

Creative Support Limited

Creative Support - Stockport Extra Care Services

Inspection report

Jubilee Court
Furnival Street
Stockport
Cheshire
SK5 6NF

Tel: 07796996301

Website: www.creativesupport.co.uk

Date of inspection visit:
08 November 2023
14 November 2023

Date of publication:
13 December 2023

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

About the service

Creative Support – Stockport Extra Care Services provides care and support to people living in their own homes, based within 2 extra care housing schemes in the 'Reddish' area of Stockport. At the time of our inspection the service was providing support to 32 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Staff were recruited using suitable method. Feedback was mixed about staffing levels, but it was generally people and families agreed that this had improved. People felt safe and action was taken to ensure lessons were learnt when things went wrong. People's needs and risks were suitable assessed, and action taken to mitigate risk as much as possible. People were supported to take their medicines as needed but records were not always as robust as possible, and we have made a recommendation about this.

People's needs were assessed, and people were supported in line with their needs. Staff worked closely with other services where needed, and ensured people had support with eating and drinking when required. Staff felt well supported in their role and accessed a variety of training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring and treated them well. People were encouraged to be involved in making decision about their care, decision were respected, and independence was promoted as much as possible.

People were supported with person-centred care. Information was provided to people in line with the accessible information standards. People were encouraged to engage in activities where these were available. People and relatives felt confident to raise concerns and these were investigated and addressed by the staff and management team as needed. People were supported to receive end of life care when needed.

People told us the service was person-centred. Various systems for checks of the quality of the service were in place, although some of these were not always completed effectively. The registered manager and

management team were committed to the service and people they supported, and responsive to any aspects of the service which could be improved. The service had good working relationships with other services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about the management of people's medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our well-led findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our well-led findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our well-led findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Support - Stockport Extra Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 08 November 2023 and ended on 13 November 2023. We visited the location's office on 08 November 2023 and 13 November 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives.

We also spoke with 6 members of staff including the registered manager, team leader, and care staff. We obtained feedback from 4 professionals who worked alongside the service.

We reviewed a range of records. This included 4 people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 2 staff files in relation to recruitment and training.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to take their medicines as prescribed, and records of administration were being maintained.
- Staff completed training and had observation of their practice to ensure they were safe to support people to take their medicine. People were happy with how they were supported in this area.
- Records were not always detailed to ensure best practice guidance was being followed. For example, time sensitive medicines were not always recorded in sufficient detail to ensure risk was reduced as much as possible, and manufacturer's guidance was not always clearly reflected where people had patches that needed to be rotated to protect the skin from irritation. We found no evidence to indicate any people had come to any harm as a result of this recording issue.
- Where people had medicines occasionally, such as pain medication, it was not always evident how staff knew what dose to give, where a variable dose was prescribed, and that any occasional medicines were followed up to ensure it had been worked properly and was meeting the persons need.
- The registered manager was responsive to feedback and took action to address any shortfalls.

We recommend the provider review their processes to ensure good practice guidance is being followed.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed to ensure applicants were of suitable character to work in care settings. This included completing checks with the Disclosure and Barring Service (DBS) and seeking references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- People's support needs had not always been met by sufficient numbers of staff who were familiar with the person. Feedback about the staffing levels of the service were very mixed. One person commented, "I always know who is coming to see me. There are different [members of staff] but they know me well." A member of staff commented, "I don't always feel there is enough staff to cover the calls. The bank staff aren't too bad, and we see them regularly." Relatives had mixed views about staffing levels but agreed that staffing levels and consistency had improved recently.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. People had trusting relationships with the staff and relatives felt confident people were supported by staff to remain safe. Staff had completed training in this area.
- The registered manager and management team understood their responsibilities and would raise safeguarding concerns, and support safeguarding investigations as required. Staff were updated of any information relating to safeguarding concerns.

Assessing risk, safety monitoring and management

- Assessment of needs was completed before a person started to use the service. This helped to ensure risks were identified early and that appropriate care plans were put in place.
- Risk assessments were completed based on people's individual needs and there were systems in place to review needs and risk. Updates on changes in need were suitably communicated to staff in a communication book.
- People had individual environmental assessments and emergency plans as needed. The service had business continuity plans to ensure people continued to receive the care they needed in case of an emergency arising.

Preventing and controlling infection

- The service worked with the housing associations to ensure the service was clean and well maintained.
- Staff understood their responsibilities to ensure good infection prevention and control and had completed the relevant training. Personal protective equipment was available in sufficient quantities for staff to use.

Learning lessons when things go wrong

- The register manager had systems in place to ensure lessons were learnt. Information about accidents and incidents were maintained and analysed, and appropriate action taken to mitigate risk where possible. People were involved in making decision about how risk was mitigated where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risks to people had been assessed and documented within care records.
- People told us their needs were being met and their choices and preferences were respected. Permanent staff knew people and understood how to support them safely.
- Summary of needs were clearly recorded to ensure staff understood what care was required for each call. However, care notes did not always provide sufficient detail to show that this had been followed. This was a recording issue and had been raised in team meetings to resolve.

Staff support: induction, training, skills and experience

- People, relatives, and professionals told us staff were competent and knowledgeable in their roles.
- Staff had completed a wide range of training. However, effective oversight was required to ensure staff completed training in line with good practice guidance and regulations. This was discussed with the registered manager who took immediate action.
- Staff generally spoke positively about the training available. One staff member told us, "The training is good, you need to keep on top of it but it is all relevant." Another person said, "Training can sometimes feel a little overwhelming, there is so much of it."
- Staff told us they felt well supported in their roles. The management team completed observations to ensure staff were competent when delivering care, and staff had regular supervisions and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with eating and drinking where this was part of an assessed care need.
- People told us they were involved in making decisions about what they ate and drank. One person told us, "Staff always ask me what I want to eat. Generally, what they cook is good." We observed staff checking people had access to a drink before they left the person's home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People felt confident staff would support them to access health care services as needed. One person told us, "They ring the doctor for me when needed." Records showed staff worked closely with other health care professionals to meet people's needs.
- Professionals told us they had good working relationships with staff at Creative Support. One professional said, "We have a good working relationship with the Creative Support Team, we work well together. The team have a great relationship with the residents at [the extra care setting]."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions. People told us staff consistently requested verbal consent before supporting them and respected their decisions.
- Capacity risk assessments were in place for some people, which guided staff on how to support people with decision making. The provider had suitable policies in place and most staff had completed training in this area.
- Records contained information about people who had delegated lasting power of attorney arrangements in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well treated, and staff were kind and respectful. One person told us, "They know how I want to be supported. The staff are really good, and we can have a laugh." Relatives confirmed this.
- One professional told us, "Staff are always respectful with the people they support and very knowledgeable. They seem to really know the tenants. I would be happy for them to care for a member of my family." Feedback from relatives was that the permanent staff knew their family members very well.
- Throughout the inspection we observed genuine, kind and respectful relationships between people and staff. Staff clearly knew people well.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decision about their care, although this was not always evident in the care records. The registered manager had identified and was taking action to capture the person's voice and views within their care plans and records.
- People and relatives were involved in regular reviews of care being received. One relative commented, "They really listen to [family member], and their preferences and are very good at involving them."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff. One person said, "They always knock before they come in and ask before supporting you." Relatives shared this view, with one relative feeding back, "The staff can't be faulted. They are always very respectful and my [family member] loves them to death."
- Information about how people need to be supported, and what they could do for themselves, was recorded in care plans. Staff understood the importance of supporting people to remain as independent as they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised and met their needs and wishes. Care records contained person-centred information, including background information, what was important to that person and how best to support them.
- People told us that care was provided as they wanted, and relatives agreed staff generally supported people in line with their preferences. One relative commented, "Staff know how to support [family member]. It has been a bit more difficult when there was agency but that's improved now. It takes a weight of my shoulders knowing that [family member] is being well supported."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the requirements of the accessible information standard. People had communication plans in place, which explained any difficulties they had and how best to communicate with them. Staff understood people's communication and were able to provide the support and reassurance people needed.
- Information was available in a range of formats according to people's specific needs. The registered manager told us information could be adapted as needed and included easy read and large font information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in social and leisure activities of their choice when this was part of their package of funded care. Staff were encouraged to spend time chatting with people when time allowed. Staff knew people's likes and interests and were able to have chats about things which were of interest to people.
- Staff ran activities with the housing setting including a lunch club which was available for all. People were able to access communal areas of the service including a small library, and a range of activities including 'keep fit' and 'bingo'.

Improving care quality in response to complaints or concerns

- The provider's complaint policy and procedure were given to people when a care package was commissioned and this was contained within their care file.
- People, relatives and staff all told us they felt able to raise concern with the management team and staff. People told us they felt happy with the care and support they received.

End of life care and support

- When people required support as they approached the end of their life, the staff team worked closely with other health care professionals to meet the person's needs in line with their wishes.
- The provider had processes in place to support people to plan for when they reached the end of their life. For the majority of care plans we reviewed this had not been completed, noting that people did not wish to have these discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, management team and staff were committed to creating a person-centred service which delivered good quality care and support to people.
- The service was an inclusive environment. People's views were captured through ongoing discussion with staff about their care and support, and planned reviews. People told us things were addressed quickly if they had any concerns or feedback.
- Information about how the service had responded to feedback was shared via a 'you said, we did' record which was available in the communal area. The provider had a variety of processes for engaging and sharing information with people, including newsletters and a provider magazine. The provider used focus groups to obtain feedback about the service they ran, and at the time of the inspection was undertaking a focus group with staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place for audit, and quality assurance. Some of these were completed more robustly than others.
- The provider and registered manager understood their regulatory requirements. The previous inspection report was displayed in the service and on the provider's website. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Working in partnership with others; Continuous learning and improving care

- The provider supported the registered manager with input from specialists in areas such as health and safety and accessible information. The registered manager told us they felt the provider ensured the service was well resourced and staff were supported to learn and develop.
- The registered manager and the management team were responsive to feedback given and spoke positively about their plans to continually learn and improve the service.
- The registered manager and staff had good working relationship with other services. External

professionals consistently spoke positively about how the service worked together and told us communication was very effective.