Creative Support Limited

Creative Support - Halifax Service

Inspection report

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13 February 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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place between 7, 8 and 13 February 2019 and was announced. This meant the staff and provider knew we would be visiting.

At the last inspection in May 2016 we found the provider was rated overall as good with one domain rated outstanding. At this inspection we found the service remains good with the one domain rated outstanding.

Creative Support (Halifax) provides support for people with a range of disabilities and complex needs. The service aims to enable people to live independent and dignified lives, by the provision of care in a supported living environment. At the time of inspection there were 29 people receiving a personal care service.

A registered manager was in place. 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.

We found strong evidence the service actively sought the views of people using the service through innovative methods, fully involving them in the interviewing process for new staff, and knowledge sharing. We found an extremely dedicated and knowledgeable management team committed to ensuring people could live as fulfilling lives as possible. This promoted people's health and wellbeing and enhanced their quality of life.

People said the standard of care was very good and they were well cared for. People spoke very highly about staff, the support they received and opportunities available to them. People had developed exceptionally strong relationships with staff which they spoke about to us with the upmost respect for them. Staff including the management team knew people very well and consistently helped them achieve their dreams and aspirations.

The service had good links with the local community. This empowered people to be involved in events and activities which took place in the local area. Due to the resources available and dedication of the staff team, people had access to an exceptional range of activities in the community. These helped people achieve their dreams and build self-confidence. The service was exceptional at helping people develop their independence through a series of well thought out goals. People were fully involved in the planning and setting of these goals. People were very keen to tell us what these were and how this made them more independent. People's achievements were celebrated by the service to help build further confidence. People were proud to tell us of their achievements.

Staff had opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems

in the service supported this practice.

Staff were confident in supporting people with medicines and knew people very well.

There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and really enjoyed their role. The management team continued to improve and work as much as possible with people's relatives if they had any concerns or complaints. We saw accident and incident were reviewed; however, these were not at the time of inspection fully embedded to look at lessons learnt or analysis. We spoke to the registered manager who had reviewed these and put into place analysis of these accident and incidents by the second day of inspection.

We looked at the environmental risk assessments for the outside of the building due to a mossy area on the footpath of Iona House. We saw this had not been accounted for on the risk assessments or audits, which meant people who accessed this outside footpath were at an increased risk of slipping or falling. The registered manager by the second day of inspection had the paths cleaned and reviewed the risk assessments and audit in relation to this.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains outstanding.	**Outstanding** ☆
Is the service well-led? The service remains good.	**Good**

Creative Support - Halifax 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 was planned 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 7,8 and 13 February 2019 and was announced. This meant we gave the provider a short amount of notice (48 hours) that we would be visiting the office to ensure a manager was present and to seek consent in advance from people who used the service to visit their homes.

The inspection team consisted of three adult social care 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, in this case experience of services for people with learning disabilities.

On 7 February we visited the provider's branch office to review documentation and records relating to the management of the service and visited three supported living property's where we spoke with six people who used the service and three support workers and looked at three people's support plans. medication records and other records which related to the management of the service such as training records and policies and procedures. We made phone calls to people, their relatives and staff on 7 and 8 February 2019 to ask them about the quality of the service. One adult social care inspector visited the office for a second day on 13 February to look at documentation and give feedback to the registered manager.

In total we spoke with nine people who used the service, 11 relatives, eight support workers, two managers, the area manager and the registered manager. We observed some aspects of care and support in the homes we visited.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting relevant local authorities. We asked the provider

to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us.

Good

Is the service safe?

Our findings

Without exception people we spoke with told us they felt safe. One person said, "I feel very safe I lock my door when I am in my flat." Another person used the thumbs up sign when asked if they were safe. This was because their speech was impaired. Another person told us they felt safe in the service but was more worried when they were out in the community. The registered manager told us they had given support and advice to the person to help them overcome their anxieties when out in the community on their own. A relative we spoke with said they were very happy with their family member's care. They told us they thought staff knew their family member very well and would assess the risk of harm to them before exploring new activities.

People told us they had been involved in developing their support plans. The plans were extremely person centred. For example, the things they liked to do to make them happy and triggers which indicated the person was sad or unwell. Person-centred care is about ensuring the person is at the centre of everything you do with and for them. This means that you need to take account of their individual wishes and needs; their life circumstances and health choices.

Interactions we observed between staff and people were inclusive. We saw staff used appropriate methods to ensure people were safe when they were supporting them. For example, we were told how one person goes to a trampoline class with their keyworkers to develop their muscle strength. The registered manager ensured comprehensive risk assessments were completed prior to the person attending the class.

Adaptations had been made to help maintain a person's safety when in bed. One person had seizures due to their medical condition. This meant they could hurt themselves when in bed. Thick padding had been added to the walls so that the person would not be harmed while having a seizure. Adaptations had also been made to the building to make people safer while moving around in wheelchairs and made it more accessible enabling people to be more independent. We looked at the environment risk assessment at Iona House which had not included the path way (which people at the service used). On the first day of inspection the inspector pointed out a mossy area which was slippy on the path way. The registered manager by the second day of inspection had the paths cleaned and reviewed the risk assessments and audit in relation to this.

The registered manager was aware of their responsibility to report safeguarding incidents as required and in line with safe procedures. However, these were not always analysed to look in relation to lessons learnt within the service. The registered manager completed an analysis on these before the second day of inspection. Staff were aware of how to safeguard people from abuse and all staff we spoke with told us they would not hesitate to report this.

We checked how the service supported people with their medication. We saw the medication records and stock for three people. The systems were safe and staff had received appropriate training in the safe management of medicines. Staff we spoke with confirmed they had completed medication training and had their competency regularly reviewed.

We checked the protocols used for the administration of as required medication also known as PRN's. The protocols were sufficiently detailed to ensure staff knew the signs and symptoms which people displayed when in pain or were anxious. One of the managers told us about how one person used facial expressions and noises which identified they were in pain. Other people were able to tell staff if they required pain medication.

One of the managers told us that new audit systems had been introduced to reduce the risk of medication errors. They had responsibility of visiting all of the supported living services at the location to ensure consistency when checking medication procedures.

We spoke to a group of people 'Creative Together' who told us they were involved in the recruitment of new staff. They told us how they had developed the questions and were part of interview panel. A visiting relative told us how another family member was also part of the interview panel which helped to ensure the right people were employed at the services.

The managers told us that staffing levels were determined by people's activities. Some people required 1:1 support both inside the service and also in the community. Others required 2:1 staffing when accessing activities. Some people had their own vehicles so people could easily access activities of their choice. We found there was enough staff.

Good

Is the service effective?

Our findings

We looked at three people's support plans which included assessments of needs. We found there was evidence that people were consulted about how they wanted to receive their care. People we spoke with told us about their involvement in their support plans. One person said, "I am fully involved and my keyworker also helps me where I need a bit more support." Where people were not able to give their consent to decisions about their care and support arrangements their advocates and family members were involved in best interest meetings.

People's support plans showed that their day to day health needs were being met. People had access to their own GP and additionally community psychiatric nurses and consultants and neurology consultants where required. Records showed that people were supported to also access other specialist services such as opticians, chiropody and dental services. One person said, "I go with staff or on my own to appointments, I choose really." Another person said, "They support me really well. I get anxious so staff go with me to any appointments I have."

We saw care plans included nutritional risk assessments and people had appropriate records to ensure staff understood their nutritional needs. Speech and language therapist (SALT) were involved where people were identified as a risk from choking or to help with language difficulties. We saw some people needed their food to be of a consistency to help with swallowing and their drinks required thickening to minimise the risk of choking.

Everyone we spoke with said the food was nice. One person said, "The food is home cooked and there are choices. There's always a hot meal in the evening and they tend to have soup or sandwiches at lunchtime." A relative said, "They always offer me a cup or when I arrive."

Staff were supported by the management team through supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss goals and objectives. Staff told us they felt supported by the registered manager and they were always able to raise any concerns or questions with them.

Staff received regular training to ensure they had the right skills, knowledge and experience to deliver effective care. The provider's mandatory training for staff included moving and handling, health and safety, fire safety, safeguarding, the Mental Capacity Act 2005 and infection control. Staff told us the training was good and it supported them in their roles.

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

Good

Is the service caring?

Our findings

Members of the 'Creative Together' group told us about the support they received from staff. One person had prepared a short speech. The person said, "Support workers are kind and cheerful. They are wonderful, terrific and keyworkers are very important to us all. They support us in the right way. We have amazing leaders and they all work as a team. We can't do without them." Other people that we visited mostly spoke with fondness about the staff. One person said, "The staff are so lovely they are all really kind." However, one person said," 'Most are kind, but not all of them. They talk amongst themselves a lot and don't talk to me very much."

The relative we spoke with gave extremely positive comments about the staff and the support given to their family member. They told us that their family member was achieving much more since they had lived at the service. "One relative said, "I think the staff are kind and very caring. I've never witnessed any cross word, bullying, or intimidation."

We observed many positive, caring and kind interactions between people and staff. Staff knew people very well and was familiar with their routines and preferences and knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection.

Staff approach was person centred and people were treated as an individual. We saw staff sitting with people engaging in meaningful conversations. Other staff helped people to join in playing with musical instruments. Support plans were devised and recorded with the individual fully involved. Daily records made by staff described how the person had been throughout the day, tasks or activities they had taken part in and how their mood had been.

We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity. We saw staff knocking on a people's bedroom doors before entering. This showed staff respected people's privacy. One person said, "I think the staff are very kind. They seem to listen to me and act on what I say. They respect my privacy, for example they knock on my door."

To promote an inclusive culture the registered manager had introduced a celebration of achievements awards for people supported and staff. The awards were to recognise achievement and promote the service's 2018 theme which was 'Be Involved'. People were extremely proud to tell us about their achievements. For example, one person had completed a sponsored swim to raise money for cancer research and the epilepsy society.

People's religious needs had been considered and we saw peoples support plans described their faith and end of life wishes.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their

behalf.

Staff we spoke with were highly motivated and enthusiastic about working at the service. One staff member said, "We put people at the centre of all that we do. It's great when you see someone achieve something that is important to them."

The registered manager demonstrated, by example, a clear commitment to promoting a caring culture throughout the service. This was strongly supported by the feedback we received from people who used the service and through discussions with staff members.

Outstanding ☆

Is the service responsive?

Our findings

At the last inspection in May 2016 we rated this domain as outstanding. At this inspection we found this was still outstanding.

Without exception people described the care and support they received as excellent and said they felt extremely well cared for. They said their lives, opportunities and confidence had improved since receiving support from Creative Support. One person said, "They used to have to support me with everything, they don't now I can do most things for myself which has made me feel fantastic."

Support plans included assessments of people's care and support needs and a plan of care. The assessments outlined what people could do on their own and when they needed assistance.

We found creative support provided a highly personalised service as they kept up to date with their changing needs. We found equality, diversity, and human rights were recognised and promoted because peoples' disability was not a barrier to them seeking meaningful activities and achieving their own personal goals. The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. They were aware of their, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

Social interaction and community acceptance was important to people and opportunities to access and integrate into the local community was a priority. People received care which was extremely person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. For example, some people had shown an interest in sailing which had been arranged. The person told us they could feel their hair in the wind and couldn't stop smiling. Another person told us how they had been rock climbing. They said, "I have a video of me climbing, I bought special shoes which was needed to help me climb. I was very proud of my achievement. I know I can do anything." People we spoke with told us how they liked to raise money for good charities. They said by doing this it made them feel part of the community. One person did a sponsored swim and raised over £400 for McMillan nurses.

Other achievements included one person having individual computer lessons and another person told us how they liked to be involved in gardening. They said, "We go and do other people's gardening. Those who can't manage to do their own. This makes me feel good about myself, that I am helping other people."

We found the service was very good at finding ways to communicate with people whose first language was not English. We saw staff using pictures of objects and speaking some of the person's own language to communicate. The pictures of everyday tasks and items showed the English word and its translation into the person's language.

We found the service to be extremely focussed on people's independence. We found staff had supported one person to set up 'Alexa soundbox' (this is a virtual assistant) so that the person who was visually impaired could ask 'Alexa soundbox' to play their favourite music, remind them of appointments and time

to take their medication. The person showed us how it worked and told us they were much more independent and did not need support to act as a reminder. They told us, "It has made me be more independent, it feels really good." Another person told us they had helped to set up a social activity group called 'Helping hands' This involved the person setting up pampering sessions to small groups. They said, "I set up the project as I think it is a good idea to have somewhere for people to go to relax and have free space for themselves. I hope that this may lead to a job for me in the future."

Another service we visited told us that the people had their own vehicles which staff were insured to drive. Staff told us that having vehicles meant people could access the community much easier. They were able to visit family and friends which was very important to them. Another service we visited told us about one person with sensory difficulties who attends a group where they can us music therapy to help stimulate their sensors by using a device [switch] that they can use independently to choose the music they like. For example, the person was able to choose Jazz and brass band music which they enjoyed. If music played that they did not like they could use a switch to turn it off.

People all knew how to raise concerns and complaints and had various mechanisms to do so, including informal discussions with staff, management and through the meetings they chaired and attended. A system was in place to listen, record and act on complaints. Information on how to complain was on displayed in an easy read format.

People were reassured their end of life wishes would be respected. We saw end of life wishes were completed in the support plan. One person described that they wanted to remain at the service if that was possible. Another person's care plan stated their final wishes which included the funeral directors they wished to use and their preference to have a cremation rather than burial.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in post since 2014. People receiving support, their relatives and staff were fully aware of the roles and responsibilities of managers' and the lines of accountability.

People receiving support and their relatives told us they knew the registered manager and found them to be very supportive and approachable. Comments included, "[Registered manager] is lovely." Staff said the registered manager was approachable and commented, "[Name of registered manager] is fantastic. [Registered manager] is very supportive" and "He is a great manager and always supportive".

Staff told us and records showed staff meetings were held to share information. Staff said communication was excellent and they were encouraged to contribute to meetings.

People told us they felt the service was well led and they felt listened to and valued. At the 'Creative together' meeting which we attended people told us about being part of the committee which people attend regularly. They discuss things that are important to them. For example, they said if things go wrong they can discuss how to make things better and how to stay safe. A representative (chair-person) are able to sit in on board meeting so that people feel they are valued and have a voice.

People told us how they elected a chair-person by voting on a ballot using a secure box to register their vote. The person described their role to represent people's views. They told us they had attended a NHS Health Conference in London where the theme was 'be healthy be happy'.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed senior staff undertook regular audits to make sure full procedures were followed. Those seen included audits of support plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support.

The audits and spot checks seen identified the actions taken to resolve any issues identified. We found the registered manager undertook audits and questioned practice so gaps could be identified and improvements made.

We saw the registered manager actively seeked people, relative staff and outside professional comments

through surveys. 'My relative has never been so well looked after,' And 'The staff are very caring and provide the right support when it is needed'. Staff commented they enjoyed their job but felt more staff and better rate of pay could improve moral.

We saw policies and procedures were in place, which covered all aspects of the service. The local policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance. However, the corporate policies most of these were out of date. The area manager told us these were in the process of being reviewed. They chased this up with the policy and information officer who told us, " There is a process for bringing all the corporate policies back up to date this year.

We found that recorded accidents and incidents were recorded appropriately and monitored by the registered manager. These were updated by the second day of inspection around looking to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.