

Creative Support Services (Buxton) Ltd







Creative Support Services

Inspection report

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Buxton
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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	

Overall summary

This announced inspection was carried out between the 25 November 2015 and the 5 December 2015.

Creative Support Services provides care in people's own homes. At the time of the inspection there were 55 people using the service.

The service had employed a new manager who had started the application process with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection carried out on the 23 January 2014 all regulations inspected were met.

People felt safe using the service and staff were aware of their duty of care to the people they supported. People were protected from avoidable risks and harm. Staff were provided with training to recognise and respond to potential signs of abuse.

Summary of findings

The provider ensured safe recruitment procedures were followed, this included Disclosure and Barring checks (DBS) and references. New staff had a period of induction along with a period of shadowing of more experienced staff.

There were sufficient staff available to visit people in their own homes, in a timely manner, and to meet people's needs. The manager and care coordinator appropriately matched staff to the people they cared for.

People were prompted and supported to take their medicines at the correct time. Records of people's medicines were kept and audited monthly by the manager to ensure the correct recording was carried out.

Staff participated in training and supervision; they understood their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Where appropriate, staff ensured families were kept up-to-date regarding the health and welfare of their relative. Staff assisted people to contact their health and social care professional when it was necessary.

People saw staff as kind, caring and compassionate. Staff cared for people in a manner that promoted and respected people's privacy and dignity. People felt the staff listened to them and understood their views, values and choices.

People or their representative were involved in decisions their care. People's care plans contained information on how each person wanted to be assisted and supported. Care plans were reviewed and updated to reflect current wishes and needs.

There was a system of auditing, reviewing and evaluating the quality of the service provision. Staff were provided with support, supervision and appraisal periodically from the manager. Staff felt well supported by the manager, who understood their duties and responsibilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood the about local safeguarding procedures and the requirement to protect people and report concerns.

Staffing levels were sufficient to meet people's needs. Staff were recruited following safe procedures.

People were prompted and supported to take their medicines at the correct time.

Good



Is the service effective?

The service was effective.

Staff received regular training to ensure they had the skills and knowledge to carry out their job roles.

The manager had implemented a program of supervision and appraisals for all the staff.

People were referred to healthcare professionals when and as required.

Good



Is the service caring?

The service was caring.

Staff knew people well and some positive and meaningful relationships had developed.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Assessment of people's needs took place prior to the service providing any care. Care was planned in response to people's needs.

Comments and complaints were taken seriously and used to improve the care and service being provided.

People were involved in the planning of their care.

Good



Is the service well-led?

The service was well-led.

People were satisfied with the service and said they could contact the office and speak to the manager if they needed to.

There were audits in place to assist with driving improvements and assessing and evaluating the quality of the service.

Staff were provided with support, supervision and appraisal from the manager.

Good



Creative Support 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.

The inspection took place between the 25 November 2015 and the 5 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, so we needed to be sure that someone would be in the office. The inspection team consisted of two inspectors and an 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.

We reviewed information we held about the service and which included notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR 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. The PIR also provides data about the organisation and service.

We also spoke with thirteen people who used the service, five care staff, the manager and the provider. We looked at care plans for five people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Is the service safe?

Our findings

People told us they felt safe with their carers and the overall service provided by the agency. One person told us, “Safe, yes very much so.” When asked if they felt safe with the service being provided, another person said, “Yes, I know my own mind. My carers do what’s expected of them.” A relative told us, they were, “New to Creative Support and are very happy with them. [Relative] gets on well with [staff names] already”.

People continually told us they had confidence in the staff who visited and supported them. They told us they knew if they had any concerns regarding personal safety, their concerns would be listened to and acted upon by the staff. The staff we spoke with knew the signs and indicators of abuse to look out for. One member of staff told us they would have no reservation in reporting any concerns to protect people from harm.

Staff knew and understood the process to follow for reporting potential abuse. This included how to inform the local authority. The manager was aware of their responsibilities in promoting the safety of people. The manager told us, “We must ensure our clients are protected.” Our records showed any accidents and incidents had been reported to the Care Quality Commission (CQC) and the local authority accordingly.

One person told us, “They (staff) come a bit earlier sometimes, but never late”. Another person told us, “If they (staff) are going to be late, perhaps fifteen minutes, they phone me.” A relative told us the staff were, “Bang on time, yes - and leave on time. They (staff) phone to check in and out.” The service had enough staff to provide care and support to people in a timely manner. Staff levels had been calculated on the hours that had been previously assessed or allocated. The provider and manager told us they did not accept a new person unless they could be sure people’s assessed needs could be met. Staff told us they were all issued with a mobile telephone so any changes to their rota were easily communicated to them by phone or email. A review of the staff rota’s showed staff had sufficient time allocated to provide the care for the people.

We spoke with a new member of staff. They were very clear they had not been allowed to provide any care or support until relevant pre-employment checks had been carried out. We looked at staff recruitment records which confirmed checks were undertaken before staff began working. The checks included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). This meant people and relatives could be confident the staff had been screened as to their suitability to provide care for the people using the service.

People were prompted and supported to take their medicines at the correct time. “They [staff] cream my legs and keep them in good condition. They always wear gloves and an apron”. A relative told us their family member required some support with their medicines. They went on to tell us, “I want [relative] to be as independent as possible so they (staff) just prompt her to take it”. Records of people’s medicines were kept and audited monthly by the manager to ensure the correct recording was carried out. The manager had identified there were occasions when staff had not always signed for people’s medicines on the medicines administration record (MAR). The manager had identified the need to ensure MAR charts were correctly filled in and further training had been provided for medicines administration with a local pharmacy. This showed us the manager understood the importance of ensuring medicines were managed in a safe manner.

The provider told us they had a contingency plan to maintain the service to people in the event of severe weather conditions such as snow. The provider had the use of a 4 x 4 vehicle to ensure the staff could continue to provide a service if there was snow and ice. Staff told us when the weather was severe they would endeavour to continue to provide people with a service. This meant the provider and the staff could continue to provide and maintain support to people who lived on their own and people who were reliant on staff for their care needs.

Is the service effective?

Our findings

People told us they had confidence that the staff were trained and knew how what they were doing. One person told us, “Yes, I think they [the staff] are well trained; they are very capable.” They went on to say, “They seem to know what they are doing, even the young ones.” Another person told us, “New staff shadow the experienced ones.” A relative told us, “We’re very confident they know what they are doing.”

All the staff we spoke with told us they received regular training and they felt it helped them to build up their skills and understanding to provide people with the care they needed. One staff member gave an example of attending a medicines awareness training which helped to support their role and understand medicines procedures and good practices. We saw from records, the staff participated in medicines training with a local pharmacist and a competency assessment was carried out. The manager told us they aimed to encourage staff to attend training and when identified, they tried to accommodate special requests for particular training.

New staff completed a period of induction and shadowing of an experienced member of staff. New staff also completed the Care Certificate as part of their induction. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to. The manager informed us they were in the process of registering to attend a training course to become a trainer themselves to complement the training already available to staff. This showed us the service understood the need to ensure staff were provided with training to meet people’s needs.

People told us staff asked for consent before they provided any support with personal care. One person told us, “They [the staff] are very respectful. Another person told us, “Yes, they’ve got to ask.” Staff we spoke with told us they respected people’s rights. One staff member told us they were guests in people’s homes and must always ask and not just do something.

Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). 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. The staff were able to describe how they would make sure people were included in decision making around their support and care. For example, we saw care records indicated people had been included in decisions regarding resuscitation and end of life care. This demonstrated, staff understood the importance of seeking consent to care, the provider followed the principles of the MCA.

Staff made some people meals or assisted people to make their meal. One person told us, “We have a carer once a week at lunchtime to cook our lunch and clear the kitchen. It’s great and a real treat which we look forward to. We shop for the food and they [staff] cook it. It works very well”. Another person told us, “They [staff] make my breakfast and dinner. They know what I like - it all works well”. A third person told us, “I am quite independent as far as my meals are concerned but if I ask them [staff], they will make me a sandwich to leave for my lunch.” Staff told us they supported people with their meals to suit each person’s needs. They told us this meant for some people they prepared a meal, whereas other people may only require a sandwich. Staff also told us should someone’s needs change and a special diet be recommended, they would always ensure this was provided. An example given was someone who may need a pureed diet or a fortified diet. The staff member told us, they would ensure professional guidance was sought and any special instructions followed.

People told us the staff provided the support and assistance they needed and at a time when it was needed. One person told us, “They come in the morning, again at lunchtime and in the evening. They do a good job”. Another person told us they were very pleased with the service being provided. They told us the staff accompanied them to attend some activities in the community and the provider catered for their needs. A relative told us they “Couldn’t do without the staff.”

A relative told us the staff usually informed them if their family member’s health had changed and they required an appointment with their doctor. A staff member told us they

Is the service effective?

would have no hesitation in calling for the emergency services should they be required. The staff member told us they had a duty of care for the people they assisted and would always ensure people's needs were met.

Is the service caring?

Our findings

People and their relatives told us staff were kind, caring and compassionate. One person told us, “They’re respectful enough”. Another person told us, “We both have care. They [staff] are kind and caring and respectful of us both”. A relative told us, “The feedback from [relative] is they certainly are caring.”

Staff were positive about the service they provided. One staff member told us, “I love my job and I love being able to help others.” Another member of staff told us they loved being able to work with people.” Staff understood the importance of maintaining people’s confidentiality. Staff told us they would not speak about one person with another. A staff member also told us how they ensured information about the support and care each person received was kept safe and secure and not left lying around their home. The staff member told us they were mindful of people being able to read their care plans and ensured they were factual and respected people’s needs.

People told us they felt it was important to have, “Regular staff.” They went on to tell us they understood this was not always possible due to annual leave, but said where possible having familiar staff was important. Staff were

positive about the relationships they had developed with people. One staff member told us they felt it was important to provide a service that recognised people’s choice. The manager confirmed that, where possible, staff were allocated to particular people to promote continuity and consistency.

People told us the staff were respectful and always careful to preserve their dignity and privacy. One person told us, “They [staff] are very careful with [relative]. They close the curtains and lock the front door when they are doing personal care, supporting [relative] with a bath or wash and to dress”. Another person told us, “They are respectful. They’re careful to keep me as covered up as possible when I’m being helped to bath or shower.” We saw the Derbyshire Dignity Award had previously been awarded to the provider and staff. This showed us there was an understanding of the importance and awareness of upholding and respecting people’s dignity

Social care professionals told us they had received positive feedback about the staff from people who used the service. A social care professional described staff at the service as proactive. They told us the service kept them informed of any changes to the care needs of the people they supported.

Is the service responsive?

Our findings

People told us they felt it was important to remain as independent as they could be. Where possible, people were given the support to manage and be in control of their lives. One person told us, “The care staff enable me to keep my independence.” A relative told us, “We couldn’t do without staff.” Another relative told us it was very important to their relative to remain as independent as possible. A third relative told us, “The staff are always willing to do whatever they can,” and gave an example of taking the laundry upstairs. They went on to say, What they do is very much controlled by [relative].”

People told us their packages of care were tailored to meet their needs. One person told us, “I said what was needed and they [staff] said they would see to it.” One person gave example of requesting the same gender of staff and this being respected. A relative told us, “[Relative] asked for females and that’s who comes.” The manager and provider told us they tried to ensure people’s requests for particular staff were honoured. We saw a care coordinator role had been introduced to ensure people had a point of contact at the office to raise such requests. This showed there was recognition of respecting people’s choice and requests.

We saw the care plans were going through a process of updating and slight change of format. We saw there was good information provided in people’s care plans. For

example, in one care plan we saw special requests regarding washing of someone’s towels. We saw risk assessments were in place to mitigate and reduce risks. For example, we saw one person had a risk assessment in relation to falls prevention and risks associated with showering and bathing. The assessments guided the staff in how to provide care in manner that met the person’s specific needs, along with reducing the risk of accident or injury.

People’s daily records were completed each time a staff member had visited and provided a good summary of care provided by staff. We also saw people had a pre-assessment of their needs completed before receiving any care or support from the service. We saw people’s needs were reviewed and when necessary changes made. Staff we spoke with were able to give details of the care they provided to people. This meant people’s needs had been assessed and care was being provided in a way which met their needs.

People we spoke with told us they knew how and where to complain, should they have a complaint. One person told us, “I’m having no problems. I do have a card here from [staff name] with her phone number. I would have a word with her”. “I haven’t needed to, but yes I would raise a complaint if needs be”. A relative told us, “If I wasn’t happy, they [the provider] would know about it.”

Is the service well-led?

Our findings

One person told us, “Communication is good. They [the provider] say to ring them and they will sort out any problems or complaints”. Another person told us, “I have a card here from [staff name] with her phone number if I need it”. A third person told us, “The staff know what to do. I think the service is well managed.” A relative told us, “Communication is easy. They [the provider] issue a timesheet. They email it out every week and they’ve phoned us to see how everything’s going”. Another relative told us, “I’m confident they [the provider] know what they’re doing and the service is quite well managed.”

We saw the agency periodically produced a newsletter to inform people of any changes or developments within the agency. The provider monitored the quality of the service by sending out questionnaires. People confirmed they had received a questionnaire from the provider to comment on the quality of the service they received. A relative also told us they had received surveys and questionnaires. We saw an annual satisfaction survey was carried out; the last one had been completed in May 2015. There was evidence of the results being analysed and actions taken were documented. An example we saw was people felt communication could improve. Following this, the provider had ensured all staff had a mobile to enable them to contact people should they be running late. We also saw, some people had commented they did not always know who was to provide their care each day; the manager responded by developing a weekly rota for each person which was delivered each weekend. This showed us people’s views were sought, valued and acted on.

One person told us the staff who support them understand their roles and ensure their needs and requests are met. The manager told us a new care planning review process had commenced and responsibilities to complete this was being shared between themselves and the care coordinator. The manager told us they had looked at the roles and duties of the office staff to ensure duties and responsibilities were clearer with the intention of becoming more effective.

A staff member told us their practice was, “Spot checked,” by a team leader to ensure the care they provided was carried out to meet the needs of the people. The staff member explained to us they would be accompanied by a team leader on some calls to people and their conduct and

practice was monitored. The staff member told us they thought this was a good way of checking their competence and feedback was always given. We saw staff records contained information to demonstrate the checks had taken place. This showed us staff’s practices were monitored and constructive feedback was given.

We saw staff meetings took place and staff were given the opportunity to voice any concerns or issues. For those staff who were unable to attend the meetings due to providing support and care to people, the manager ensured the staff were briefed of discussions and decisions. Staff told us they received supervision and appraisal and we could see from records they had commenced since the new manager had started their role. One staff member told us the manager and the provider were, “Supportive and approachable.” The manager told us since their appointment they had ensured staff had received supervision and annual appraisals had also commenced. This demonstrated to us the manager was aware of valuing the staff and providing them with support.

Incidents and accidents were recorded and looked into for the service to learn from and mitigate any risks to people. Staff told us they knew who to inform and contact to report any untoward occurrences and were able to give us examples.

Staff told us there had been changes to the manager of the service and recognised it was early days. Staff told us staff morale had been low, although felt there had been improvements since the new manager had started. A staff member described the manager as, “approachable and supportive.” Another member of staff said the manager was, “Lovely and really supportive.” They went on to say, “She’s lifted us up, she’s really positive; I can’t praise her enough”.

The manager understood their role and responsibilities. The manager told us the staff and the provider had been very supportive since their recent appointment. They told us they felt there was, “mutual respect,” between themselves and the staff. The manager recognised their appointment was in its infancy; however they had already prepared an action plan to continue to maintain and develop the service. We saw the plan included a rolling schedule of supervisions and appraisal of all staff, three monthly quality assurances and continued reviewing of care plans.

Is the service well-led?

The manager told us the needs of people using the service “must come first and foremost.” They went on to tell us they had already met with a number of people and planned to work alongside staff and people to build up trust and, “an open and transparent service.” The manager told us there was a good and supportive network of people

working with them which enabled them to provide a good service to the people. The manager told us they were mindful that improvements had been made, but they needed to continue moving forward and sustain the service provision.