

Creative Support Limited

# Creative Support - Jarrow Service

## Inspection report

5 Woodside Close  
Jarrow  
Tyne And Wear  
NE32 5AB

Tel: 01914898412  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

Date of inspection visit:  
27 October 2017  
31 October 2017  
03 November 2017

Date of publication:  
20 December 2017

## 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

This inspection took place on 27, 31 October and 3 November 2017 and was announced. The provider was given 48 hours' notice because the service is small and we needed to be sure that someone would be in. Creative Support – Jarrow provides an independent supported living service to adults with learning disabilities.

This service provides care and support to people living in a six 'supported living' settings, so that they can live as independently as possible. People's care and housing needs are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a 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. The service also had a dedicated manager on site.

At the last inspection in August 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Relatives we spoke with told us they were happy with the support and care their relative received. Sufficient appropriately trained staff were employed to meet people's needs. People received a continuity of care with the same support workers. Staff were knowledgeable about the people they supported and interests important to them.

People were protected from abuse and harm. Staff had completed safeguarding training and were confident in identifying the signs of abuse and what action to take to keep people safe. A robust recruitment and selection process was in place. Medicines were managed safely. Procedures were in place to deal with emergency situations.

The service was responsive to people's individual needs and preferences, enabling people to live a full life. Relatives and people were involved in the planning of their care. Information was provided in easy read format to assist people in understanding the care available to them.

People had 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.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs. People were supported to maintain good health and had access to healthcare professionals.

People and relatives told us staff were kind and caring. People were encouraged to be as independent as they wished.

Staff supported people to achieve their set objectives. Care plans gave clear information for staff to make sure each person's specific needs were met.

Staff told us they were supported by the registered manager and manager. The provider carried out a range of quality assurance checks to monitor, identify and manage the quality of care provided.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Creative Support - Jarrow 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 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.

This inspection took place on 27 and 31 October 2017 and was announced. One adult social care inspector conducted the inspection. On 3 November 2017 we spoke with people's families.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed 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.

We looked at three care records for people who used the service. We examined four sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

We have not been able to speak to all of the people using the service because some of the people had complex needs, which meant they were not able to tell us their experiences. We spoke to one person who used the service, the registered manager, the scheme manager and three staff members. Following the inspection we contacted two relatives to hear their views of the service.

# Is the service safe?

## Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Relatives we spoke with said they thought their relatives were safe. One relative said, "Yes [Person] is totally safe they look after him well." However, one relative told us they thought their relative was safe but were concerned about the reduction in staffing levels at night. They told us they had raised their concerns with the management and although the matter had been discussed they still expressed their worries to us. We spoke with the manager about the staffing levels at night. The manager told us the local authority had analysed the information and determined that one staff member could provide safe support during the night. They told us staffing levels were set by the needs of the people using the service.

Relatives told us the service provided continuity in staffing. One relative said, "[Person] has the same care worker and the same team of staff. That is so important [Person] can be come anxious with new faces."

At the previous inspection we had found the provider was dealing appropriately with safeguarding issues and reporting them to the local authorities, as necessary. At this inspection we found this continued to be the case. Concerns had been appropriately investigated and recorded. Staff regularly completed safeguarding themed supervisions and safeguarding discussions formed part of team meetings. Staff we spoke with had a sound knowledge of safeguarding and how to protect people from abuse. One staff member told us, "We have themed supervisions and discuss safeguarding all the time."

Risk assessments were specific to people's identified risks such as medication and showering.. These were regularly reviewed this meant staff had current accurate information on how to keep people safe and minimise any risks.

Accidents and incidents continued to be recorded and monitored within the service. Safeguarding concerns, physical interventions and accidents and incidents records, were reviewed to identify any trends or themes.

The service had systems in place to ensure people remained safe during an emergency. A business continuity plan was in place to ensure people would continue to receive care following an emergency. People had personal emergency evacuation plans (PEEPS) which detailed action to be taken in the event of an emergency and was accessible to staff.

The provider maintained a safe recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people.

Medicines continued to be managed safely. Medicines were stored safely in each person's home. Each

person's medicine's record held a photograph of the person and a clear 'as and when required' (PRN) protocol record. The medicines administration records (MAR) we reviewed showed no gaps or discrepancies. Medicines records were up to date and accurate.

# Is the service effective?

## Our findings

At our inspection in August 2015 we rated this domain as "Requires Improvement." We did not see evidence of Mental Capacity Act (MCA) assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. At this inspection we found the provider had taken action to address this matter and appropriate documentation was now in place.

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.

We checked whether the service was working within the principles of the MCA.

Staff had sound understanding of the Mental Capacity Act and were clear on how to support people to make choices and decisions. Care plans we viewed contained evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. Staff were able to describe how they involved people in decision making where possible, for example when choosing what to eat or wear.

People were supported to maintain their health and well-being. Within people's care records we saw annual health checks were monitored and arranged when due.

Staff we spoke with were able to describe and detail people's preferred methods on how they communicate. They had a good understanding about people's individual communications needs and how people used facial gestures and prompts to express themselves. Easy read documents were used throughout the service including people's care plans, medication information and how to complain, ensuring people had appropriate formats to understand their care.

People continued to be supported with their nutritional and hydration needs. People were involved in creating their weekly food planner and developing a menu for each day. One person was supported to attend a slimming club and staff encouraged them to maintain a healthy eating programme. The person told us proudly how they had lost 4lbs that week. People were encouraged to maintain their independence but staff were readily available to support people with their meal preparation.

Staff confirmed they regularly took part in supervisions and appraisals. The scheme manager advised staff received supervision at least every three months with an appraisal annually. One staff member said, "We have plenty of time to talk but I won't wait for my supervision if I needed to discuss something."

A relative we spoke with told us, "All the staff are well trained." One person told us, "They do a good job." Staff completed a range of training including manual handling, safeguarding, medication and first aid. We



noted training for safeguarding and manual handling had lapsed. The manager showed us training had been booked for those subjects plus additional training covering diabetes and epilepsy awareness. Whilst waiting for the training dates we noted the service discussed the subjects during team meetings and delivered themed supervisions.

## Is the service caring?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

We were not able to speak to all of the people using the service because some of the people had complex needs, which meant they were not able to tell us their experiences. However, we saw people were relaxed and comfortable with staff. We observed staff were patient and kind with people.

Relatives we spoke with told us they were happy with the support and care their relatives were receiving. One person told us, "[Staff member] is good fun," and "I like living here." One relative said "The staff are amazing. They are so friendly they make sure [Person] gets the best out of life." They told us how staff had supported their relative to lose weight through a slimming club. They said, "We aren't getting any younger and I know they look after [Person] so well." Another relative told us, "The staff know [relative] from every gesture or mannerism, they know what they want."

Staff supported people to be involved in their care as much as they were able and wanted to. We observed people being encouraged to make choices. Staff told us people planned their own routines and activities. People's homes were personalised and decorated to their taste.

At this inspection we found staff continued to ensure people's privacy and dignity were appropriately supported. Staff told us how they promoted people's privacy and dignity and explained how they supported people to bathe and ensured curtains and doors were closed. Staff described how they would always knock and ask permission before entering people's homes.

People were supported by staff to maintain relationships important to them. Relatives told us they were always made welcome when visiting their relative. Staff we spoke with had an in depth knowledge of people's likes and dislikes and were able to tell us about people's families and life stories. A number of staff members had worked at the service for many years and spoke with fondness about how people had matured and gained independence. One staff member said, "I have seen [Person] grow into a young lady." Another staff member said, "We are like one big family."

The manager told us no one currently using the service was involved with an advocate service. An advocate is an individual independent of local organisations who represents people when they unable to, or have difficulty in expressing their views. They advised that most people were supported by their family.

## Is the service responsive?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Care records contained detailed information about people and how people liked to be supported. We reviewed three people's care records and saw these contained personalised information about the person. Each person had an individual support plan which held personal information and further support plans were developed for specific areas such as epilepsy and diabetes.

Support plans were written in a person centred way and outlined the support desired giving staff clear directions. We saw when people's needs changed their care plans reflected the changes and detailed risk assessments were introduced if required. However, we noted one person's support plan lacked detail on how the person was to be supported. The manager told us they would review that person's care records.

Staff used a communication book to make sure they were all kept up to date with any developments. A verbal handover took place at each change of shift. We noted the effectiveness of these processes when speaking to an agency staff member who on their second shift had an extensive knowledge of the person they were supporting.

People were supported to follow their interests and staff sourced activities in the local community. With joy one person showed us their food hygiene certificate. Staff told us the person had recently completed a food hygiene course for their work in a local café. Another person enjoyed looking after animals so the service located a local farm where the person does volunteer work caring and feeding the animals. The manager told us they take photographs to show their parents.

Relatives told us they were involved in discussions about the planning of their relative's care and support. One relative said, "[manager] lets me know if things need to change, we discuss everything."

People were able to take part in a range of activities. The service offered individual and group activities. People had weekly activity planners and were involved in setting objectives for themselves such as 'supported to swim', 'would like to travel to York by train' and 'to choose new key worker'. We saw with each objective staff constructed how the person was to achieve their aim and we saw when it was achieved.

The service had a complaints procedure and process in place. There had been one complaint received since our last inspection. This had been investigated with findings and conclusion sent to the complainant in a timely manner.

Staff had the opportunity to discuss people's care and the improvement of the service. Monthly team meetings were held covering subjects such as overview of each person, incident reporting, training, complaints, medication and finance.

## Is the service well-led?

### Our findings

At our inspection in August 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the time of our inspection there was a registered manager in place. The registered manager was not based at the service on a daily basis as they were also the registered manager for a further three services. The registered manager was on holiday on the first day of the inspection and we were supported by the manager.

The provider had a clear philosophy and aims. It stated, 'Creative Support is committed to a person-centred philosophy of service delivery'. Key elements included to promote rights, opportunity, choice and wellbeing, to facilitate meaningful activities, social opportunities and relationships and enable people to enjoy a valued lifestyle, to be active citizens and be fully included in their communities. Staff we spoke with clearly displayed the provider's ethos.

People and relatives we spoke with knew the registered manager and manager well and spoke positively about them. One relative told us, "[Manager] is canny. They keep us updated on how [relative] is." Another relative said, "They put people first."

Staff we spoke with said they felt very well supported. They told us there was an open culture and they were comfortable raising any concerns or putting forward ideas. Staff told us the registered manager and manager were both approachable. One staff member said, "We can discuss anything with [manager] and they listen."

The manager said the whole service worked well as a team. They said, "Staff look after each other," and "They put people first and we will come in if needed."

The provider continued to have effective systems in place for monitoring the service, which the registered manager fully implemented. The manager clearly understood the principles of good quality assurance and regularly reviewed the service. The provider conducted additional regional management reviews of the service with clear action plans to drive improvement.

The service promoted accessible open communication with people who used the service, their relatives and staff. Team meetings were held regularly as were staff supervisions. Annual family and clients' questionnaires were issued. The last in March 2017 it asked, "Are staff always courteous and polite" Families' answered 100% yes and "Are you satisfied with the support your family member receives," 100% stated very satisfied. Those were available in easy read format and staff supported people in completing them.

The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

