

Creative Support Limited

Creative Support - Halton Service

Inspection report

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Date of inspection visit: 02 and 09 November 2015
Date of publication: 11/02/2016

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 inspection was announced and took place on the 2 November 2015. A second day of the inspection took place on 9 November 2015 in order to gather additional information.

The agency was previously inspected in June 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Creative Support (Halton Service) is a domiciliary care service that is part of Creative Support Ltd (The Provider). Creative Support is a 'Not for Profit' organisation.

The Halton service is coordinated from business premises in Museum Street, Warrington. The domiciliary care

Summary of findings

service in Halton currently provides personal care and support for up to nine adults with learning disabilities, physical disabilities or mental health care support needs who live within the Halton district.

At the time of the inspection there was a registered manager at Creative Support (Halton Service). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager of Creative Support (Halton Service) was present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

People spoken with told us that they felt the service provided was safe, effective and caring and confirmed they had confidence in the standard of care and support provided by staff. There were systems in place to protect people from suspicion or evidence of abuse and to keep them safe from potential and actual risks. This included written guidance for staff and safeguarding training. Staff were aware of the provider's procedures for reporting any safeguarding concerns and how to whistle blow.

The provider had developed systems to ensure that comprehensive assessments of need had been undertaken to identify people's personal care and support needs. Furthermore, care and / or support plans had been developed to promote person centred care and

to keep people safe. People using the service and / or their representatives were involved in the planning of their care and had been asked for their views periodically via questionnaires and consultation events.

People using the service and / or their relatives told us that they received a reliable service. There were contingency arrangements in place to cover staff absences and robust procedures were followed for staff recruitment.

People received appropriate support to manage medicines. Staff had access to corporate and localised medication policies and procedures and received medicines training and an assessment of competency prior to administering medication.

Care staff were provided with appropriate induction from the provider's training department which was linked to national induction standards. Staff also had access to mandatory and ongoing training to meet people's needs. Records indicated that staff received regular supervisions and had attended team meetings throughout the year to receive support and guidance.

Staff understood the Mental Capacity Act (MCA) 2005 and were aware of the need to consider whether people had capacity. People told us they were provided with information about their care and asked for their consent.

People using the service or their representatives spoken with told us that they understood how to raise a concern or complaint and were confident that any complaints would be responded to in an appropriate and timely manner.

People told us they found the management team approachable and there were systems in place to monitor the quality of the service.

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.

Policies and procedures were in place to inform staff about safeguarding adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People using the service confirmed they felt safe from harm. Risk assessments were in place so that staff were aware of how to control and minimise potential risks.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

Good



Is the service effective?

The service was effective.

Staff had access to induction, mandatory and other training that was relevant to their roles and responsibilities. Staff spoken with also confirmed that they had received formal supervision at regular intervals.

Management and staff were aware of the need to promote people using the service to have a healthy lifestyle and to maintain hydration and good nutritional intake.

Systems were also in place to liaise with GP's and to involve other health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

Staff spoken with told us that they had received training on the value base of social care as part of their induction training which had helped them to understand how to provide person centred care, the rights of people using the service and their duty of care.

Good



Is the service responsive?

The service was responsive.

People using the service had undergone an assessment of their needs and a person centred plan of care / support had been produced and reviewed periodically.

People told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly. Records of concerns and complaints, associated correspondence and actions taken was available for reference.

Good



Is the service well-led?

The service was well led.

The service had a registered manager in place to provide leadership and direction.

Good



Summary of findings

Systems had been established to seek feedback from people using the service, their representatives and staff.

A range of audits had also been developed to monitor the standard of service and care provided.

Creative Support - Halton Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 on 2 November 2015 and was announced. A second day of the inspection took place on 9 November 2015 in order to gather additional information. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about Creative Support –Halton. We also looked at all the information which the Care Quality Commission already held on the provider. This included

previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Creative Support –Halton. We took any information provided to us into account.

During the site visit we spoke with the registered manager of Creative Support Halton, a service director and another registered manager who provided assistance to the inspection team. We contacted one person using the service and two relatives by telephone. We also undertook home visits to three properties by invitation and spoke with six people who used the service and six staff. We encouraged people using the service to communicate with us using their preferred methods of communication.

We looked at a range of records including four care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding logs; rotas and / or visit schedules; staff training and audit documentation.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided by Creative Support – Halton to be safe.

People spoken with confirmed that they felt safe and some people qualified this. For example, we received comments such as: “I feel very safe living here”; “They had a period of poor staffing levels and different people but it appears fine at the moment” and “I feel my daughter is safe where she lives.”

We looked at the files of four people who were using the service provided by Creative Support – Warrington. We noted that each person had a care plan and supporting documentation which included a range of risk assessments. Personal emergency evacuation plans were also in place to ensure an appropriate response in the event of a fire. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential / actual risks. Copies of the records were held at the office and available at each person’s home.

Systems were in place to record any accidents and incidents that occurred within the service. A matrix was in place which contained a log of incidents and accidents. This included information on actions taken and follow up actions to minimise / control potential risks.

We visited six people at home. We noted that Health and Safety files were also available for reference which confirmed a range of audits and safety checks were undertaken by staff working in each property. Copies of safety certificates for services and equipment such as gas safety; portable appliance testing; electrical wiring and fire safety was also available for reference.

At the time of our inspection the service was providing personal care to nine people who were living in five properties. The provider received a set number of commissioned hours from the local authority to provide a range of care packages to people using the service.

We received a breakdown of the support hours for each property and viewed staffing rotas for the service. We noted that the provider was deploying staff resources flexibly and in accordance with the needs of people using the service.

The registered manager confirmed that the agency had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences. A business continuity plan had also been developed by the provider to ensure the service could continue to operate in the event of an untoward incident.

The registered provider (Creative Support Limited) had developed a recruitment and selection procedures to provide guidance for management and staff responsible for recruiting new employees on the organisation’s recruitment processes.

We looked at a sample of four staff files for recently recruited staff. Through discussion with staff and examination of records we found that there were satisfactory recruitment and selection

procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references, medical questionnaires, proof of identity including photographs and disclosure and barring service (DBS) checks. This organisation aims to help employers make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups.

All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work with vulnerable adults. This helped protect people against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed internal policies and procedures to provide guidance to staff on the 'Safeguarding Adults at Risk' and 'Whistle blowing'. An easy read version entitled 'Help to keep you safe – Safeguarding' guide was also available for people using the service to refer to. A copy of the local authority's adult protection procedure was also available for reference at the agency's office.

Discussion with the registered manager and staff, together with a review of training records confirmed staff working within the service had access to 'Safeguarding vulnerable adults and / or children' training.

Is the service safe?

Management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

Safeguarding files were in place at each person's home. Files contained a copy of the organisation's safeguarding procedures and outlined the responsibilities of staff and their duty of care to safeguard the welfare of people using the service.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in June 2014. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

We viewed the safeguarding records for the service. There was a safeguarding tracking log and supporting documentation in place which indicated that there had been one safeguarding referral made by the provider since the last inspection. The log captured key information such as: the date of the incident; of details alleged victim and perpetrator; description of incident; date reported to CQC and the local authority; actions taken; strategy meeting date and outcomes of investigation.

Records confirmed that safeguarding concerns received by the service had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures. This helped to ensure the protection of vulnerable people.

A corporate medication policy had been developed by the provider and individualised procedures were in place in each person's home to provide guidance to staff responsible for the administration of medication to people using the service.

We spoke with support staff who confirmed they had completed medication training as part of their induction training and undergone an assessment of competency prior to administering medication to people using the service. Individual medication assessments and administration procedures had been developed and patient information leaflets and other supporting documentation was available within each property for staff to view.

We received permission to visit six people at home and used the opportunity to review the arrangements for managing medication. We sampled a selection of medication administration records (MAR). We noted that Medication Administration Charts had been completed to provide a clear audit trail for medication administered and medication audit records were in place which included the details of medication received and stock check balances.

Auditing systems had been established to enable the registered manager to monitor medication management and recording issues.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Creative Support – Halton to be effective.

Comments received from people using the service or their representatives included: “All the staff are great”; “I’m very happy” and “The staff are alright.”

Likewise, feedback received from staff included: “The training is excellent for the staff. It is always available and gives me a good insight for my role”; “I have done all my mandatory training” and “We have regular team meetings and supervisions. Support is always available.”

Examination of training records and discussion with the registered manager and staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

Discussion with the registered manager and support staff together with examination of staff training matrices and the provider’s training calendar confirmed staff had access to a four day induction programme at the provider’s head office in Manchester. The training was delivered by Creative Support’s training academy and was linked to the Skills for Care ‘Care Certificate’ (a comprehensive induction that takes account of recognised standards within the sector adult social care sector). The training also supported the level 3 certificate in preparing to work in Adult Social Care.

Examination of the training matrices for staff working for the service revealed that staff had access to a range of mandatory, national vocational qualifications / diplomas in health and social care and other more specialised training relevant to the needs of the people they supported. Examples of training provided for staff included: person centred planning; medication; safeguarding vulnerable adults and children; health and safety; moving and handling; infection control; emergency first aid; food hygiene; epilepsy; anti-discriminatory practice and equality and diversity and, code of practice and professional boundaries.

Examination of the training matrices for staff working for the service revealed that staff had access to a range of mandatory, national vocational qualifications / diplomas in health and social care and other more specialised training relevant to the needs of the people they supported.

Systems were in place to identify any training gaps and when refresher training was also required. The management team was able to provide evidence that they were monitoring the outstanding training needs of staff. A colour coordinated tracking system was also in operation to account for any areas requiring action.

Staff spoken with reported that they had access to a range of training opportunities and received formal supervision and annual appraisals. Staff also confirmed they felt supported in their roles and had attended team meetings periodically. Records viewed confirmed that staff supervision was generally provided at regular intervals.

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.

We checked whether the service was working within the principles of the MCA. We noted that the provider had developed corporate policies and procedures to provide guidance for staff on the MCA and Deprivation of Liberty Safeguards (DoLS).

During discussions with staff they told us they always asked for people’s consent before providing support. Care files we viewed showed that when able, people had been consulted regarding their support and consent was given in areas such as care planning, administration of medicines and support with finances.

We noted that the management and staff had access to training in the MCA and DoLS and had a good understanding of this protective legislation. We saw that Mental Capacity Assessments had been completed for some people using the service. Furthermore, the registered manager maintained a record of people who may lack capacity and be subject to continuous supervision and control. Where appropriate, records confirmed that the registered manager was in the process of requesting reviews from the local authority, to safeguard the welfare of people using the service.

Is the service effective?

Staff supported people to maintain their nutritional wellbeing by assisting with shopping, food preparation and providing support to eat and drink when necessary. Care files we viewed showed that people had plans of care in place to inform staff of their nutritional needs where applicable.

Staff spoken with confirmed they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an ongoing basis. Systems were also in place to liaise with family members and to arrange GP call outs and initiate referrals to health and social care professionals when necessary.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Creative Support – Halton to be caring. Feedback received was positive and confirmed people spoken with were of the opinion that the service they received was caring.

Comments received from people using the service or their representatives included: “I have good carers. They are very nice and help me”; “The care is very good” and “They’re very caring”.

We looked at people’s care and support plans. These contained key information about people’s preferred routines, what was important to the people using the service and how to provide care and support and keep people safe.

Staff told us that this information had helped them to understand the needs of the people using the service and that they had also worked alongside colleagues and spent time getting to know people using the service in order to understand individual and diverse needs.

Staff spoken with confirmed they had received training on the value base of Creative Support and the importance of promoting person centre values in their everyday work. Interactions between people who used the service and

members of staff were seen to be respectful and caring. For example, we noted that one member of staff bent down to communicate with a service user and took time to check that the person’s blanket was pulled up and that the individual was comfortable.

Staff were observed to spend time talking with people who used the service and were noted to listen to people in an attentive and supportive manner.

Staff were noted to have positive relationships with the people that they supported. We observed people’s choices were respected and that staff knew people well and were able to interpret their support requirements and to anticipate their needs. People who used the service were seen to approach staff for reassurance and staff responded to people in a calm and reassuring way.

Staff supported and encouraged people to be as independent as possible by supporting people using the service to do as much as they could for themselves and this approach was valued by people using the service.

Staff told us how they safeguarded people’s privacy and dignity and gave examples how they did this. For example, staff were observed to knock on doors and ask permission before they entered, spoke to people using their preferred names and in a respectful manner and protected confidentiality.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided by Creative Support – Halton to be responsive to their needs. Feedback received confirmed people were generally of the view that the service was responsive to their need.

Comments received from people using the service or their representatives included: “The staff help me prepare my meals”; “The service is brilliant”; “The staff take me out shopping to Widnes”; “It’s much better that it has been before” and “I have no complaints and I feel that I could approach staff and they would resolve any issues.”

We sampled four care files (information kept within each service user’s home) as part of the inspection. We found copies of documentation that had been developed by the provider within each file. Files viewed were set out well with an index system and were easy to follow.

Files viewed contained key information on the people using the service, support plans, various risk assessment and management plans and health care / monitoring information.

For example, holistic assessments of need; person centred care and support plans and support guidance had been developed by the provider which outlined the needs, support requirements and objectives for each person. This helped to ensure the needs and wishes of the people using the service were identified and planned for and helped staff to understand how to deliver person centred care.

A range of supporting documentation including: Individual profiles; essential lifestyle plans; health action plans; health passports; health care records; activity timetables and records; consent forms; daily record notes; personal emergency evacuation plans and other miscellaneous documentation was also available for reference. Overall

records viewed had been kept under review and had been signed by people using the service or their representatives (where practicable) to confirm their agreement with the information recorded.

The registered provider had developed a corporate policy and procedure for complaints and compliments and a basic principles of the complaints and compliments policy document. Information on the complaints procedure had also been included in the agency's 'Statement of Purpose' and 'Service User Handbook'.

The management team reported that an easy read laminated notice entitled 'How to report complaints' notice had been given to each person using the service or their representative. An easy read version entitled 'How to report Complaints and Suggestions' guide was also available for people using the service to refer to which also included a DVD guide.

The complaints file for the Creative Support – Halton Service was viewed during the inspection. The file included a log to record any complaints, flow charts; copies of policies and procedures, individual complaint log sheets and correspondence. The log provided a clear overview of complaints received and outlined: complaint number; date of complaint; contact details of complainant; name of project; status of person making a complaint; date of complaint; summary of complaint; action taken and outcome.

Records highlighted that there had been five complaints that had been received service since our last inspection. Records confirmed that each complaint had been acted upon and resolved. Some outcomes were vague and this was highlighted to the manager so that action could be taken to include more detail.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue of concern acted upon promptly.

Is the service well-led?

Our findings

We asked people who used the service or their relatives if they found the service provided by Creative Support – Halton to be well led.

One person using the service reported: “I have met the manager. She sometimes asks me to help her with interviews”. Likewise, a member of staff stated: “I can contact the manager if I have any problems. We also have an excellent on-call service if we have any issues out of hours.”

Creative Support – Halton Service had a registered manager in place. The registered manager was present during the two days of our inspection and engaged positively in the inspection process, together with other members of the office management team and staff.

The registered provider had developed a corporate policy on 'Quality Assurance' to provide guidance to staff on how to assess and monitor the quality of service provided. Systems had been established to seek the views of the people using the service, their representatives and staff.

We were informed that questionnaires had been distributed to people using the service and / or their representatives during August 2015. A summary report and action plan had not been developed for each questionnaire type. The registered manager informed us that she was in the process of addressing this issue.

The provider had an internal quality audit team who undertook periodic reviews of services. We noted that one internal audit had been undertaken during the year for the Creative Support – Halton Service.

Systems had been established to enable the registered manager to maintain an overview of the service. We were informed that either a 'project quality check' or a monthly manager's checklist was completed on a monthly basis. Records sampled highlighted that the frequency of some audits exceeded this frequency. There was limited information on the findings as the system reflected a tick box approach. We highlighted this feedback to the management team so that action could be taken to improve auditing processes.

Other audits such as medication were also undertaken to monitor other aspects of the service.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Halton Borough Council's Integrated Commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

Information on Creative Support – Halton Service had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document together with a service user handbook was available at the registered office and each property for people to view. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents. Management and staff spoken with demonstrated a good understanding of the value base of the organisation and a commitment to them.

A business continuity plan had been developed to ensure an appropriate response in the event of a major incident.