Creative Support Limited

Creative Support - Beardall Court

Inspection report

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Date of inspection visit:
11 March 2016

Date of publication:
05 May 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

Summary of findings

Overall summary

This inspection took place on 11 March 2016 by two inspectors and was unannounced. An additional visit took place on 17 March 2016 by one inspector.
Beardall Court is a two storey building providing supported living accommodation for 8 adults. Each flat has a bathroom, bedroom, living room and kitchen. The service has communal lounge/kitchen, laundry and garden. We last inspected the service on 9th January 2014 and found the service to be meeting standards.

The service has a registered manager 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.

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have.

People had individual risk assessments to support them with promoting their independence and safety. In addition to individual risk assessments, the service also had a range of environmental risk assessments in place. Regular health and safety checks had been carried out in relation to the premises to support with promoting a safe and clean environment.

We were invited into people's flats and found they were personalised and decorated to their taste. The communal areas of the service were clean and well maintained.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Staff were supported with regular training opportunities that linked to the care and support needs of people living in the service.

People were supported with managing their medicines in accordance with their individual care and support needs. The service had safe systems in place to check that people were managing with their medicines.

The manager and staff were aware of their responsibilities relating to the Mental Capacity Act 2005. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. People were supported with decision making and we saw that capacity assessments had been carried out relating to specific decisions.

People living in the service were well supported with promoting and maintaining their health.

There was information displayed in the main areas of the service relating to health and nutrition. Staff had a good understanding of how to support people with specific health related needs such as diabetes and Coeliac disease and how to promote good nutritional health and wellbeing.

People had personalised support plans in place with clear detail about how they preferred their support to be provided. Support plans also detailed information about people's wishes, aspirations and goals and how they wanted support to lead an independent lifestyle.

Complaints information was displayed in the main areas of the building and was presented in various formats to support people who may have difficulty with understanding written words. People knew how to raise any concerns if they were unhappy about their care and support or the service.

Relatives said staff always kept in touch and they were kept well informed about events regarding their son or daughter. Relatives were happy with the care and support their son or daughter was receiving.

The service had systems in place to check the quality of care people were receiving. A variety of audits were carried out covering areas relating to medicines health and safety, fire and support planning.

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.

People told us they felt safe. There were safeguarding policies and procedures in place.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition.

Is the service caring?

Good

The service was caring.

Staff supported people with care and compassion and made sure people's choices and wishes were promoted and respected.

People were supported to maintain their dignity and to lead an independent lifestyle.

Relatives were very positive about the care and support people received.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans and were involved in the planning and the review of their care and support.

People were supported to access and participate in community links and activities of their choice.

Complaints information was displayed and people were encouraged to raise any concerns they may have about their care and support.

Is the service well-led?

Good

The service was well led

A registered manager and a project manager were in post.

People and their relatives said the staff and manager were approachable and supportive.

There was a quality assurance system in place to check standards were being maintained

Creative Support - Beardall Court

Detailed findings

Background to this inspection

This inspection took place on 11 March 2016 by two inspectors and was unannounced. An additional visit took place on 17 March 2016 by one inspector.

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.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. We did not request a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we had received from third parties. We contacted the local authority safeguarding team, and the commissioning and contracts team. The service provided us with contact numbers of relatives of people living in the service. We contacted three people after the inspection took place. Their views have been used to support this inspection.

During the inspection we met three members of staff and talked with one member of staff about what it was like working in the service. We also spoke with the registered manager and the project manager on the morning of the inspection. Both managers were involved with managing the service and supporting people with their care and support needs.

There were eight people were living in the service. Most people were busy throughout the day of our inspection, we did, have an opportunity to meet and talk to seven people about the care and support they

received.

During the inspection we looked at two people's care records including their medicines records. We looked at two staff recruitment records, training and supervision records, maintenance records, certificates and quality audit records. We also reviewed records relating to relating to the registration and the management of the service.

Good

Is the service safe?

Our findings

There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. The policies provided information about the signs and symptoms of abuse and how to recognise them. One member of staff said, "There is a process in place, and always a manager or someone on-call to ring with any concerns." One person said, "They (the staff and/ or the manager) would help us with anything like that". Information about safeguarding was available in an easy read format to support people who may have difficulty understanding the written word.

Staff we spoke with showed a good understanding of the types of abuse and what to look out for, such as a change in a person's mood or behaviour. Staff also told us they had completed training in safeguarding, and told us how they would report any concerns. One staff member said, "If you are unsure about anything we can speak to the manager". We reviewed the registered provider's safeguarding log which confirmed that concerns had been reported to the local authority's safeguarding team and investigated in line with the policy and procedure.

People had individual risk assessments to support them with promoting their independence and safety. Records detailed levels of risk, for example, low, medium or high and control measures which helped to minimise any risks. Risk assessments we looked at were up to date and contained relevant information to support people with risk management, safety and promoting an independent lifestyle.

In addition to individual risk assessments, the service also had a range of environmental risk assessments in place. For example, fire risk assessments, legionella risk assessments, slips and falls. Regular health and safety checks had been carried out in relation to the premises, including the lift, portable equipment (PAT) and gas safety. This indicated that the manager ensured the safety of the premises.

Fire safety and fire alarm testing checks were carried out regularly. Records were available to indicate that people were involved with regular fire drills. People also had their own personal evacuation plans (PEEPS). The PEEP is an escape plan which provides individual safety and support instructions to help people reach a place of safety quickly.

Accident and incidents were recorded and reviewed with clear detail relating to any actions that were taken. Records included information to indicate that staff were reviewing risk assessments and support plans to reduce the risk of accidents and incidents.

Everyone living in the service kept their medicines in a locked cabinet within their own flats. Each person had their own detailed medicine profile, which provided clear information about their specific support needs. We were able to review how three people managed their medicines, and how they were supported by staff. Individual support planning information provided guidance for staff about any 'when required' medicines each person had been prescribed. . 'When required 'medicines such as those given for pain relief are usually given to people to treat short term medical conditions or symptoms.

People are provided with support to self-administer their own medicines. There were policies, procedures and risk assessments in place to support people to do this. Records indicated that one person had forgotten to take some medicines. Staff identified this error during a routine visual check of medicines and contacted the persons GP to seek immediate advice. Support planning and risk assessment records were reviewed with the person and their social worker to ensure the right level of support was being provided. Staff said they had completed medication training. Certificates were available to confirm this. We checked medication administration records and these had been completed. There was a system in place for the disposal of medicines and any unwanted medicines were returned to the pharmacy.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people.

The manager talked about how the staffing rota was planned to meet people needs. We saw from viewing staff rotas that there was enough staff to support people during and outside of their allocated support hours. One staff member said, "We support people when they need it". We observed staff supporting people during our visit.

Good

Is the service effective?

Our findings

A training matrix was in place which provided information about the areas of training staff had taken part in, one member of staff told us they had completed training in "First aid, moving and handling, nutrition and food hygiene, safeguarding, medication awareness and fire safety". Staff had also taken part in additional training to meet the specific needs of people who used the service, for example, dementia care and epilepsy. Staff had a good understanding of their role in supporting people with decision making and three members capacity The manager talked about the difficulty with sourcing training in mental capacity. Three members of staff, from a team of five had already completed training in mental capacity. Arrangements had been made for the remainder of staff to do this. This training will help staff develop their knowledge and skills further.

Staff had regular supervision sessions which involved meeting with their manager on a regular basis. Supervision is a meeting where a manager and a member of staff will meet to discuss areas linked to their role, responsibilities, training and development needs. Annual appraisals had also taken place; this is a meeting where staff are provided with time to look back at their learning and performance and to plan for future learning to support their ongoing development. Records relating to completed supervision and appraisals, for all staff were in place. One member of staff said they felt, "the manager seems to listen," "I feel well supported" and "You can have supervision whenever you want it".

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 Mental Capacity Act 2005.

The Deprivation of Liberty safeguards (known as DoLS) is not applicable for use in community based settings. The organisation would need to refer to the Court of Protection (CoP) with any concerns relating to a person's capacity/consent in order to keep them safe from harm. The Court of Protection is a superior court created under the Mental Capacity Act 2005. It has authority over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves.

We saw that capacity assessments around specific decisions had been completed with everyone living in the service. We asked the manager and staff about any restrictions being placed upon people under best interests decision making, and we asked about any applications being to the CoP A Deputyship order, under the Court of Protection was in place for one person which meant their finances were looked after by the Local Authority. No recent applications had been made to the Court of Protection as everyone else either had capacity or they had an appointed Power of Attorney in place. A Power of Attorney provides authority for another person to represent them and/or make decisions on their behalf. The manager and staff were aware of their responsibilities in relation to the requirements of the MCA 2005.
Staff told us about the links they had with medical professionals to support and promote people's health

and wellbeing. Staff also told us that they made referrals to health care professionals to maintain and promote people's health and wellbeing. Staff talked about what they would do if a person needed to access health care and specialist services. Records we looked at had clear information about people's health related support needs. People living in the service were well supported with promoting and maintaining their health.

We checked how people's nutritional needs were met. The manager and staff told us most people prepared and cooked their own meals with some level of support to do this. One member of staff said, "We plan cookery sessions with people. Some people prefer not to access these, it's their choice". Some people had specific support needs relating to nutrition and support planning information clearly detailed the level of support for each person.
Staff encouraged people to eat healthily and to maintain a healthy and nutritious diet. There was information displayed in the main areas of the service relating to health and nutrition. Staff had a good understanding of how to support people with specific health related needs such as diabetes and Coeliac disease, and how to promote good nutritional health and wellbeing.

Good

Is the service caring?

Our findings

People told us they were happy living in the service and felt well supported by staff. One person said "Staff are great here" and "I get help when I need it". We observed staff chatting with people and supporting people when they needed it. Staff knocked on people doors and waited to be invited into people's flats. Staff we spoke with clearly understood the importance of treating people with dignity and respect and supported people to be respectful with each other and the wider community.
Relatives were very positive about the care and support provided. One relative said, "The atmosphere is lovely, I feel blessed to have my daughter living there". Another relative said, "Staff always keep in touch, and my daughter is very happy living there". A third relative said, "I have the highest regard for the staff, two staff in particular go above and beyond what I would expect".

Three people showed us into their flats and showed us items they had bought to make their flat homely. One person had decorated their flat in their favourite colour and said how happy they were living there. Another person said, "I love living here; it's close to the pub and the chippy".

Although we did not observe people being supported within their own flats we did observe interactions between staff and people living in the service. Staff knew people well and were able to tell us about everyone living in the service. One member of staff said, "I love my job here, who wouldn't like working in a place like this".
Staff talked about involving people living in the service in the recruitment process. One member of staff said, "People are asked if they want to take part in the staff recruitment process. Some people like to and the company pays for their time". One person living in the service said "I have helped with getting staff for here, it was really good".

The manager and staff promoted the use of advocacy services and provided information to people about advocacy if they needed this. An advocate is an independent person who can assist people to express their choices and decisions about their care. People living in the service were very independent and were able to make decisions about their daily lives. People were aware of advocacy services, one person said, "I know what advocacy is, I don't need that".

Good

Is the service responsive?

Our findings

Everyone living in the service was very independent and staff supported people to have an independent lifestyle. People talked about the help and support they received each day to promote their independence.

People had personalised support plans in place with clear detail about how they preferred their support to be provided. For example, support planning relating to medicines showed clear information about how each person preferred their support to be provided. Support plans also detailed information about people's wishes, aspirations and goals and how they wanted support to lead an independent lifestyle. Support planning also showed information were some people involved with volunteering opportunities within the local community, for example, the local church. Review meetings were planned to discuss any changes and records showed that people were also involved with making any changes to their support plans. Relatives and health and social care professionals who were involved in people's care were also invited. One relative said "Staff always communicate and tell us about anything important. We will only attend the review if (name of relative) want us to go".

People were supported each week to plan their weekly routines. Each person had their own weekly planner to help them with planning their preferred activities and to help them with planning how to spend their time each day. Two people liked to plan their support hours together so they could go out together and staff supported them to do this. Staff used communication records as a tool to support with sharing information about any changes that happened each day. This helped to support staff with keeping up to date with any events or changes in a person needs.

People living in the service were very independent and liked to take part and access community facilities and activities of their choice. One person talked about going to bingo with their relatives and visiting other family members. Some people told us that they liked to go for their shopping either by themselves, with staff, or with their friends who also lived at the service. One person talked about how they liked to use their support hours. They said, "I like to have a look in the shops, and go for a cake and a cup of tea". Staff said "People in the service have an active life and a good community presence".

People had regular contact with friends and family members outside of the service. One person said, "I see my friends all the time". Another person said, "I contact my family and go to visit them every week". Staff talked about how they supported people to use an iPad to research new activities and ideas. One person had been supported with booking an Elvis impersonator to attend their birthday party. Another person was being supported to decorate their room in their favourite Hollywood style theme.

Some people had been on holiday with staff support. One person said, "It costs a lot of money to go on holiday now, I don't know if I can go again". . One relative talked about how the service could support people to go on holiday, they said "It's just too expensive". The manager was aware of the concerns relating to holidays and was trying to look at ways to support people with holidays.

An organisational newsletter known as Creative life was produced by the provider with the involvement of

people using services. These letters provided information about events and activities taking place in all the services and helped with keeping people informed. The organisation paid people to write articles for the magazine. Staff encouraged people to be involved.

The service had a complaints process and people said they would tell the managers if they had any concerns. Complaints information was displayed in the main areas of the building and was presented in various formats to support people who may have difficulty with understanding written words.

People knew how to raise any concerns if they were unhappy about their care and support or the service. Nobody we spoke to had any concerns. One person said, "I would talk to (staff member's name) if I needed to". Another person said, "I'm very happy here".

Family members knew who to go to with any concerns about their relatives. One relative said, "I have had no concerns about (relative's name). The staff are very good at communicating with me the door is always open".

Good

Is the service well-led?

Our findings

Staff working in the service appeared to be well motivated and told us that Beardall Court was well managed. Comments included, "It's a great place to work" and "I enjoy working here, who wouldn't enjoy this job, it's a lovely place, nice building and lovely people". Staff told us that the project manager and the registered manger were always available and approachable and staff said they felt well supported.

The project manager talked about systems to support the staff team during his absence. An on-call system was in place which helped provide continuing support for staff when the manager was not around. Staff said this process worked well. One staff member said, "We can always manage to talk to someone with any queries or concerns".

Relatives said staff always kept in touch and they were kept well informed about events regarding their son or daughter. Relatives also said they were invited to review meetings, relatives' meetings, and to attend activities and events taking place in the service.

Staff had regular team meetings to discuss, plan and share information to support with developing their practice, skills and knowledge. We reviewed the records and saw that areas for discussion included safeguarding, training and updates relating to changes within the organisation. Staff also shared ideas and discussed case studies particularly relating to mental capacity and best interests decision making.

People living in the service were also supported with having meetings when they wanted to. The manager said that most people liked to share their views informally and would discuss anything they may have concerns about. People chaired the meetings and told us that they liked to be involved with "sorting things out".

The service had systems in place to check the quality of care people were receiving. A variety of audits were carried out covering areas relating to medication, health and safety, fire and support planning. Some of the audit records we looked had not been completed regularly. The manager recognised the importance of keeping these audits up to date and was making arrangements to review them. Checks were also carried out on people's support plans. These checks involved staff reviewing records on a daily, weekly and monthly basis. This helped staff to ensure that recorded information was up to date and relevant and helped staff to identify any changes that may be needed to ensure people were provided with the right kind of support. This process had been successful with identifying where someone had missed their medication. Staff identified this quickly and reviewed the care and support to promote this persons independence and to ensure medication was taken at the right times.

Annual questionnaires were sent out to people using the service, their relatives and to members of staff. Information from these questionnaires was analysed and shared with people, this helped people to understand what the service was doing well and where improvements were needed and were being planned. Information from the questionnaires was found to be generally positive.