

Creative Support Limited

Creative Support - South Lakes Service

Inspection report

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Tel: 01612360829

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 24 and 25 October 2017. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we wanted to make sure that the registered manager was available.

The service provides personal care and support to older adults in their own homes within three extra care sheltered housing schemes. The purpose of the service is to enable people to live as independently as possible in the community. At the time of the inspection there were 32 people receiving the service.

This was the first inspection of the service under this provider since they registered it with us in 2016. There was a registered manager in post on the day of our inspection visit. 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.

During this inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the management of people's medications.

Although people told us that they felt safe receiving care and support from this service we found some care plans and records relating to the administration of medications were not always accurate or in place.

The quality of some care plans and risk assessments recorded were not consistent and information about some people's care needs was not always current.

We have made a recommendation that records relating to care and treatment are consistent in providing accurate information to enable staff to follow the most appropriate plan of care.

We saw that recruitment procedures in place ensured only suitable people worked in the service. We saw that staffing levels according to the rotas were appropriate throughout the three housing schemes. However we received mixed comments from people we spoke with about whether there were sufficient staff. We were told that the provider was actively recruiting for more staff. Staff training was up to date and we saw that staff were supported by senior staff through supervisions and appraisals.

We found that the service worked well with a variety of external agencies such as social services and health care professionals to provide appropriate care and support to meet people's physical and emotional needs.

People received support from a regular team of staff who they knew well and who understood the care and support they required. We saw that people were treated with kindness, dignity and respect and they made positive comments about the staff who supported them in their homes.

Support was provided in a manner to people to promote their independence for example supporting them to join in with activities in the community.

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.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice. This helped to protect the rights of people who were not able to make important decisions themselves. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged if required.

We have made a recommendation that the service develops the quality and safety auditing systems of care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The records relating to the safe management of medications were not always consistent and for some people were inaccurate and could place people at risk.

People told us they felt safe.

People recruited had all the appropriate checks completed before they commenced working.

Is the service effective?

Good ●

This service was effective.

People received support from staff that had the right training and skills to provide the care they needed.

Health care professionals were consulted when necessary.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff took into account the needs and preferences of the people they supported and knew them well.

Care plans had not always been reviewed on a regular basis to ensure accurate and current information was recorded.

There was a system to receive and handle complaints or concerns.

Is the service well-led?

The service was not always well-led.

The staff were well supported by the registered manager.

There were areas of the service that need to improve to ensure the quality of care planning was consistent across the service and that medicines were managed safely.

Systems in place to monitor the quality of the service provided needed to be developed.

Requires Improvement ●

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 October 2017. This visit was announced and the provider was given 24 hours' notice because we needed to ensure that the registered manager was available. The inspection was carried out by a lead adult social care inspector and an expert by experience who made contact with some people who used the service and relatives to ask for their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. We asked the provider to complete a Provider Information Return (PIR) before the inspection. 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. They provided this information in good time

The inspector visited the main office on the 24 and 25 October 2017 to look at records of how people were cared for and visited all three housing schemes to check that the records in people's homes reflected their care. We looked at six care plans, four staff recruitment files, spoke to the registered manager, the provider's service manager, five care workers, four people who received services and one relative. We also looked at records relating to how complaints and incidents were managed and how the provider checked the quality of the service provided.

We asked people what they thought about the service and checked to see that care records kept in their homes accurately reflected people's needs.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided. One person said, "Oh yes I'm safe here I have a button and if I fall, and I have done, they [staff] come right away and they make sure you're ok." Another person said, "I feel very safe."

All the staff we spoke with said and training records confirmed that they had completed training in the safe handling of medicines. This helped to ensure that staff were knowledgeable about the management of medications for people using the service. However we found that where assessments had been made of people's required medications these were not always accurate. For some people there was no care plan devised on how to manage their medications or records to identify any risks that might be associated with the medications. This meant people were at risk of not receiving their medicines safely.

This was a breach of Regulation 12 (g) safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to the proper and safe management of medicines.

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to any senior staff. Records we looked at confirmed they had received training in the safeguarding of adults.

We looked at the staffing rotas for two weeks before the inspection, the week of the inspection and for the following week. We saw that each of the three housing schemes had a structured team of staff and a designated unit lead. We saw that a number of shifts had been covered by the registered manager and some staff had worked extra shifts. We discussed this with the registered and service manager and were told about their difficulties in recruiting the right people for the service and that recruitment was ongoing.

Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. This gave a consistency of service that ensured people became familiar with the group of staff that supported them. However some people told us that they had concerns about the numbers of staff available to cover the rota. One person said, "I worry about staff working too hard, I often say they will burn out. I feel they should not have to do so many visits and go and drive elsewhere to cover shifts for other places." A relative told us, "I've not seen any problem with staff numbers they seem to be regular and consistent from what I know."

We saw that risk assessments had been completed covering aspects in protecting people in their own home and their activities in the community. The provider ensured that positive risk taking was in place and people were supported and encouraged to take part in the activities of their choice.

We looked at the provider's recruitment procedure and saw that this was appropriate. We saw that all the checks and information required by law had been obtained before new staff could commence employment in the service. References had been sought and we noted that they were usually from the most recent

previous employer in accordance with the providers recruitment policy. Checks with the Disclosure and Barring Service (DBS) checks had also been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

We looked at the records relating to accidents and incidents that had occurred. We saw that these were investigated by the registered manager and team managers and where any actions had been required we saw that these had been taken. We saw where necessary notifications to the appropriate authorities had been made. All the records we looked at showed actions that had been taken in response to these incidents to promote the safety and wellbeing of people who used the service.

Is the service effective?

Our findings

People we spoke with made positive comments in relation to the service being effective. A relative told us, "From my experience of seeing the staff they are very efficient and know my relative really well."

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We're always having training, we get updates all the time." We saw new employees completed a thorough induction training programme before working in people's homes. Another member of the staff team told us, "The support I have had has made me confident in all areas of my work and I have support from my team leader. I have had such a good introduction to the job."

The care staff we spoke with told us that they had regular meetings and could contact the registered manager to discuss their practice. Staff said that they knew how they could contact the senior staff if they needed advice about a person they were supporting. They told us, "We know we can call the office or on call person if we have any concerns. Records showed that staff were regularly supervised or appraised."

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 looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. We found that where people required their fluids or food intake monitoring to ensure they maintained good health records had been made. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs had been met.

Is the service caring?

Our findings

People who used the service we spoke with made very positive comments in relation to the service being caring. People told us that they liked the staff that supported them in their homes. One person told us, "Staff are very good they let you know what they are doing." Another person said, "They [staff] are very nice and very caring I have no complaints at all."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw from the records that where people could they had been included in planning and agreeing to the support they received.

Staff were knowledgeable about the individuals they supported and about what was important to them in their lives. Where it was relevant we saw that people's treatment wishes had been made clear in their records about what their end of life preferences were.

The registered manager knew how to contact local advocacy services that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people's homes that staff were respectful of their homes and their needs. We observed staff took appropriate actions to maintain people's privacy and dignity.

The service provided to individuals was focussed on supporting them to maintain their independence as long as possible and supporting them to achieve positive outcomes in their lives depending on their needs and their abilities.

Is the service responsive?

Our findings

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint. One person told us, "I've never complained I haven't needed to" and another said, "If I was unhappy I'd speak to my carer they sort things out for you."

People told us that the care staff who visited their homes knew the support they required and how they wanted their care to be provided. One person told us, "The staff know what help I need." Everyone we spoke with said the care staff always asked them if there was anything else they wanted them to do, before the staff left their homes. One person told us, "The staff always ask what I want them to do and they never leave before asking if there's anything else they can help with."

However we found some care records did not contain relevant and appropriate information relating to current health needs. For example where someone's ability to swallow had changed and they were no longer at risk. This meant that information recorded did not always provide staff with accurate and up to date information about how to support individuals. We saw that regular reviews of the care plan documentation had not always happened in the time frames identified in the provider's policies and procedures.

We recommend that records relating to care and treatment are reviewed to be consistent in providing accurate information to enable staff to follow the most appropriate plan of care.

We could see that where relevant people's families had been involved in gathering personal information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them difficulties. We saw that the service provided to individuals was focussed on supporting them to achieve positive outcomes depending on their needs and their abilities. People were fully supported to engage in a variety of activities of their choice and to go about their daily activities.

Is the service well-led?

Our findings

The service had a registered manager and staff were available in each housing scheme to people who used the service both day and night. People we spoke with said they could speak with the registered manager and staff whenever they required. Comments we received from staff and people using the service said about the management were all very positive. One person told us, "Registered manager is a godsend she is turning things around." Another person said, "She is supportive and at the end of the phone when you need her night and day."

The registered manager visited people in their homes and sometimes provided their care and support we saw that people knew her well. These visits provided people with an opportunity to discuss their experience of the service in an informal manner. One person we spoke with told us, "They sort out everything we ask about."

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. Staff also said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

The service worked in partnership with social services and other professionals and had a very strong connection with the local GPs and community health professionals to ensure people received the appropriate care and support to meet their needs.

Systems in place for monitoring of the quality and safety of the service had not been effective in identifying the gaps in some of the care and medication records that we found during the inspection.

We recommended that the service develops the quality and safety of their auditing systems of care records.

People who used the service were given opportunities to share their views about the care and support they received. There were some systems in place to monitor the safety of the facilities provided. Regular staff and team meeting were held, these helped people to recognise where improvements could be made or identify what the service did well.

We saw that staff supervision was completed and gave the staff opportunities to discuss their training needs and discuss the running of the service. The staff we spoke to said that they would be confident to speak to any senior person in the organisation if they had any concerns about the conduct of any other staff members. They told us that they were confident the registered manager would listen to any concerns and that action would be taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment people were at risk of not receiving their medicines safely because not all people had a care plan devised on how to manage their medications or records to identify any risks that might be associated with the medications.