

Creative Support Limited

# Creative Support - Warrington Personalised Services

## Inspection report

Flat 1, Birchwood Court  
Church Street  
Warrington  
WA1 2SX

Tel: 01925572343  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

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18 March 2019  
26 March 2019

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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 Warrington supports people in their own homes either in the community in the form of 'outreach' services. At the time of our inspection two people were in receipt of the regulated activity 'personal care'.

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

Everyone told us they felt safe receiving care from the service. Staffing were deployed in suitable numbers, and staff had time to spend with people and were not rushed. Medication needs were assessed, and medication was only given by staff who were trained to do so. Staff were recruited safely, and incident and accidents were analysed for patterns and trends. Risks to people were assessed safely.

Staff had the correct skills to support people and their training was up to date and recorded in a training matrix. Staff were required to engage in supervision and had an annual appraisal. People were supported to eat and drink in accordance with their needs. Decisions and consent to care and treatment were sought in line with the Mental Capacity Act 2005.

We received positive comments about the staff in relation to the support they provided. Everyone said staff were kind and caring. Staff were able to describe how they ensured people's dignity was respected. People were involved in their care plans.

We observed, heard and read examples how people's routines and choices were listened to and respected. There was a complaints procedure in place.

The service was managed well, and the ethos and culture of the service was well implemented with the staff team that provided the care. Staff all spoke well about the registered manager. Audits were in place which were effective in highlighting any areas for improvement. The registered manager was aware of their role with CQC and had notified us of all incidents as required.

### Rating at last inspection:

This is the registered provider's first inspection.

### Why we inspected:

This was a planned comprehensive inspection based on the ratings at the last inspection. It is CQC methodology to inspect newly registered providers within a 12-month timescale.

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### Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor intelligence we receive about the service. If any concerning information

is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 - Warrington Personalised Services

## **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 team consisted of an adult social care inspector.

### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community as well as specialist housing. It provides a service to older adults and younger disabled adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality commission. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is a small service and we needed to make sure that someone would be available.

The inspection site visit started on 18 March 2019 and ended on 26 March 2019. It included telephone calls to staff. We visited the registered provider's office on 18 March 2019 to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We assessed the Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with one person using the service and visited them at their home. We also spoke with the registered manager, the area manager and three members of staff.

We looked at the care records for two people and a selection of other records including quality monitoring records, recruitment and training records for two staff.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made by the registered manager.
- All of the staff we spoke with could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse. This included reporting the abuse to the appropriate authorities and whistleblowing to the Care Quality Commission and other professionals, such as the police.

Assessing risk, safety monitoring and management

- The registered manager had detailed and concise risk assessments in place for each person which focused on minimising the risk of harm whilst still making sure the person's needs were met. For example, one care plan stated, 'It is important that you give me time to answer your questions.'
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting, and pets.
- We received positive comments regarding how one person felt whilst being supported by Creative Support. One person said staff were 'Excellent, I know who is coming to see me.'

Staffing and recruitment

- Recruitment was safely managed. Staff were only offered positions within the company following a vigorous recruitment and selection process.
- All staff we spoke with said that their call times were evenly spaced and they did not have to 'cram calls in'.

Preventing and controlling infection

- All staff had undertaken preventing and controlling the spread of infection training. Staff had access to personal protective equipment (PPE), and we saw a large stock of this in the office when we visited
- Our conversations with staff demonstrated that they understood the importance of reporting illness or viruses to their line to reduce the spread of infection

Using medicines safely

- Medication processes and systems were in place. Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their medications were stored, this was made on their behalf following a best interest processes and in association with national guidance.
- Only staff had completed medication training and regularly had their competency assessed. to support people with their medications.

- Where people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place which had more detail about the medication, what it was used for, and when the person required it.

#### Learning lessons when things go wrong

- There was a process in place to track and analyse incidents and accidents and the registered manager was able to see any patterns or trends for further analysis
- Following a recent series of incidents more training had been implemented for staff, and a person had their risk assessment changed.



# 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 were consistently good, and people's feedback confirmed this.

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

- Everyone who had a care package with Creative Support had an initial assessment in place. The registered manager met with the person and their relatives to discuss what support they needed and how they wanted this to be delivered.
- People's initial assessments were available for us to view, and we saw that care plans were then completed which reflected people's choices and wishes.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives

- Care records showed that staff communicated with other health care professionals when needed.
- Staff would accompany people to GP and hospital appointments when needed.

Staff support: induction, training, skills and experience

- The training matrix evidenced that staff had undergone training in accordance with the registered providers training policy. Additional training had been undertaken in epilepsy and MCA and deprivation of liberty safeguards.
- Staff told us they liked the training and they felt suitably skilled.
- Staff received an induction prior to starting work with the provider. The induction process was aligned to the principles of the Care Certificate, which is nationally recognised induction process.
- Supervisions took place every other month throughout the year. Other forms of supervision took place with staff in the community, such as spot checks.

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

- People were supported to maintain a healthy balanced diet. Care records documented when people required support with preparing food and drinks.
- People were protected from risks associated with poor nutrition and swallowing difficulties.
- One person told us, and records confirmed, that staff supported people to prepare food and would ensure that drinks were left within reach between calls. Comments included "They [staff] help with my food."

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". In the community any restrictions need to be referred to the Court of Protection for

authorisations. At the time of our inspection there was no one who required a referral to the Court of Protection.

- Mental capacity assessments were decision specific and clearly described how to support the person in the least restrictive way possible, whilst ensuring their safety.
- There were best interest decisions in place for one person who needed them.
- The registered manager and the staff team were aware of the roles with regards to the MCA and had completed training in this area. Staff were knowledgeable about the principles of the MCA.

## Is the service caring?

### Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were aware of people's diverse needs and were able to describe to us the different support people required and why this was important.
- One person told us that staff treated them kindly and respected their home and possessions.

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

- Care plans evidenced that the person had been involved and remained involved in all decisions regarding their care and support.
- Care plans demonstrated the levels of choice people had by using language such as 'Always ask me.' 'Remind me gently.'
- We saw that one person who we visited had a care plan in their home and that staff completed paperwork after each visit.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- People and family members were encouraged to share their views about the care they received with regular reviews and surveys; reviews were completed over the phone and in person.
- One person told us they were confident in expressing their views about the care and support provided by staff.

## Is the service responsive?

### Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care plan files were person-centred and very detailed. They provided information and guidance for staff on how to meet people's needs and respect their preferences. This information had been regularly reviewed.
- Records contained relevant information about the individual, such as their background, communication methods, along with their health, emotional, and physical needs. There was also clear information about people's daily routines and their preferences about how they liked to be cared for.
- There was information recorded in people's care plans which described how they liked to spend their time in the community. For one person we saw how they liked to go to their local bistro for tea.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, and people were provided with a copy of the complaints procedure in different formats.
- There had been no complaints made at the service.
- further learning had been implemented as a result of some incidents.

End of life care and support

- There was currently no one who was being supported with end of life care needs.
- Staff were trained in end of life care, and our conversations with the registered manager evidenced that people's wishes would be supported, and their care package would be reviewed if their needs ever changed.

# 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 registered manager was clear with regards to what needed to be reported to the Care Quality Commission.

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

- Audits were in place which were effective in highlighting any areas for improvement. Action plans were drawn up and shared with the registered provider as well as the staff teams. There was a range of audits in place for all areas of service provision. Staff were clear of what was expected of them.
- There were policies and procedures in place. Staff were aware of the policies and their roles within them.

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

- Staff and the people who used the service were engaged with regularly by way of meeting face to face with them, which was appropriate for the size of the service.
- Team meetings with staff took place every month.
- The service had developed relationships with other healthcare professionals.

Continuous learning and improving care

- The registered manager and area manager had used some of the feedback from their last inspection in other locations to drive forward areas which they believed highlighted the work they do and to help make it better.

Working in partnership with others

- The service worked well with the housing providers to ensure people's properties were safely maintained and any repairs were reported.
- The service also worked alongside another care agency who visited a person in their home and provided some of their care calls.