

Creative Support Limited

Creative Support - Leeds Service (Brandling Court)

Inspection report

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17 August 2018
20 August 2018

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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

This inspection took place on 14, 17 and 20 August 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Creative Support – Leeds Service (Brandling Court) provides personal care to people with a primary need associated with autism. The service provides support to up to 17 people living as tenants within four separate houses in the Brandling Court housing complex. At the time of our inspection visit there were 15 people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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 last inspected the service in January 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

The home was clean, spacious and suitable for the people who used the service, and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the

least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Creative Support - Leeds Service (Brandling 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.

This inspection took place on 14, 17 and 20 August 2018 and was unannounced. One adult social care inspector carried out the inspection.

Inspection site visit activity took place on 14 August 2018. This included a visit to the provider's office where we reviewed records, policies and procedures, and spoke with the registered manager, service manager and two members of care staff. We also visited the four houses in the Brandling Court complex and spoke with one person who used the service. Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. To obtain additional feedback, we spoke with three family members by telephone on 17 and 20 August 2018.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners, care managers and safeguarding staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe. Family members told us they had no concerns regarding the safety of their relatives. The service had appropriate policies and procedures in place to protect the people who used the service.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the service manager and they told us any absences were covered by their own permanent staff or bank staff. Agency staff were only used in an emergency. Staff and family members we spoke with did not raise any concerns regarding staffing levels at the home. Family members told us the continuity of staff was "very good" and there were "plenty of staff".

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, which helps employers make safer recruiting decisions.

We found the service manager understood safeguarding procedures and had followed them. Staff had been trained in how to protect vulnerable people and easy to read guidance was made available for people who used the service.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk, as well as details of lessons learned. A family member told us, "If anything does happen, it gets put right quickly."

The service manager showed us a case study they had completed that demonstrated their proactive approach to reducing the number of incidents involving a person who used the service. They had involved the person's family, staff, landlord, health care professionals and positive behaviour support team in reviewing the person's care and support, and devising new strategies to reduce the number of incidents. Following the implementation of the strategies, the service manager carried out further analysis and found there had been a reduction in the number of incidents.

Another case study showed the action the service had taken to support a person who didn't understand the dangers of crossing the road. The service worked with the person's care manager and health care professionals to devise strategies to help keep the person safe. These resulted in an improvement in the person's quality of life and the risk of harm was reduced. A family member we spoke with was positive and happy with the action taken by the service.

The people who were supported by the service lived as tenants in a housing complex. Appropriate health

and safety checks were carried out to ensure people lived in a safe environment.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. Family members told us, "They [staff] are brilliant. It's the best place [name] has been in", "[Name] is very settled there", "[Name] has got a great life" and "I'm absolutely delighted with the service."

Staff were supported in their role and received regular supervisions and an annual appraisal. Staff completed an induction to the service and received training appropriate to their role.

A thorough referrals process was in place, which ensured people's needs were assessed before they started using the service to ensure they met the criteria for a placement at Brandling Court. A family member told us, "They make a special effort to introduce the next person to the environment, not to upset the balance. They ease them in and introduce them slowly." People's needs were continually evaluated in order to develop support plans.

'Change impact assessment tools' were completed for people when any change to routine occurred or was needed. These described what the change was, whether it was likely to cause any anxieties and how the change should be communicated to the person. For example, a change to the staff rota could cause a person anxiety and they may be disappointed. The change was to be communicated to the person verbally, as soon as possible and in a quiet place where they could be monitored to see how it affected them.

People were supported with their dietary needs and guidance had been sought from appropriate health care professionals where necessary. People had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We found the service was working within the principles of the MCA. The service manager had a good understanding of mental capacity, and staff had been trained in the MCA and deprivation of liberty

safeguards (DoLS). None of the people using the service at the time of the inspection had restrictions in place. People had signed records to provide consent to their care and support, to their information being shared, and to photographs being taken.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring. People looked comfortable in the presence of staff and we observed how people had a good rapport with staff. One person told us they were "very happy" living at Brandling Court. Family members told us staff were caring and respected their relative's privacy and dignity.

When we visited people in their own homes, the service manager knocked on the door and asked people if it was okay for us to enter. Family members told us they had no concerns about respect for privacy and dignity. One family member told us, "[Name] is clean and tidy, and always well dressed." Our observations confirmed staff treated people with dignity and respect, and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to be as independent as possible. Some of the people using the service could access the community independently. One person independently visited their family members who lived abroad. Care records described how staff were to promote independence. For example, "I complete my own self-care but when I do my morning self-care, I will need several prompts to get out of bed and have a shower because I will try to go back to sleep" and "[Name] is capable of completing domestic tasks. However, she needs to be reminded." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's preferences and choices were clearly documented in their care records. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, one person's communication support plan stated, "My command of language and comprehension is strong but sometimes I will need a short time to take in information and formulate a response." "I don't like to be overloaded with too much information."

People's religious and spiritual needs were recorded and included any choices people had made.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us one person had an independent advocate to support them to move to independent living. Another person previously had an advocate but their confidence and ability to express their own feelings and make decisions had improved so the advocate was no longer required.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. Care records we looked at were regularly reviewed and evaluated.

Each person's care record included important information about the person. These included details of next of kin, medical history, details of their personal background, family and friends, likes and interests, and what was important to the person. We saw these had been written in consultation with the person who used the service and their family members.

People's care records were person centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Support plans were in place and described the individual needs of people and how staff were to support them. Goals were set in consultation with the person and progress on achieving the goal was documented. One person's goal was to be successful in obtaining paid employment and we saw how the service was supporting them with this.

The service used the SPELL (structure, positive (approaches and expectations), empathy, low arousal and links) framework to help support people who used the service. SPELL is a framework for understanding and responding to the needs of people on the autism spectrum. People had SPELL outcomes in place, which included completing activities of daily living and attending college.

People's end of life wishes were documented in their care records. These provided information on the person's religion, instructions to follow in the event of death, funeral plans and other information the person wanted recording. These documented who had been involved in the discussions, for example, staff and family members.

Staff completed daily handover records, which included updates on each person who used the service. Records we saw were up to date.

We found the provider protected people from social isolation. People were able to access various groups, activities, learning and employment opportunities in the local community. For example, people were supported to attend music festivals and sports events. One person had passed their driving test and owned their own car.

The provider had a complaints policy and procedure in place, which included an easy to read version for people who used the service. There had not been any complaints made to the service during the previous six months. Family members we spoke with told us they knew how to make a complaint but did not have any complaints about the service.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place who had been registered since February 2018. A registered manager is a person who has registered with CQC to manage the service. The service manager was in the process of registering with CQC to become the new registered manager. We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. The service had successfully achieved 'Autism Accreditation status' with the National Autistic Society. This is an autism-specific quality assurance programme of support and development for those providing services to autistic people.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community and people who used the service accessed a variety of facilities, supported by staff.

The service had a positive culture that was person centred and inclusive. People and family members were actively involved in organising and attending events. For example, people had been asked where they would like to go for a trip and a vote had been taken. Family members were invited to attend events at the service, for example barbeques, and a person who used the service had made posters for the event. Family members told us communication with the service was good and they were kept up to date.

Staff we spoke with felt supported by the management team. Staff told us they "get lots of support" and had a "good staff team". Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly.

The provider had an effective quality assurance process in place. This included audits of the service, including care records, medicines and finances. Records we saw were up to date. People and family members were able to provide feedback on the quality of the service via meetings and surveys. The results of surveys were analysed and any actions were addressed.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.