

Creative Support Limited

# Creative Support - Tameside Intense Support 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

### About the service

Creative Support Tameside Intense Support Service specialise in supporting people who may be at risk of committing criminal offences and who have extreme behaviours. People they support have learning disabilities and may have a mental health diagnosis. The service supports people living in eleven flats across two buildings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were kept safe. The service had an open culture where people were encouraged to raise any concerns they had about people's safety and we saw concerns had been thoroughly investigated. The service had developed processes relating to recruitment and assessing risk to ensure people were kept as safe as possible.

People were supported by staff who were well trained and felt well supported. Staff spent time getting to know the people they supported well which helped them encourage the people using the service to try new things that might interest them.

We observed caring and supportive interactions between staff and people using the service. People we spoke with told us they liked the staff and were very happy in the service. People were encouraged to become more independent and express their views and make decisions about their support.

The service worked hard to ensure people built links with people and organisations in the local community. At the time of our inspection people were volunteering and working for numerous organisations. People were commonly out on activities rather than staying in their flats.

The management team had a focus on continually trying to improve the service. Staff told us they felt involved in developing the service for the benefit of people using it. Feedback from other organisations involved with the service was very positive.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 November 2015).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 - Tameside Intense Support Service

## **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 Care Act 2014.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

This service provides care and support to people living in eleven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

We reviewed information we held about the provider, our findings at the last inspection and information shared with us by the public. We sought feedback from other professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the specialist practitioner, support workers and office staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We made telephone calls to three relatives of people using the service and calls to an additional two members of staff to obtain their views about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. The service had robust processes to ensure that any concerns were thoroughly investigated. Records we saw confirmed investigations were thorough.
- Staff we spoke with told us they were encouraged to raise any concerns and they were confident concerns would be taken seriously.

Assessing risk, safety monitoring and management

- Risks to people were comprehensively assessed.
- Where people were subject to restrictions, the service worked to allow people choice and control over their lives whilst keeping them safe.
- Detailed plans explained how staff could prevent behaviour that was difficult from escalating. Staff were trained in the use of restraint and this was only used when other ways to de-escalate people's behaviour had not worked.

Staffing and recruitment

- Staffing levels were sufficient to support people safely.
- The service used different interview questions to other services run by the same provider. The registered manager explained, "We have involved service users in interviews and formulating questions. The interview is based on the needs of the people and the service rather than general questions so we know whether applicants will suit the service."
- Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has allowing employers to make safer recruitment decisions.

Using medicines safely

- People received their medicines safely.
- People's care records detailed what medicines people were prescribed. Where people were prescribed medicines to be taken as and when required (PRN), there were clear guidelines for staff.
- Medicines that would control a person's behaviour were given only after other staff had tried other ways to de-escalate the person's behaviour. Guidelines explained clearly other steps staff should take and records confirmed these medicines were used very rarely.
- People's medicines were reviewed regularly to reduce the use of medicines people no longer needed.

Preventing and controlling infection

- People were protected from the risk of infection. People's bedrooms were kept clean and in a good state of repair.
- Daily checks were conducted on the temperature of people's fridges and freezers to ensure they were at the correct temperature to store food.

#### Learning lessons when things go wrong

- Thorough investigations were undertaken following incidents to identify if anything could have been done differently and if there were any improvements the service could make.
- The registered manager told us, "We have had a full debrief [following an incident] and group and individual supervisions. We look at anything we could have done differently."



# 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 the last inspection this key question was rated as good. At this inspection 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

- People's needs were assessed and support plans included details of what people wanted to achieve and how they could be supported to achieve their aims.
- Risk assessments explained the skills staff needed to support people safely and also the personality traits that staff needed to have to best support the person. One record we saw read, "Staff should ideally be calm, of quiet disposition and using low expressed emotion."

Staff support: induction, training, skills and experience

- Staff received appropriate training to enable them to support people. Where specialist training was needed this was provided.
- Induction training was tailored to minimise disruption to people using the service, for example some people were nervous around staff they did not know and so new support workers were introduced to them over a longer period of time.
- Staff told us they felt supported by management. We saw records of supervisions showing in-depth discussions had taken place about the staff member's development and how they were meeting the needs of the people they supported. Where suggestions had been made by staff we saw this had been included in people's support plans.

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

- People were supported to eat healthily and where possible to prepare meals for themselves.
- The registered manager told us, "We need to develop people's independent living skills. If people need to learn to cook then they may need special equipment but the support plan will explain why."
- Support plans we looked at evidenced this. One record we saw read, "[Person] needs help to make nutritious choices when completing their weekly shop. [Person] has started to prepare cooked meals independently but may need help to identify the correct cooking times of pre-prepared meals." People had also enrolled on cookery courses at a local college to develop their skills further.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked hard to ensure people moved between services in person-centred ways. People had detailed 'hospital passports' that explained the routines a person needed to follow and what behaviours may indicate a person was upset.
- People's care records contained detailed information about the person's life prior to moving in to the service allowing staff to begin to know the person's background. When people left the service this knowledge was shared with the people who would continue to support the person. The registered manager

told us, "When a person left the service recently, we spent a lot of time with the provider. Their staff came here, we trained them in good ways to respond to [the person] and what we found works and what doesn't work.

- We saw how recommendations made by the service when people left had helped achieve good outcomes for people.

Supporting people to live healthier lives, access healthcare services and support

- Records we saw showed people had been involved in considering what other services were appropriate for them. One example we saw read, "I do not want secure services involved in my care. I have had bad experiences in hospital and want to avoid this at all costs. If it becomes necessary to return to hospital I would prefer to go to [name of hospital]."
- People were supported to attend appointments with other care providers. Records of appointments were kept along with any advice from the care professional that may change the way a person needed to be supported.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to restrictions on their liberty, appropriate authorisations from the Court of Protection were in place.
- Staff received training in the MCA and showed a good understanding of its principles. The service's specialist practitioner explained, "We have a lot of discussions about the MCA as staff need to understand why they are putting things in place and understanding restrictive practices and also about allowing people to make unwise decisions if they have capacity to do so."
- People's care records contained advice to staff about the best time to ask a person to make a decision. One example we saw read, "Ask me when I'm well and calm and when you're sure I understand what my options are."
- To minimise the use of restraint, people's records included guidelines for staff to follow to try and reassure the person or find out what was upsetting them.

# 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 the last inspection this key question was rated as good. At this inspection this key question 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 were treated with kindness and compassion. People and staff knew each other well and people's diversity and cultural needs were respected.
- A person we spoke with told us, "I'm very happy here. It's the best place I've been." A relative of a person using the service told us, "You can tell when they come home they're really happy."
- During our inspection we saw caring interactions between staff and people they were supporting.
- People's records highlighted things that were culturally important to the person. One record we saw read, "My family and my culture are important to me. I go on a home visits every week and attend the cultural centre."

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

- People had choice in how they were supported.
- We saw one person had a board in their flat containing information about which staff were supporting them the week ahead so they could plan activities they would like to do.
- Where people had no family or friends to speak up on their behalf the service helped people get advocates.
- Relatives we spoke with told us they felt involved in their relatives' support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to develop their independence within the boundaries of restrictions on their liberty.
- A relative we spoke with told us, "[My relative] has come on leaps and bounds. They are monitoring their own medicines now and does their own shopping."
- A member of staff we spoke with told us, "It's great to see people develop. It makes you proud."
- The service maintained people's confidentiality by sharing information that was necessary with staff. Staff understood the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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 personalised care which reflected their needs and preferences.
- Records were detailed containing people's life stories and what their interests and aspirations were.
- Staff treated people as individuals and understood how support them in ways that the person would respond well to. Staff set aside time to sit with people for a cup of tea and a chat to allow people to express how they were feeling in an informal way.
- People were encouraged to have control over things they were able to manage. We saw how staff had worked with people to draw up budgets so the person was able to take responsibility for their money and understand how much they had to spend each week.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records explained how a person liked information to be presented to them, for example, "Clear information with no jargon. Too much information at one time confuses me. Give the pros and cons of options and what you feel is best for me and ask me to weigh up what I think. I understand compromise and work well with this.
- Staff were trained in non-verbal communication techniques and, when required, used communication boards to help them understand people.
- If people needed information in different formats or languages there was support available from central Creative Support services and the local authority.

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 we spoke with told us how staff supported them to participate in activities in the community. One person we spoke with said, "I like to take photos and staff come with me. They help me get to Boots to get them developed." The person also told us, "I've been to college and studied different things. I like college."
- Other people in the service were supported to work or volunteer at places that interested them such as football clubs or shops.
- Daily care records were detailed and described how the person was feeling and what activities they had undertaken. One example read, "[Person] was supported with their medicines and to make a picnic. We went for a long walk and had a picnic. [Person] has sat in the garden since returning."

#### Improving care quality in response to complaints or concerns

- The service received few complaints but we saw complaints received were responded to in a professional and timely manner.
- To assist people using the service to raise any concerns, monthly residents' meetings were held. We saw that any actions raised had been addressed.
- The service reviewed complaints to try to identify any common themes which they could address.

#### End of life care and support

- People were encouraged to think about how they would like to be supported at the end of their life.
- People's care records contained a 'My Perfect Send Off Document' detailing how they would like to be supported and who they would like to be involved in their care.
- People's cultural choices were included as part of their end of life plan. This included the type of funeral and which, if any, holy people the person wanted to be involved.

# 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 the last inspection this key question was rated as good. At this inspection this key question 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

- The management of the service worked hard to create a culture where the people using the service were supported to achieve the best outcomes they could.
- Staff we spoke with were very proud to work for the service. One member of staff told us, "We have a phenomenal team here. Everyone is supportive and we all work together for the people here."

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 service had a culture of openness and people were kept well informed when incidents happened.
- Staff were engaged and involved in reviewing incidents and encouraged to share their views.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and regulatory requirements. They were supported by the provider and their local team.
- We saw relevant authorities, including CQC, had been informed when events happened in the service.
- The registered manager took part in registered manager forums and subscribed to a number of newsletters to help them keep up to date with current best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service worked hard to build relationships with organisations in the community which enabled them to help people find work and volunteering opportunities.
- A variety of views were sought to ensure the service could develop and continue to meet people's needs.
- The service had a culture of continually looking to improve.

Working in partnership with others

- The service had good relationships with other organisations involved with people's support.
- Feedback from other organisations was very positive. Comments from other professionals involved in supporting people included, "When the Intensive Support Service is mentioned the feedback is overwhelmingly positive", "I'd like to place on record what a good job [the service] is doing with the clients in

their care" and "They have been here a lot taking part in lots of activities events and sessions and they are all fantastic with the service users. When they walk in they have a really positive effect on the day. It's lovely."