Creative Support Limited

Creative Support - Trafford Supported Living Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 September 2016. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

Creative Support Trafford Supported living is a Domiciliary Care service that provides personal care and support to people with learning disabilities who live in their own home. The service covers the Trafford area and at the time of our inspection provided support to 40 people.

The service had registered manager in place. registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with support staff who told us that the registered manager was always available and approachable. Throughout the day we saw people who used the service and staff were comfortable and relaxed with the manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at peoples care plans we saw that they were written in plain English and in a person centred way and made good use of pictures, personal history and described individuals' care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the the manager.

Individual care plans contained personalised risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The daily records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and care managers.

Our observations during the inspection showed us that people who used the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes within their own homes and within the community. The recruitment process that we looked into was safe, inclusive and people were involved in choosing their own staff.

When we looked at the staff training records and spoke with the registered manager we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were able to observe how the service administered medicines on the day of our inspection we were able to establish how people managed them safely in their own home. We looked at how records were kept and spoke with the manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

During the inspection it was evident that the staff had a good rapport with the person who used the service and we were able to observe the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.
People were being encouraged to plan and participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis in activities and we observed and saw evidence of other activities such as art, drama and socialising. People were being supported regularly to play an active role in their local community both with support and independently.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place and was working within the principles of the MCA. At the time of our inspection no applications had been made to the Court of Protection. From speaking to staff and looking at the training records we could see that training for staff was provided regarding MCA and DOLS.

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.

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

This service was safe.

There was sufficient staff to support people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported in their own home with administering medicines.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes. These were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

People were supported to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People who used the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans were person centred, enabled people to set goals and reflected individual needs, choices and preferences.

Is the service well-led?

Good

This service was well led.

Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

The service held regular events to engage with families to gather their feedback.

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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 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 19 September 2016 and was announced. This was because the service was a domiciliary care agency and we needed to be sure someone would be available. The inspection team consisted of two Adult Social Care Inspectors. During the inspection we spoke with; seven people who used the service and we also observed them while being supported by care staff within their own home. We also spoke with; the registered manager, the deputy manager, a service director, five relatives and five care support workers.

Before the inspection we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service and positive feedback was receivedby these professionals.

During our inspection we also spoke with a dietician and the learning disability social work team leader who were complimentary about the service.

Prior to the inspection we contacted the local Healthwatch for their feedback; no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

We also reviewed care plans, quality surveys, newsletters, CQC evidence file, staff training records,

recruitment files, medicines records, safety certificates, and records relating to the management of the service such as audits, policies, procedures and minutes of meetings.

Good

Is the service safe?

Our findings

A person who used the service that we spoke with told us they felt safe having the registered provider supporting them in their own home. They told us; "Yes I feel safe, the staff help me to keep safe and stay out of trouble."

When we looked at rotas and people's care needs we could see that the service provided enough staffing to meet people's needs. We asked people's relatives if they felt their family members were safe and they told us; "Yes I'm content that [name] is safe. The have the right staffing levels to keep them safe." Another told us; "I know that [name] is safe at night now because there are two staff members there all night and they are there if [name] needs them."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "No problem. I would go straight to the manager."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We saw evidence of regular health and safety checks carried out by the registered manager and the landlord of the service.

We saw that fire safety checks were carried out and the support staff were aware of how to evacuate the person's home safely. When we asked the support staff what they would need to do in the event of a fire they were very clear in their response and told us; "We have regular fire drills to practice."

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that individualised risk assessments were in place in relation to the people's needs and these addressed risk taking as a positive activity and covered activities such as; taking medicines and risks of falling. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and explained how actions had been taken to ensure people were immediately safe.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an

application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. 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 helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

We observed and spoke with two members of staff who administered medicines. We looked at the medicines administration record sheets (MARS), these were reviewed monthly and were up to date with no missing signatures. We observed medicines being administered and could see how this was done by two members of staff and this was done safely and recorded correctly.

People who used the service who had medicines that were to be used as and when required had protocols in place. These ensure that people are offered these medicines and given them when needed. These were written clearly in people's care files that we looked at.

We found there were effective systems in place to reduce the risk and spread of infection. We found that staff had access to disposable protective gloves and aprons for carrying out personal care. When we spoke with staff they told us; "We will never run out of gloves and aprons we have that many, they are an essential commodity."

Good

Is the service effective?

Our findings

During this inspection we found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge. One staff member told us; "I like working here, there is loads of training on offer."

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. The induction training provided to new starters was the 'Care Certificate' and this is based on standards set by the Health Education England called 'Skills for Care'.

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. Supervisions were also themed for example; safeguarding. One member of staff told us; "My last supervision was last month, they are regular."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses covered specific long term conditions such as; dementia awareness. This was alongside training the provider deemed essential including; fire safety, infection control, equality and diversity, medicines, first aid and also vocational training for personal development in health and social care. The registered manager told us; "Staff get a handbook to complete around the service and their training."

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes. Guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff meeting minutes.

Individual staff supervisions were planned in advance and the registered manager had a system in place to track them. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues and their wellbeing.

Where possible, we saw that people were asked to give consent to their care and we could see in the person's care plan that they had been involved in the development of the plan. Photographs and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. One relative told us; "The staff act fast with [name] they have health issues and the staff are clued up, they know what to do and who to call in if they are unwell and need emergency care."

During our visit to people's homes we could see that people were supported and encouraged to eat and drink healthily to meet their needs. Where people needed extra support and used a percutaneous endoscopic gastrostomy (PEG) we saw that staff were appropriately trained.

We spoke with a Dietician who supported people who used the service and they told us; "The staff have tried very hard to support people with their special diet needs. I have no concerns about the service."

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 make 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. In domiciliary settings any Deprivation of Liberty Safeguards (DoLS) applications must be made to the Court of Protection. We checked to see if the service was working within the principles of the MCA. We found that the service had procedures in place to manage MCA and saw that staff had received training in MCA/DoLS. At the time of our inspection applications had been made to the Court of Protection and this was being managed by the registered manager and the support staff.

We saw records that showed that each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including; the community learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments.

Good

Is the service caring?

Our findings

When we spoke to the people who used the service and their relatives they told us that the staff were caring and supportive and helped them with day to day living. They told us; "The staff are nice, I like to have banter with them, we have a laugh." One relative told us; "I can say this is the best support, [name] has ever had. Another told us, "The staff are on the ball."

We saw staff supporting people who did not use words to communicate and we saw them interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying meal time together. The person who used the service told us that they had a headache and we could see how supportive the staff where and how they comforted them.

Staff knew the people they were supporting very well. They were able to tell us about their life interests and preferences. We saw all of these details were recorded in the personalised care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times. We saw this in action when we visited the service and saw how staff managed care tasks, for example PEG feeding discreetly. When we asked people who used the service if their privacy was respected they told us; "Yes I can go in my room it is private for me there."

We saw evidence in people's care plans about how people were supported to be independent. During our inspection we were able to see how the people were supported to do tasks themselves. When we spoke with people who used the service and their relatives they told us; "Staff help me to cook. The things I can do myself, they let me get on with." One relative we spoke with told us; "There are some things that [name] just can't do but the staff support them to do the things that they can do."

When we observed people who use the service, interacting with the staff supporting them, the atmosphere was relaxed and the staff were encouraging. Staff spoke in a caring manner and were encouraging. We could see that the staff had a good rapport with the people using the service.

We saw that there was information available for the person who used the service about advocacy. When we spoke with the registered manager and the staff about advocacy they were knowledgeable and knew how to access advocacy support. We could see examples in people's care files of where advocates had been involved in supporting people. This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

We observed staff offering people who used the service choices and we could see this reflected in care plans. One person who used the service showed us their room and told us they had chosen the décor, another person who used the service told us. "I choose what I want to do." This showed us that the service respected people's right to choice.

Good

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I like going out." Staff we spoke with told us; "[Name] enjoys going out to 'wheelies' (social club) and out in the car for a ride out with the music on." When we spoke with relatives they told us; "[Name] goes out all the time to clubs, shopping and to visit me. They go out now much more than they used to."

The care plans that we looked at were person centred which meant they were all about the person and it put them first. The care plans were in an easy read format. The care plans gave an insight into individual's personality, preferences and choices. The 'one page profile' in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plan went into detail about how the person liked to be supported, and what should be avoided. The care plans were reviewed regularly by the registered manager.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives.

Some of the people who used the service were involved in the recruitment of new staff and the registered manager told us how they supported people to go into the office to take part in the recruitment process. This involved them asking questions about what things were important to them and how they like to be supported within their own home.

We asked the staff how they ensured that people were supported to be part of their local community and they told us; "We help the people we support to go out for walks in the local area" and "We go to the local shops and the shopping centre."

When we looked in people's care plans we could see how they had been supported to forward plan and set themselves targets to aim for. These were called 'developmental plans'. The two we looked at included; planning a holiday and recognising coins to become more independent when shopping. When we spoke with relatives they also told us about the goals their family members had been supported to set, one relative told us; "[Name] has always used signing to speak called Makaton and they have now started saying the odd word and this is a big step for them. Their plan is to encourage this and they have started to copy other words and I have seen a great improvement, it is lovely to hear them say the odd thing now."

The complaints policy that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see how complaints had been responded to and monitored appropriately. From speaking with staff and the registered manager we saw they were knowledgeable of the complaints procedure. One member of staff told us; "I have not had to complain but if I did I know what to do."

When we spoke with relatives they were aware of how to make a complaint and told us; "I haven't needed to complain but I know to call or go to the office if I needed too."

We could see that the service held regular events to bring people who used the service together with their family members and this was an opportunity for the service to engage with families, for example, this year the service had held an Olympics themed sports day, an afternoon tea party and an art gallery to show people's art work. When we spoke with relatives they told us they had attended these events and found them valuable, they told us; "It was a chance to get together and we saw the manager there."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager. A registered manager is a person who has registered with CQC to manage the service. The registered manager carried out regular spot checks to observe the staff team supporting people in their own homes and the registered manager used these observations to ensure quality care and support was delivered. The registered manager told us; "I do regular spot checks on the staff and I do them unannounced, it's the best way."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with senior management arrangements. The registered manager explained how safeguarding, complaints, human resources, accidents and incidents reports were monitored by their manager.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; "I love my job and the management support is fantastic." Another told us "They are really good I can call them up whenever I need support they are straight there."

When we spoke with relatives they told us that the registered manager was accessible and supportive, one relative told us; "I know I can call them when I want, we get regular updates, it's good."

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the registered manager adhered to company policy, risk assessments and general issues such as, incidents/accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm, were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

The service had a clear vision and set of values that included a person centred approach, consultation, confidentiality, dignity, independence and working in partnership. These were understood and put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care

provision, service development and joined- up care. Legal obligations, including

Conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.
The service had developed an evidence file called 'let's get CQC ready' this file was filled with examples of evidence that they shared with us. All the evidence in the file covered our key lines of enquiry and contained examples of newsletters, quality assurance, photographs and testimonials.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept securely at the main office, were up to date, in good order, and maintained and used in accordance with the Data Protection Act.