational activities.

There were systems to maintain and improve the quality of service through audits, surveys and meetings. Rating at last inspection: At the last inspection (report published 28/10/2016) the service was rated as good overall.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for

good services, however if any information of concern is received, 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 - Bury Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was conducted by one adult social care inspector.

### Service and service type:

Creative Support Bury is a care agency providing personal care to people in their own homes or as tenants in a supported living environment. CQC regulates the personal care element of the service.

The service had employed a person who was awaiting an interview to be registered with the Care Quality Commission. This means that when registered 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:

The inspection was announced in line with our guidance for this type of service to ensure someone was in the office to participate in the inspection.

### What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the

service.

Prior to the inspection we asked the service to complete a Provider Information Return, which is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used the information to help plan the inspection.

During the inspection we spoke with three people accommodated in supported housing, the senior operations manager, a personal assistant/administrator, a team leader and two care staff.

We reviewed three care plans, four staff personnel files, three medicines administration records (MAR) and other records relating to the management of the service and care provided to people living there.

# Is the service safe?

## Our findings

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

People remained safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- ☐ People who used the service told us they felt safe and made comments such as, "Nobody bothers me I feel very safe."
- ☐ The service used the local authority safeguarding policies and procedures to report any incidents of abuse.
- ☐ Staff were trained in safeguarding topics and were aware of what constituted abuse. Staff had a whistle blowing policy to report any concerns they had with confidence.
- ☐ Staff we spoke with were aware of how to respond to any poor practice and told us they would report any safeguarding issues.

Assessing risk, safety monitoring and management.

- ☐ People had risk assessments in place for all aspects of their care and support identified as a possible hazard. We saw where any risks were identified people had access to relevant equipment or specialists, for example a speech and language therapist (SALT).
- ☐ Risk assessments were to help keep people safe but did not restrict their lifestyles.
- ☐ Ongoing monitoring to maintain people's wellbeing and safety had been completed.
- ☐ Ways to spot triggers for any behaviours that challenge were recorded, as were ways for staff to minimise behaviours that may be a risk to a person who used the service or the general community.

Staffing and recruitment.

- ☐ The systems for recruiting staff remained robust. Staff files we examined contained all the relevant documentation to show this.
- ☐ There were enough staff to meet people's needs.
- ☐ We saw when we visited people with their permission in their homes that staff knew them well and had time to chat about what the person wanted to do.

Using medicines safely.

- ☐ The administration of medicines remained safe. Our checks on the medicines administration records and other documentation such as for as required medicines showed us the training offered and competency checks on staff performance ensured medicines were given as prescribed.
- ☐ People told us staff helped support them to take their medicines and made comments which included, "The staff help me with my tablets. I get them when I need them."

Preventing and controlling infection.

- The systems for the prevention and control of infection remained good. Staff were trained in infection control topics.
- Managers audited that homes were clean and good practices were followed in each person's accommodation. People told us any repairs were completed quickly.
- Staff had access when required to personal protective equipment (PPE) to help prevent cross contamination of bacteria.

Learning lessons when things go wrong.

- The senior operations manager told us the service had improved agency staff induction to help provide better support to people who used the service.
- Accidents, incidents and falls had been documented and ways to minimise further incidents explored.



# Is the service effective?

## 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.

People's outcomes remained consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ We checked whether the service was working within the principles of the MCA. People who live in their own homes are not usually subject to a DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of any restrictions placed on a person's freedom.
- ☐ Each person's plan of care showed a mental capacity assessment had been undertaken.
- ☐ The senior operations manager said that all the people they supported had mental capacity, but they would liaise with the local authority as required.
- ☐ People had signed their consent to care and treatment and we observed staff asking people what they wanted before supporting them.

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

- ☐ People's needs were assessed prior to admission to the service to ensure staff could meet their needs.
- ☐ People completed a document which highlighted their needs and choices. The document formed part of the plan of care and ensured people were treated as individuals.
- ☐ People who did not communicate verbally were supported by various means to ensure their needs and choices were recorded and understood. The use of computers, known communication methods such as Makaton or the use of pictures ensured staff were able to deliver the care people wanted.

Staff support: induction, training, skills and experience.

- ☐ Staff who had no experience in care were enrolled and completed the care certificate which is a nationally recognised training program and considered to be best practice for people new to the care industry.
- ☐ Induction also included familiarisation with the person and house they were assigned to. New staff were supported by an experienced member of staff until they felt confident.
- ☐ Training was ongoing and included all mandatory training such as moving and handling, health and safety, safeguarding and infection control. Training specialised to each person's needs was also provided.
- ☐ Staff told us, "We get lots of training. Mandatory, which we get a timescale to refresh and then service

specific training. For example, for epilepsy we get further training and the medicines we can use to help control it." and "I have done all the mandatory training such as safeguarding. The training is really good. I had an induction where I observed staff with experience and got used to the service users."

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

- People who used the service told us, "I do my own shopping and I go out for meals. I do cooking activities."; "Staff support me to cook and shop." and "I have my meals when I want. Staff help me make my food and drink. They can make the food. I am not really into cooking."
- We saw people had access to professionals such as speech and language therapists or dieticians if required.
- The ethos of the service was to support people to be as independent as possible with managing meals, dependent upon their abilities.

Staff working with other agencies to provide consistent, effective, timely care.

- Each person had their own GP and we saw from the plans of care that people had access to a wide range of professionals and clinicians to ensure their care was consistent, effective and timely.
- Staff followed appropriate guidance provided by healthcare professionals. The service liaised with other organisations and professionals to ensure people's health and social needs were met.

Adapting service, design, decoration to meet people's needs.

- The office was fit for purpose, there were staff available during the day with an on-call system to provide support for any emergency at other times.
- People said they liked their accommodation and had personalised their flats to their tastes.

Supporting people to live healthier lives, access healthcare services and support.

- We saw records of attendance at hospitals and routine appointments with opticians, podiatrists and dentists had been arranged.
- We saw where required people had been supplied with equipment, for example aids for mobility or communication.

# 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.

People continued to be supported and treated with dignity and respect; and involved as partners in their care.

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

- ☐ People who used the service told us, "It is all right here. Staff are great. I am comfortable."; "It is spot on here. I like it. The staff are a very kind bunch. They know what they are doing." and "We have a good laugh. The staff are good."
- ☐ Staff said, "I would recommend the service to others, including my family. I like the people I look after. Helping them to become more independent. They are appreciative, and I like the flexible working routine." and "I would recommend the service to family and friends. If a family member was being supported by the staff here I would know they were being genuinely cared for."
- ☐ People had their own flats and staff knocked on their doors and waited for a response before entering which helped protect their privacy and dignity.
- ☐ We observed staff spoke to people in a respectful yet friendly manner. There was a good rapport between people who used the service and staff.
- ☐ The protected characteristics of people were assessed and staff supported them to make decisions. People could choose the gender of staff if they wished. People were also supported to follow a religion of choice or be involved in a relationship.
- ☐ People chose activities which suited their sexuality and attended various events to celebrate diversity. The service offered safe relationship training provided by the local authority.

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

- ☐ People were regularly asked for their views in quality assurance questionnaires. We saw the service responded to their needs, for example more activities were provided at a weekend after people highlighted this was an area for improvement.
- ☐ People were involved in the development and upkeep of their plans of care if they wished.
- ☐ People had access to the advocacy service if they required a person to act for them and protect their rights.

Respecting and promoting people's privacy, dignity and independence

- ☐ Plans of care contained details of a person's past history, their likes, dislikes and known choices. This helped people be treated as individuals.
- ☐ People were treated with dignity because part of the support provided was to promote independence. This included daily living skills such as personal care, managing finances, keeping their houses clean, shopping and cooking their meals.
- ☐ People were able to live privately. Each person had their own key to their flats and could come and go,

dependent upon their abilities.

- ☐ People could see their families in private if they wished and were also encouraged to remain in contact with their family and friends.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- ☐ People's care plans were individual to the person and reflected their choices. Plans of care were updated regularly to reflect their current needs. We saw the care plans reflected individuality in the way they encompassed people's wishes. There was information included about people's lives prior to arriving at the home, which helped staff understand them as individuals.
- ☐ Plans of care were detailed and gave staff sufficient information to meet their needs.
- ☐ People had choices in the activities they attended. Staff discussed the activities with them and then supported their attendance.
- ☐ Activities were varied and included places of interest, hobbies and work or learning establishments.
- ☐ Each person had a 'hospital passport' which assisted them to have choice and control over their lives when they were admitted to hospital.
- ☐ The service also ran their own café. People who attended could socialise or join in the activities on offer which included arts and crafts, cookery and IT lessons, keep fit, creative writing and drama groups. Some groups were gender specific and discussed topics related to their needs.

Improving care quality in response to complaints or concerns.

- ☐ None of the people we spoke with had any concerns about Creative Support. The comments were complimentary.
- ☐ There was an accessible complaints procedure for people to raise a concern which was produced in an easy read format for any person that required it.
- ☐ There was a system for analysing and responding to any concerns to try to minimise any reoccurrence.

End of life care and support.

- ☐ We saw that some of the people who used the service had completed an end of life plan and a funeral plan. This would ensure people's known wishes were respected at the end of their lives.
- ☐ Staff had been trained in end of life care. This would enable them to provide care for people who used the service and support for family members.
- ☐ The service did not specifically provide end of life care. The senior area manager said they would contact the relevant professionals should a person require it.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- ☐ The senior area manager was aware of their responsibility regarding the duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- ☐ There was a person employed who had completed the paperwork to be registered with the CQC. The staff member was awaiting an interview prior to confirmation. The staff member was on leave and the inspection was conducted with the assistance of a senior area manager and other staff who came into the office. The area manager conducted audits to ensure the service maintained or improved standards.

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

- ☐ The management team and staff we spoke with demonstrated their commitment to provide a quality service. People we spoke with thought the service was well run.
- ☐ Staff were clear about their roles and made comments such as, "The team leader conducts my supervision. We have supervisions every two or three months and we can discuss any issues, personal or work based and training needs. Training is discussed at every supervision. We have a yearly appraisal." Staff also told us managers were available and approachable.
- ☐ The registered manager understood their regulatory requirements. The previous inspection report was displayed and available within the office and on the providers website. The registered manager had submitted relevant statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- ☐ People who used the service provided input into the service and we saw actions were taken to improve the service.
- ☐ Staff were able to attend meetings and complete satisfaction surveys to help direct how the service was run.
- ☐ There were good systems of communication to ensure people who used the service and staff were supported.
- ☐ People who used the service and staff had their known characteristics considered to ensure they were

treated with equality.

- The organisation produced a magazine which gave people information about the service, any achievements made by people who used the service and other items of interest.
- People who used the service and staff were offered incentives to achieve goals. We saw people achieved awards for being more independent and improving their lifestyle.

Continuous learning and improving care.

- Staff were supported to attend training on topics other than mandatory training. For example, finance management, behaviours that challenge, diabetes and positive risk management. This helped promote continuous learning and was specific to the needs of people who used the service.
- Managers attended provider and other meetings with professionals to discuss best practice care and support.

Working in partnership with others.

- The service worked with other professionals involved in people's care to provide the right care and support for people who used the service. This included health and social care organisations.
- During the assessment process and ongoing support staff had contact with professionals and family members to ensure joining the service was the right thing for the person to do.