

Creative Support Limited

Creative Support - Rushey Fold Court

Inspection report

Rushey Fold Court
Rushey Fold Lane
Bolton
Lancashire
BL3 3JS
Tel: 01204494674

Date of inspection visit: 14 October 2015
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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 

Overall summary

The announced inspection took place on 14 October 2015. The last inspection took place on 10 December 2013 and the service was found to be meeting all the regulations inspected at that time.

Creative Support is contracted by Bolton Council to provide personal care to people who require these services in six extra care housing schemes situated in the Bolton area. Rushey Fold Court is a purpose built extra

care housing accommodation with 30 self-contained flats, maintained by Anchor Trust. Rushey Fold Court is based just off a major road into Bolton. Public transport routes to Bolton town centre are close by. The property has gardens and a car park for the use of people living there and their relatives and visitors.

There was a registered manager at the service. A registered manager is a person who has registered with

Summary of findings

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.

People told us they felt safe within the service and we saw that appropriate risk assessments were in place within the care plans. Accidents and incidents were recorded correctly and followed up appropriately with referrals to other agencies if required.

Health and safety measures were in place to help minimise risks and regular checks were carried out to ensure the premises and equipment were maintained to a good standard. There was a business continuity plan in place in case of any emergency situation.

The service had a robust recruitment procedure to help ensure people employed were suitable to work with vulnerable adults. Staffing levels were sufficient to meet the needs of the people who used the service.

There were appropriate safeguarding and whistle blowing policies in place. Staff received training in safeguarding and refresher training was delivered regularly. Staff we spoke with were able to demonstrate an understanding of safeguarding issues.

Medicines policies were in place and staff were trained to an appropriate standard to administer medicines. Medicines audits were undertaken regularly to help ensure medicines continued to be handled safely.

We looked at five care plans which included a range of health and personal information. We saw that the service worked with other agencies and made appropriate referrals to other services when required. Nutrition and hydration was monitored where issues had been identified.

The service had a robust induction programme, which included training, shadowing, familiarisation with policies and direct observation of practice. Training was on-going for staff throughout their careers at the service. We saw evidence that staff supervisions and appraisals were carried out on a regular basis.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Consent was sought for all interventions and best interests decisions made where appropriate.

People told us staff were kind and considerate and we observed good interactions between staff and people who used the service. The service endeavoured to ensure consistency of staff so that good relationships could be sustained.

Appropriate information was given to people who used the service and they were encouraged to be involved with their care delivery and reviews of their support requirements.

Staff were able to demonstrate how they respected people's privacy and dignity. People were encouraged to be as independent as possible, building on their strengths and abilities.

Care plans included information about people's likes, dislikes, interests and personal preferences. People were given choices in areas such as care delivery, times of visits, activities undertaken and gender of carer.

Regular satisfaction surveys were undertaken to ascertain people's opinions of their care delivery. We saw the results of the most recent survey which demonstrated that people were positive about their experience of the service delivery.

There was an appropriate complaints and compliments policy in place and people were aware of how to use this. Complaints were followed up appropriately and we saw a number of recent compliments received by the service.

Staff we spoke with told us the management were approachable and they felt well supported. People who used the service knew the management team and said they were visible within the service.

A number of checks and audits were undertaken regularly to help ensure the quality of the service provision and to inform future improvements to care delivery.

Staff meetings were held regularly and these provided a forum for raising issues and concerns and discussing changes and updates.

The service had links with the local community and worked well in partnership with other agencies.

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 told us they felt safe and we saw that appropriate risk assessments were in place within the care plans. Accidents and incidents were recorded correctly and followed up appropriately. Health and safety measures were in place to help minimise risks.

The service had a robust recruitment procedure and staffing levels were sufficient to meet the needs of the people who used the service.

There were appropriate safeguarding and whistle blowing policies and staff demonstrated an understanding of the issues.

Medicines policies were in place and staff were trained to an appropriate standard to administer medicines.

Good



Is the service effective?

The service was effective.

Care plans included a range of health and personal information. Nutrition and hydration was monitored and referrals made to other services when required.

The service had a robust induction programme and training was on-going for staff. Staff supervisions and appraisals were carried out on a regular basis.

The service worked within the legal requirements of the Mental Capacity Act (2005) (MCA). Consent was sought for all interventions and best interests decisions made where appropriate.

Good



Is the service caring?

The service was caring.

People told us staff were kind and considerate and we observed good interactions between staff and people who used the service. The service endeavoured to ensure consistency of staff so that good relationships could be sustained.

Appropriate information was given to people who used the service and they were encouraged to be involved with their care delivery and reviews of their support requirements.

Staff were able to demonstrate how they respected people's privacy and dignity. People were encouraged to be as independent as possible, building on their strengths and abilities.

Good



Is the service responsive?

The service was responsive.

Care plans included information about people's likes, dislikes, interests and personal preferences. People were given choices in areas such as care delivery, times of visits, activities undertaken and gender of carer.

Regular satisfaction surveys were undertaken to ascertain people's opinions of their care delivery.

Good



Summary of findings

There was an appropriate complaints and compliments policy in place and people were aware of how to use this. Complaints were followed up appropriately and we saw a number of recent compliments received by the service.

Is the service well-led?

The service was well-led.

Staff we spoke with told us the management were approachable and they felt well supported. People who used the service knew the management team.

A number of checks and audits were undertaken regularly to help ensure the quality of the service provision and inform future improvements.

Staff meetings were held regularly and these provided a forum for raising issues and concerns and discussing changes and updates.

The service had links with the local community and worked well in partnership with other agencies.

Good



Creative Support - Rushey Fold Court

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.

The inspection took place on 14 October 2015. The provider was given 48 hours' notice because we wanted to be sure a member of the management team would be present. Creative Support is contracted by Bolton Council to provide personal care to people who require these services in six extra care housing schemes situated in the Bolton area. For this inspection we visited Rushey Fold Court and one other scheme in the area.

The inspection was carried out by an adult social care inspector from the Care Quality Commission.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We spoke with ten people who used the service, six members of staff and the registered manager. We also spoke with three health and social care professional visitors on the day of the inspection. We looked at records held by the service, including five care plans, six staff files, audits, training records, meeting minutes and general information supplied by the provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. They all told us they felt safe and secure. One person said, “I feel a lot safer here [than previous home in the community].”

We saw some recently received compliments by the service which included the comment, “[My relative] feels completely safe and respected as an individual.”

We looked at six staff files and saw that the service had a robust recruitment procedure. Documents within the files included application forms, proof of identity, references, employee code of practice and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people.

Staff members we spoke with told us there were enough staff and any sickness or annual leave was usually covered by members of the staff team. We asked people who used the service if there were enough staff to meet their needs and they all agreed the numbers were sufficient.

We looked at five care plans for people who used the service and saw that appropriate risk assessments were in place. The risk assessments were regularly reviewed and updated to help ensure people were kept as safe as possible whilst ensuring their rights were respected.

The service had a corporate safeguarding adults policy which included information around responsibilities, prevention, training, types of abuse, reporting procedures, mental capacity, confidentiality and multi-agency working. The policy contained a reference to the corporate whistle blowing policy. Both the safeguarding policy and the whistle blowing policy had a signature sheet attached which were signed by staff to say that they had read and understood the policies.

There was a safeguarding file which included information about the local authority safeguarding policy. There was guidance for staff and a flow chart to help them follow the process correctly. There were alert forms and adult at risk protection plans as well as outcome forms. All this helped ensure a thorough and joined up approach to safeguarding issues. Appropriate safeguarding notifications were submitted to the Care Quality Commission (CQC). We saw that a recent safeguarding issue was being followed up appropriately by the service.

Staff had training in safeguarding as part of their induction and refresher courses were undertaken as required. We saw supervision notes within staff files and saw that a recent themed supervision had been undertaken on the subject of safeguarding adults. This had helped ensure staff's knowledge was current and skills were kept up to date. We spoke with seven staff members who were all aware of safeguarding procedures. Staff were able to give examples of safeguarding issues and were confident of the reporting procedures.

Each person who used the service was supplied with a service handbook containing information about the service. There was a 24 hour emergency on call provision and this was outlined within the handbook.

An appropriate health and safety policy was held by the service. Staff had signed to say that they had read and understood the policy. Appropriate health and safety audits helped ensure people's health and safety was supported. Monthly fire drills and weekly fire equipment checks were undertaken by the housing landlords for the schemes. There was a business continuity plan in place in case of any emergency situation.

There was an accidents and incidents policy and a file which contained all the information and guidance staff may require when dealing with an incident. We saw that accidents and incidents were followed up, for example via staff meetings, and actions taken were recorded.

We saw that staff had undertaken training in medicines administration and refresher courses were delivered regularly to ensure staff knowledge and skills were up to date. The service had a policy and procedure in place for medication. This included information about training, storage and disposal of medicines, homely remedies, medicines given as and when required (PRN) and covert medicines, that is medicines given in food or drink. The policy also referenced the Mental Capacity Act (2005) (MCA) and best interests decision making. Staff members were required to sign to say they had read and understood the policy.

Is the service effective?

Our findings

We looked at five care plans and saw they included a range of health and personal information. There was a hospital sheet at the front of each file to be given to health staff if the person was admitted to hospital. This contained information important to the person which would assist health staff to offer appropriate care. Care plans were complete and up to date and were relevant to each individual and each person's support needs were outlined. Reviews of care were undertaken on a regular basis and the information updated as required. One of the professionals we spoke with told us reviews at the service were 'excellent'.

There was evidence that people's nutritional and hydration needs were monitored where needed. One person who used the service told us they were diabetic and said staff always ensured their diet was correct. We saw that referrals were made to other agencies or services where appropriate. One of the health professionals we spoke with told us referrals were always made to their service appropriately, advice sought and followed.

We looked at six staff files which included information about their induction programme. This was comprehensive and included a range of basic training, shadowing with an experienced member of staff, reading policies and direct observations of practice to ensure their work was competent. Each new employee had a probation period to complete prior to being signed off as a permanent member of staff.

We looked at staff training records, which evidenced a range of refresher and other training undertaken regularly. We spoke with seven staff members who had a good understanding of their roles and responsibilities. They told us training was on-going and refresher courses delivered regularly.

On the day of the inspection a number of staff were receiving a bespoke learning set from a professional who visited the service. This had been instigated by staff who had requested the training to enhance their skills and better equip them to meet the needs of the individuals they supported. The management had supported the request

and facilitated the learning set. We spoke with the professional after the training and they told us the staff had fully engaged with and participated in the learning set and had shown enthusiasm and interest in the subject.

We saw evidence of regular supervision sessions and annual appraisals for staff. Some supervisions were themed to a particular subject to enhance or update skills or address any knowledge gaps. Staff we spoke with told us informal supervision could be accessed any time and formal supervisions were regularly undertaken.

We spoke with the registered manager about Mental Capacity Act (2005) (MCA). She told us some training was being rolled out for all staff. Staff we spoke with demonstrated a good knowledge of capacity issues and best interests decision making and could give examples of when certain decisions had been made in the best interests of an individual who used the service. We saw from the files we looked at that the service ensured they worked within the legal requirements of the MCA. There was clear documentation about people's levels of capacity to make decisions and evidence that decisions made on their behalf were done in their best interests and discussions included appropriate individuals.

There was evidence within the files that the service considered restrictions on people who used the service. They demonstrated a commitment to ensuring they weighed risks and rights and kept people as free of restrictions as possible whilst endeavouring to ensure their safety. This was further evidenced within recent team meeting minutes which showed that issues had been raised around people who used the service having locks on their doors. A discussion had ensued about choice, capacity and best interests with learning needs had been identified for the service as a whole.

We spoke with ten people who used the service who all said staff asked their permission prior to offering any care or support. There were consent forms within the care files for issues such as disclosing information to other professionals, authority to retain keys to people's flats and authority to administer medicines. Many of these were signed by the person who used the service, but a few were signed by family members. The reasons for relatives signing some forms were not always clear and we discussed this with the registered manager. She agreed to include information about mental capacity with the consent forms to ensure the reasons for signatures were clear.

Is the service caring?

Our findings

We spoke with ten people who used the service. All said the staff were kind and considerate when supporting them. One person told us, “They [the staff] are very nice. I have what I want, I am happy.” Another said, “When you are not well they [the staff] look after you”, and a third commented, “They [staff] are lovely, helpful.” One of the professionals we spoke with said, “Care staff are wonderful.”

Information was given to people who used the service in the form of the service handbook. This included a range of information about service user involvement, care and support, contacts and confidentiality. There was also information about equality and diversity and the handbook included the service’s dignity statement.

The seven members of staff we spoke with were able to explain how they respected people’s privacy and dignity whilst offering care and support. People who used the service confirmed that staff were careful to preserve their dignity and protect their privacy. Staff files we looked at contained guidance around confidentiality and evidence that the dignity charter had signed by each new employee.

We observed some interaction between staff and people who used the service. We saw that staff were kind and friendly and it was clear they had good relationships with the people they supported. We saw that staff took the trouble to ensure people were not isolated, whilst

respecting their right to stay in their own flats. People were given gentle encouragement and persuasion to socialise and join in activities and outings, but left to their own devices if this was what they wanted.

The registered manager told us they tried to ensure consistency with care staff so that they could form good relationships with the people they supported. People who used the service said they liked to have the same people looking after them as much as possible and it was clear that some warm relationships had been established between individuals and staff members.

There was evidence within the care files that people’s independence was encouraged, for example, supporting and helping people with cooking rather than doing this for them. One of the people who used the service told us staff assisted with cooking and washing up, dependent on how they may be feeling on any particular day. If they were not feeling well staff would do the tasks, but if they were well they would be encouraged and supported to be as independent as they could be. This person told us it was important to them to retain their skills and abilities and they appreciated how staff encouraged this.

We saw that people were involved in the planning of their care and support. Individuals signed the care plans to indicate their agreement to the plan. Documentation of reviews evidenced the involvement of people who used the service and others who were important to them in each care review.

Is the service responsive?

Our findings

We spoke with ten people who used the service. All of them told us they were asked about their likes and dislikes, their preferences were respected with regard to their support requirements, times they were supported, food choices and activities.

We looked at five care plans and saw that they contained a range of personal information. This included important people in people's lives, hobbies and interests, life events, likes and dislikes. This helped staff deliver care in an individual and person-centred way. Each person's care plan included their preference of the gender with regard to carers and people told us they received care from their preferred gender of carer. The information within the care files also helped to ensure smooth transition between services. The documentation was kept up to date with regular reviews of care and requirements and changes were clearly recorded.

There were different activities offered at all the locations, including games such as dominoes and bingo, trips and outings, coffee mornings, armchair exercises, crafts, luncheon clubs, church services and movie afternoons. Some of the people we spoke with had been to a luncheon club at a nearby church on the day of the inspection, which was a weekly occurrence. They told us they thoroughly enjoyed socialising in this way. Some locations offered a hairdressing service and staff gave ladies a manicure and painted their nails.

Regular satisfaction surveys were conducted by the service and we saw the results of the latest one. People were positive about their care and treatment and comments included, "I make all my own decisions – like to go to bed at my time so carers will come at different times"; They [the

staff] are my Angels; always there to help" and "I can make my own choices but the carers will help me if I need them." There were also regular checks carried out by the management to help ensure people remained happy with their care delivery and had the opportunity to raise any concerns or make suggestions for improvement.

The service produced a newsletter for people who used the service. We saw that this was pinned to the notice board in the communal area for people to look at if they wished. Other information, such as results of satisfaction surveys and inspection reports were also displayed on the notice board for people to look at.

The service had an appropriate complaints and compliments procedure which included timelines and reference to external bodies. There was guidance included for the investigation of complaints. We looked at the complaints log which evidenced that complaints were investigated appropriately and action was taken to help ensure situations complained about did not re-occur. We saw that the service handbook, given to people who used the service, included information about the complaints procedure. We asked people who used the service if they were aware of how to complain and they told us they were. They all said they had no cause to complain, but would speak with the manager or staff if they had any concerns.

We looked at some recent compliments sent to the service. Comments included; "My [relative] was cared for really well which I appreciate"; "I like all the staff, they are really kind, I get to do everything I like"; "Thank you for all your care, support, love and help over the past 3 years. Much appreciated"; "Thank you for all you did for [my relative] whilst she was living at Rushey, she came to look upon all of you as part of her family."

Is the service well-led?

Our findings

We spoke with six members of staff who all felt well supported by the management of the service. One person told us, “Management are supportive”, another said, “[The manager is] one of the best managers I’ve ever had. She’s firm but fair”. A third staff member said the service was, “A great place to work. Staff are well supported by the management.” All the staff said the management were approachable and told us supervisions or meetings would be arranged if and when they were required, in addition to the regular ones in place. We asked people who used the service if they knew the management team. They knew who they were and felt they were always approachable.

The registered manager carried out daily checks at each service to ensure people who used the service were satisfied with their care, medicines records were completed correctly and communications were appropriate. Direct observations of staff practice were undertaken by the management to ensure competencies were up to standard. We saw evidence of these observations within the six staff files we looked at. Any shortfalls were addressed via systems such as training and supervision.

There was evidence within the staff files we looked at of regular supervision sessions and annual appraisals, where staff achievements were acknowledged and learning needs were identified and addressed. Themed supervisions were used to help reinforce training and ensure knowledge was up to date in key subjects such as safeguarding. We spoke with staff about supervisions and they told us these were undertaken regularly and they found them supportive and helpful in ironing out any concerns and identifying learning needs.

We also saw minutes of staff meetings which evidenced that policy updates were disseminated to staff, issues were raised and addressed and suggestions from staff for improvement and learning were encouraged. Discussions on a range of subjects took place and there was evidence that general learning needs of the service, such as issues of capacity and choice, were identified and addressed.

We saw quality assurance spot checks of files were carried out regularly and action plans completed for issues identified. Regular audits of equipment were undertaken and twice yearly hand hygiene infection control audits were carried out. We saw evidence of lay assessor quality visits and these also had action plans which had been completed.

Medicines audits were regularly undertaken at all the locations and the findings given red, green and amber (RAG) ratings. We saw that issues identified had been followed up in various ways, such as through individual supervisions or more generally within staff team meetings.

We spoke with the registered manager who told us they had links with the community to help ensure people received the best possible care and support. There was a local befriending service which linked in with the service as well as local churches and church groups who visited and delivered services.

The health and social care professionals we spoke with on the day of the inspection all agreed that the service worked well in partnership with them. The professional who had delivered the training felt the staff had been confident to request the session and the management had supported their request whole heartedly. Another told us the staff were confident to challenge other agencies if they felt they should. She felt this demonstrated a positive and constructive culture within the service.