

Creative Support Limited

Creative Support Limited- Hartlepool Service

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 3 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in.

The service had a registered manager who had been registered with the Care Quality Commission since November 2015. 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.

Creative Support Limited Hartlepool provides supported living and domiciliary care services for people with learning disabilities and mental health needs. The service has its registered office at Innovation Court, Stockton-on-Tees. However, the service actually delivers

Summary of findings

personal care in three supported living type services in the Hartlepool area. Each of the supported living services provides support to two people, who live in shared bungalows or houses with their own tenancy agreements. The people using the service following an assessment by the local authority, receive a combination of individual and shared support hours, with support provided on a twenty-four hour basis in all three services.

The Creative Support Limited Hartlepool service also provides a day service and floating community support services, but at the time of this inspection these activities did not fall under our regulatory remit as the people did not receive personal care and we do not inspect day services.

At the last inspection in October 2014 they had a breach in Regulation 13, People were not protected against the risks associated with the unsafe use and management of medicines. The registered provider sent us an action plan stating they would be compliant by 31 October 2014.

At this inspection we found that appropriate systems were in place for the management of medicines and the people received their medicines safely. People were supported with their medicines by suitably trained and experienced staff. Medicines were now managed safely and securely.

Staff were trained and competent to provide the support individuals required. Although staff demonstrated an understanding of Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, they had not received training in this area. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. Staff did not receive regular supervision and appraisals. The registered manager was aware of this and putting a system in place.

Due to people's communication needs we were unable to gain some of their views about the service and therefore we spoke with relatives.

There were systems and processes in place to protect people who used the service from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and action to take if abuse was suspected.

Risk assessments were in place for people using the service and care workers.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People who could not make specific decisions for themselves had their legal rights protected. Their care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in people's best interests.

The registered provider carried out assessments to identify health and support needs of people. Each person had a person centred plan which showed how they wished to be supported. People were supported to maintain good health and have access to healthcare professionals and services.

People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted on.

From discussions with a relative and documents we looked at, we saw people who used the service or their families were included in planning and agreeing to the care provided at the service. People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported.

Staff demonstrated they knew; the people they were supporting, the choices they had made about their support and how they wished to live their lives. All this information was fully documented in each individual care plan.

People knew how to complain and we saw people had regular feedback opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

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 was safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment. Staff had been recruited to cover vacancies and were awaiting to start.

There were safe systems in place for managing medicines.

People had person centred risk assessments relating to their care.

Good



Is the service effective?

The service was not always effective.

Staff did not receive regular supervision and appraisals.

Staff had the knowledge and skills to support people who used the service.

Staff were able to update their skills through regular training although training in MCA and DoLS was needed.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

The service was caring.

Staff told us how they upheld the privacy and dignity of people using the service.

Relatives of people told us care workers were kind and caring.

People were involved and their views were respected and acted on. Staff were able to form positive relationships with people.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of individuals.

The relatives of people knew how to make a complaint and complaints were responded to and resolved appropriately.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

Staff were supported by their registered manager. Staff told us that the service had an open, inclusive and positive culture.

The service had a registered manager and supportive management structure.

There were effective systems in place to monitor and improve the quality of the service provided.

Creative Support Limited- Hartlepool 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 3 and 7 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in. The inspection was undertaken by one adult social care inspector, a pharmacy inspector and one expert by experience who spoke on the telephone to people in their homes, their relatives and staff supporting them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

The registered provider was not asked to complete a provider information return (PIR). The PIR 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.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback about the service from two external healthcare professionals.

During this inspection we spoke with a director of Creative Support, the registered manager, a project manager, two staff members and one relative. Creative Support also sent a questionnaire to all staff who provided personal care on our behalf and we received 15 completed questionnaires.

We reviewed care records relating to the three people using the service, three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

At the last inspection in October 2014 they had a breach in Regulation 13, People were not protected against the risks associated with the unsafe use and management of medicines. The registered provider sent us an action plan stating they would be compliant by 31 October 2014.

We looked at a sample of medicines records, including records of medicines received, administered, and disposed of, medicines care plans, medicines audits. We found medicines were being managed safely. Medicines procedures were available, and we saw that staff were aware of these procedures, and were following them. The level of support that people needed with medicine administration was accurately documented in their care plan and was regularly reviewed. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

Appropriate arrangements were in place to record when medicines were received, used and disposed of and all prescribed medicines were available. Records showed that these were being given regularly and as prescribed.

We saw that arrangements were in place to supply people with their medicines when they were away from the home. One person had regular visits away from the service, and was provided with their medicine to ensure that they did not miss any necessary treatment.

We looked at the records for two people who were prescribed medicines to be given 'when necessary' or 'as required' for pain. There was a protocol in place providing brief details as to when the medicine should be administered. The provider may wish to note that it would be helpful to have more specific details available to inform staff under what circumstances the medicine could be given. This would mean that staff had all the required information available in order to give people their prescribed medicines safely.

We asked how the service was monitoring how medicines were managed. The manager showed us regular weekly audits. Staff involved in the administering medicines had received appropriate training, and had regular checks of their competency.

The five people who were using the service at the time of our visit were unable to talk with us about the care they

received. However, we were able to speak to one of their relatives who told us that when their family member received care they felt safe and comfortable with the carers. They said, "My relative is well looked after. The service is really great. He doesn't have much verbal communication but he would be able to say if he wasn't happy."

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff we spoke with said, "Safeguarding is something that is put in place to protect others like vulnerable adults." And another said, "I would report any concerns immediately to my line manager, I have never had to."

We saw the registered manager had reported safeguarding concerns to the relevant local authority team and taken appropriate action to keep people safe.

We looked at files of people receiving care and each contained an individualised risk and management plans, completed with them and where appropriate their relatives. Care plans identified the risk and the actions required of staff to minimise the risk. The risk assessments seen covered areas such as finance, medication, environment, moving and handling, falls and self neglect. We saw that risk assessments had been updated as needed to ensure they were relevant to the individual.

We looked at three staff files. There was evidence in staff files that new employees were checked before being allowed to commence work to ensure they did not pose a risk to people who used the

service. The recruitment checks included proof of identity, two references, and employment history. On application people were asked to complete a self assessment form stating 'why they want this job, if successful how will you develop to ensure maximum effectiveness and what do you know about, specific illness such as epilepsy.' The files also contained a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We were told that Creative Support renewed DBS checks every three years.

Is the service safe?

We looked at staff rotas and found there were sufficient staff with appropriate skills and knowledge to meet peoples needs. Each person's care file identified the amount of staff support needed and the majority needed two to one support when accessing the community. We

saw that there were always enough staff on duty to cover this. Staff we spoke to said, "We do have a some staff sickness which can be difficult." And another staff member said, "Yes there is always enough staff on to support."

Is the service effective?

Our findings

The relative we spoke with was happy with the care the service provided and said, “My (relative) has a really good life with this service.”

We looked at staff supervision and appraisal. We saw that regular supervisions or appraisals had not taken place, with some staff having only received one supervision this year. In the three staff files we looked at we saw they had completed a six month personal development plan, followed by an action plan and timescales. However the actions plans we saw had not kept within these timescales. For example one person said they would have training on hearing voices completed by July 2015 and this still had not been completed. We discussed this and the lack of supervisions and appraisals with the registered manager and director who said they were aware that they had issues in this area and had developed a plan to capture everyone's supervision over the next month.

People were supported by staff who had the right skills and knowledge to care for them. Staff members were knowledgeable about people's individual needs and preferences and how to meet these. Staff had been trained to meet people's care and support needs. Records showed all staff had received training in core areas such as moving and handling, health and safety, food hygiene, safeguarding and first aid. Refresher training had been booked to help staff to keep their skills up to date. Although staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) they had not received training in this. This had been highlighted in a training audit which took place in July 2015. We discussed this with a director of Creative Support who immediately booked this in to take place in January 2016.

Staff we spoke to said, “I have had Autism training, this has helped me to understand how and why support plans work.” And “I have had epilepsy training, I now know the different types of seizure.”

New staff completed a six week induction then a six probation. During the probation they completed monthly performance reviews with the manager and had three observations of practice. At the end of the probation staff completed a questionnaire to evidence what they have learnt or where there were still gaps in learning.

Creative support was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Staff had not received training in Mental capacity and DoLS which is a requirement for all staff. However staff that we spoke with were able to explain sufficiently what MCA and DoLS were.

People or their relatives had signed the care plans to show consent. For example consent to receive medicines, consent to have photo taken and consent to care. We saw evidence in care files to show that staff checked with the people who used the service regularly to make sure they were still happy with the support being provided on a regular basis.

We saw evidence to show that healthy eating was promoted. Each person who used the service had a eating plan which included food they like and food they don't like. It also included how to present the food for example cut up very small. The care plans we looked also stated what staff should and should not do around food and nutrition such as keeping the kitchen door closed whilst cooking, as X (person who used the service) wanted their food straight away if they could smell cooking.

We were told that the premises for each person was adapted to their needs. For example at one service the

Is the service effective?

people who used the service could not cope with pictures on the wall. The director explained that some services can look sparse but this is how the person or people who used that service want it.

Is the service caring?

Our findings

The relative of a person who used the service said, “I can’t fault them (staff), they are all very helpful and they are kind to me as well.”

Staff we spoke with knew the people they cared for really well. We asked staff what is important in terms of interacting with the people who used the service and what they value. One staff member said, “It is important to promote honest open communication, understand their needs and choices, respect diversity and develop and promote their skills.” Another staff member said, “Interaction is important as it helps to build relationships and helps to understand each other. They [the people who used the service] value friendship.” And another staff member said, “I think it is important to be friendly and easy to talk to, I talk to them [people who used the service] appropriately and do not assume that I understand.”

Staff explained how they support people who used the service to live as independently as possible. Staff we spoke with said, “I always encourage them [people who used the service] to do as much as they can for themselves.” Another staff member said, “I always allow time for them [people who used the service] to have a say in any issues that concern them and let them decide what they want to do as long as they are safe and it is appropriate.” The director we spoke with said, “We empower the people who use our service to be as independent as possible so that they do not become dependent on support staff. The people who use our service have gained in confidence over the past year and this can be evidenced by their increased motivation to do things and their increased curiosity.” And “Our staff are trained on non discriminatory practice and the principles of human rights.”

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear

guidance for staff about how best to support people. For example, information included the pitch and tone of voice needed, positive ways to motivate, and to use a now and next principle with visual support such as walk then drink. Communication plans also stated how to present choices. One communication care plan stated, “Do not provide me with too many choices at one.” The communication plan also stated what phrases could mean, for example for one person who used the service they could be quite rude but this would mean they liked you. The communication plan provided handy hints such as can X [person who used the service] be redirected, if so how to redirect and what to redirect with. There was also information on what not to do for example for one person is stated, “Do not say calm down.”

Staff supported people who used the service with their coping and tolerance skills using TEACCH. TEACCH is a programme to help prepare people with autism to live more effectively and is designed to make the most of an individual’s strengths within a very structured environment. For example one person who used the service needed a room to be set out in a certain way, if for a reason this was not possible at that time, diversion or relaxing techniques would be used.

We asked management how they support people’s human rights. A director we spoke with said, “Participation is a key way that we ensure that the people who used the service’s human rights are being supported. Understanding all of their person centred needs allows us to promote this. We encourage participation in everything we do so that the service is delivered according to the needs and preferences of the people who use the service.”

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required.

The service continually reflected on their practice and sought to make improvements for the people they supported. There were monthly joint meetings between the team and people who used the service, these were recorded and demonstrated that the team were consistently monitoring and reflecting on the service.

Is the service responsive?

Our findings

We looked at three people's care records. We saw assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We noted that care plans were reviewed monthly and updated as and when needed. Records demonstrated that people and/or their relatives did routinely discuss their support plans. Each person or a family representative who had been legally appointed, had signed their support plans to indicate they were aware and gave consent to their support.

Care records contained comprehensive information about people's health and social care needs. Plans were person centred, which meant they were individualised and relevant to the person. We found them to be very detailed stating what kind of person they would like to support them, what their own personality characteristics were, what is working or not working in my life and adaptations needed. For example, limit interruptions and place cups in the cupboard with handles facing at the front. One person's care plan detailed the clothing staff should wear as they could not cope with three quarter length sleeves of unbuttoned collars. The care plan also said what staff must do. For example keep the environment tidy, not to sit in their chair and to keep to the handover routine. The National Autistic Society states, "Routine is very important as the world can seem a very unpredictable and confusing place to people with autism, who often prefer to have a fixed daily routine so that they know what is going to happen every day." The care plans also contained information on the person's background, personal history, interests and their goals and aspirations.

Another care plan documented how the person who used the service smiled or laughed when happy. If they were not happy they would start switching lights on and off. The plan documented 'what was happening, why I am doing this, what this could mean and what staff would need to do.' For example if the person started to switch the lights on or off it could mean the environment was too hot or too noisy. This meant that staff were aware of how the person demonstrated how they were feeling.

We saw people's daily notes and found these were very detailed documenting what had happened throughout the day or night and what actions had been taken when risks occurred. This also matched what was documented in the person's care plan.

People's care and support was planned in a proactive way with the person in mind. For example one person who used the service had never been into their own garden and would never venture outside either on their own or with staff. A sensory processing assessment took place and sensory activities were introduced such as bubbles which were transferable from environment to environment, these reduced stress levels and diverted the person from the area they were concerned about. The service hired a hot tub to recreate the bubbles outside, this encouraged the person to go into the garden and walk around the hot tub feeling the water in their hands. This then led onto them being supported by staff to hang out their own washing. A deck chair was then purchased and they then enjoyed sitting in the garden which they continue to do.

The director of the service said. "We have introduced a 'power with' rather than a 'power over' approach. This has challenged staff perception and understanding of positive risk taking. For example staff had raised concerns about supporting one person into the community. This person was presenting with behaviours of concern which was leading to incidents whilst out. Part of the bespoke training that took place for the service was to consider the reasons why this was happening and what strategies could be put in place. The team were supported to focus on the antecedent [antecedent is an event that occurs immediately prior to the behaviour] environment not focus on the behaviour. Strategies were considered to promote community outings and to use sensory distraction to reduce and avoid stresses. This proved successful and a review of activities were also considered. This person now goes out every day to a destination of their choice."

The service has its own holiday home in the lake district which can be used anytime by people who use the service. Some people who used the service did not like to be away overnight so arrangements would be made for that person to spend the day there.

Is the service responsive?

The relative we spoke with said, “My (relative) has a better life than me. He gets out to go shopping and really enjoys the discos. I go to see him a lot and I am made ever so welcome. I can go whenever I want and it is a really warm and friendly place.”

People who used the service were encouraged and supported to engage with activities and events outside of the home. For example, one person told us how much they enjoyed attending local events including a disco, where they could meet other young people.

The service had a policy and procedure in place for dealing with complaints. We spoke with the registered manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns. The relative we spoke with said, “I would know what to do and who to contact if I had any concerns but I am very happy with the service.”

Is the service well-led?

Our findings

The relative we spoke with said they were happy with the management of the service and said, “I don’t worry, if I had any concerns I would be the first to stick up for my (relative), but I honestly have no worries at all. I can rest easy knowing he is being so well looked after.”

Staff we spoke with said they were supported by the registered manager. One staff member said, “I see my manager everyday, I can question concerns that I may have.” Another staff member said, “I am supported by my manager, we are a good team here.”

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these values and were committed to them.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service and communicated well with each other. Staff said they felt well supported by the management team at the service.

We saw evidence of surveys were taking place for staff, people who used the service and their relatives. People could complete a picture led feedback form if this helped them. The director said, “The people who use our services have complex needs which affects their understanding and social communication so we have developed a positive and negative indicator of wellbeing. 57% of communication is explicit in body language therefore we focus largely on this.” Relatives were asked to complete surveys to give their feedback about the service. We saw

that most of the comments in the completed surveys were very positive. A survey for staff was taking place at the time of inspection called “Knowing we are getting it right campaign.”

The service had robust quality assurance processes in place, including monthly audits for health and safety, maintenance of the service, medicines management and monitoring of complaints. These processes acted both as an audit system and to drive continuous improvement. Documentation relating to the management of the service was clear and regularly updated. For example, peoples’ care and support records and care planning, were kept up to date and relevant to the person and their day to day life. This ensured people’s care needs were identified and planned comprehensively and people’s individual needs met. They also checked staff understanding of what was in the care plan or how they would deal with a certain scenario. For example explain what you would do if a person went missing.

The service understood and complied with their legal obligations from CQC or other external organisations and these were carried out consistently.

We asked what the plans were for developing the service and the director said, “We recently had an away day where all registered managers and service managers discussed their service areas regarding performance, priorities and the wider environment. We found this was a great way to share knowledge and learn from each other. We completed an analysis of our services. Areas that we are considering to develop further are to train more PBS practitioners and we are developing a new autism person centred plan that can be accessible via IPads and also using autism apps to aid communication and sequential planning.