

Creative Support Limited

Creative Support - Brandling Court

Inspection report

3 Brandling Court
Leeds
West Yorkshire
LS10 3TQ

Tel: 01132713246
Website: www.creativesupport.co.uk

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23 May 2022

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Creative support – Brandling Court provides care and support to people living in their own flats and shared accommodation within a supported living setting so they can live as independently as possible. The service provides support to people with a learning disability and autistic people who may have mental health needs. At the time of our inspection, there were fourteen people using the service.

Not everyone who uses this type of service would receive 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

Right Support

- The service was extremely caring. People were respected and valued as individuals.
- People's wellbeing was improved by exceptionally person-centred activity planning developed with exceptional attention to detail around their needs and preferences.
- There was an outstandingly flexible approach and people were directly involved in planning and reviewing their care.
- People's needs were assessed, and detailed care plans and risk assessments were in place to help staff support people in line with their preferences.
- 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.

Right Care

- The service has taken innovative steps to meet people's information and communication needs and demonstrated an outstanding respect for people's diverse needs and human rights.
- Risks to people's care were assessed and actions put in place to manage them. Positive risk taking was encouraged and supported by staff; relevant risk assessments and plans were in place.
- Medication was managed in a safe way. People were encouraged to self-manage their medication and there were checks in place to ensure this was done safely.
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been

made when required. Staff's knowledge and competence in this area was assessed regularly.

Right Culture

- There was a strong person-centred culture.
- People told us staff were exceptionally kind and caring.
- Care was delivered in a person-centred way around people's needs, preferences and their desired outcomes.
- People, staff and the management team told us how people and staff had established good working relationships of trust and support.
- Staff worked with people to empower them to make their own decisions about their care.
- People's quality of life was promoted by staff who knew them well and respected their particular characteristics and preferences.
- The management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.

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 on 19 September 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture.

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?

Outstanding ☆

The service was exceptionally 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 - Brandling Court

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

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service had a manager registered with the Care Quality Commission. This means 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 a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us

Inspection activity started on 19 May 2022 and ended on 31 May 2022. We visited the office location on 19 and 23 May 2022.

What we did before inspection

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 reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 four relatives about their experience of the care provided. People who used the service used different ways of communication such as verbal communication, pictures, symbols and their body language.

We spoke with six members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three 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 continued to seek clarification from the provider to validate evidence found. We received feedback from two external professionals who had contact with 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care provided and would not hesitate to raise any concerns to staff. Relatives told us their loved ones received safe care at Brandling Court; their comments included, "Oh definitely [safe] yes, because [person] is very happy there" and "[Person] been at quite a few places and yes [person] is safe there."
- The management team were aware of their safeguarding responsibilities; appropriate referrals had been made when required.
- Staff's knowledge and competence in safeguarding was assessed regularly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's care were assessed and actions put in place to manage them.
- Positive risk taking was encouraged and supported by staff; relevant risk assessments and plans were in place and reviewed when required. This encouraged people's independence while having the adequate control measures in place to manage identified risks.
- Incidents were analysed and actions taken, when required, to prevent incidents happening again or review people's care.
- The provider made sure all servicing of the premises and equipment took place at the appropriate time. The provider worked closely with the landlord or supported people to do so, when repairs, maintenance or improvement work was required.

Using medicines safely

- There were safe systems and processes for managing medicines, which included safe administration, secure storage, safe disposal and good record keeping.
- People were encouraged to self-manage their medication and there were checks in place to ensure this was done safely.
- Staff were trained to support people with medication and their competency to complete this task was regularly monitored, in line with good practice guidance.

Staffing and recruitment

- People received staff's support tailored to their needs. This could be one-to-one staff support most of the time or scheduled support according with people's needs and preferences.
- There was mostly a consistent staff team who knew people well and who had been working at the service for several years. Most staff were allocated to one home to ensure consistency of care. A relative commented, "A lot [of staff] have been there a long time, they are great at staff retention. They're well

trained, I talk to them regularly and they always seem to know what they are doing."

- The management team explained at times bank staff or agency staff had to be used and told us how this was managed and communicated to ensure it was the least disruptive possible to people's routines and expectations of care and support.

Preventing and controlling infection

- Infection and prevention measures were in place to ensure people, staff and visitors were safe.
- Checks were done on staff's practice and knowledge in this area.

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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. 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 told us staff asked their consent before supporting with care tasks.
- Some people could not give informed consent for some areas of their care. Relevant mental capacity assessments and best interests decisions had been completed.
- The management team had identified some people who had restrictions in place as part of their care yet there was no Court of Protection order in place. The management team was working with commissioners such as local authorities to review people's care and ensure the appropriate authorisations had been sought.

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

- There was a holistic approach to assessing people's needs and preferences and this was described from the point of view of the person receiving care and support. Care plans described "What is important in my life?", "What is important for me to be happy?" and "Who is in my life."
- Support plans set out current needs and promoted strategies to promote independence. There was also consideration to what was working well, what could be improved and what were people's longer-term aspirations. In our conversations with people and staff, we confirmed this was relevant to people and being promoted by staff.
- The registered manager gave us examples of how they worked with people who were starting to be supported by the service, their relatives and relevant healthcare professionals, to ensure staff knew and understood people's needs and that the transition worked at the right pace to ensure a successful outcome

for people.

- Staff were knowledgeable about people's needs. A relative told us, "[Person] can only use sign language and they [staff] really understand him."
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010 were considered in the planning of their care. People's medical conditions were described in their care plans and included details of how these manifested in their individual circumstances.

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

- People were supported by a range of internal and external multi-disciplinary professionals to ensure they received high quality care.
- People had health action plans and hospital passports, which enabled health and social care services to support them in the way they needed. People were supported to have regular health checks.

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

- People were appropriately supported to eat and drink to maintain a balanced diet according with their needs and preferences.
- Some people required a higher level of support from staff to support with their meals; this was described in their care plans and recorded in care notes. Other people had varying levels of independence in meal preparation and cooking; this was described in their care plans and when appropriate, weekly meal planners were put in place to support people with their routines and autonomy in this area.

Staff support: induction, training, skills and experience

- Staff were offered relevant training to meet the needs of people using the service.
- The management team offered ongoing support to staff through regular supervision meetings and team meetings.
- Staff told us they felt well supported.

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 has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People received an exceptionally high standard of personalised care. There was great attention to detail in identifying what was important to people, their particular outcomes and aspirations and in planning support accordingly. This had an outstanding positive impact on people's wellbeing and independence.
- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People were supported to live the life's they wanted and staff supported them to identify and be aware of potential risks and how to safely manage those risks and remain safe.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage, offering sensitive and respectful support and care. People told us how staff supported them in just the right way when they were distressed or experiencing a crisis with their mental health. Comments included, "Staff are amazing, they just listen, they make good suggestions, they have been fantastic with me" and "I get the support I need... they [staff] calm me down, they do listen to me."
- The provider offered flexible care and support to people with diverse needs and individual preferences. We saw several examples of people being supported by staff to take part in different activities tailored to meet their individual preferences and interests.
- People were encouraged to be as independent as possible. This included areas such as daily living tasks, travel in the community and dealing with emergencies. A relative told us, "[Person] cleans [their] room and does the housework, doing [their] washing, which is good for [their] self-esteem. [Person] loves to walk for miles and going shopping and bowling. [Person] chooses new clothes and has the haircut all the time."

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

- During this inspection, we saw outstanding examples of how the service was flexible to people's individual needs and preferences. The service had developed creative and tailored ways to enable people to live as full a life as possible. People had been supported by staff to develop their interests and contribute to the wider community by engaging in volunteering or work related activities. A person told us, "[Brandling Court] it's an amazing place to live, support is excellent, support workers are amazing, I have a lot of help."
- People spoke extremely positively about staff who supported them because they were sensitive, respectful and compassionate about their support needs. This had helped people build self-esteem, confidence and increase their independent living skills. Their comments included, "I feel listened to. I struggle with my mental health. Staff see the best in me. They never lose faith in me," "[Staff] listen to me, I feel heard" and "[Deputy manager] is very good, [they] understand me." Relatives also shared very positive feedback about staff; they told us, "They are all very nice to both of us" and "They are brilliant, they are all very committed."
- Staff spoke with people and about people in an incredibly respectful way and explained how they adapted

their communication when communicating with people to meet their communication needs. This showed people's diverse needs were considered and respected.

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

- The service promoted a culture of involvement of people using the service.
- People were regularly involved in planning and reviewing their care. They could review their care and the outcomes they wanted to achieve as regularly as they wanted to and using the format that best suited them.
- Relatives told us they felt involved in planning and reviewing the care and support of their loved ones. One relative commented, "Yes I am [involved in care reviews], we had a meeting recently at my house and the manager came and [person's] care plan was discussed to see if I wanted to add anything. I get an update every year."
- The provider had made reasonable adjustments in innovative ways to encourage people's independence and positive outcomes for people. People told us, "[Staff] writes things down, explains things, I have a planner, I like that." This helped people understand staff and also empowered them to better communicate what they wanted and make decisions about their lives.
- People's views and preferences were clearly expressed in their care plans and respected by staff. We saw each care file had details of people's preferred routines, 'what kind of person I would like to support me' and what made 'a good and a bad day' for them. Staff knew about these preferences and followed them.
- Staff also supported people to communicate with other external professionals, for example, with their landlord when they wanted to make some changes in their homes or gardens.
- Staff understood how to promote people's privacy and dignity.
- People's records were kept secure. Staff's conversations in communal areas were appropriate and people's private matters were discussed with respect for their privacy.

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 the same. This meant people's needs were met through good organisation and delivery.

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 enjoyed living their lives how they wanted, taking part in activities and learning opportunities that interested them. People told us, "I go to [community autism service] three times a week to learn new skills" and "I have been able to make new friends."
- The service understood the needs of people and delivered care and support in a way that meet their needs and promoted equality and respect for their protected equality characteristics. We found examples of people's homes being adapted to ensure they were independent and safe. Some people had clear preferences around the gender of the staff member supporting them; this was known and accommodated.
- People's comments included, "Staff are amazing, they just listen, they make good suggestions, they have been fantastic with me."

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

- People received personalised care, which responded to their individual needs and choices.
- People had detailed individual person-centred care plans, enabling staff to support them in a personalised way that was specific to their needs and preferences. These included, people's choices around what they liked to do during the day, their routines, their meal planner and the kind of person they would like to be supported by.

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 communication needs were assessed and plans put in place to support them with this area of their care.
- Staff told us how they adapted their communication when speaking with people who had communication requirements. During this inspection, we observed this being applied in practice.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on. A person told us, "If I was not

happy. I would go to management or talk to senior at my house, I don't feel afraid."

- The provider had policies and procedures in place to manage complaints. These were managed appropriately.

End of life care and support

- At the time of inspection, the provider was not caring for people who required end of life care. The registered manager told us training could be delivered to staff if people's needs changed. The registered manager knew the relevant healthcare professionals they could work with, if people required this support.

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 has remained the same. 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

- People received care which was personalised to their individual needs and focused on their outcomes.
- People told us they enjoyed being supported by the service and it had a positive impact on their lives. People also commented on the relationships they had developed and the sense of community that had developed. Their comments included, "I love it here", "The best is the togetherness, looking out for one another" and "I get what I need."
- The registered manager and staff members were committed to providing high quality care which was flexible and reflected people's preferences.
- The provider gathered people's views about how the service was run and we saw examples of how this had influenced the way the service was delivered around people's preferences. For example, some people using the service choose to adapt one area of their house for focus on their entertainment and leisure interests and the provider supported people to achieve this.
- Staff told us they felt confident in raising any concerns or making suggestions to management.

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 management team were knowledgeable and passionate about delivering quality care centred around people's needs and preferences.
- During this inspection we received consistent positive feedback in relation to the registered manager and the management team being very approachable and supportive.
- The registered manager understood their responsibilities under the duty of candour and was open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on appropriately, in a timely manner.

Continuous learning and improving care

- The service had effective quality assurance systems in place. Managers were conducting regular audits, for example, on people's medication, care records and observing staff's practice. The provider also carried out audits and provided ongoing support to the service. This ensured that there was good oversight of the service.

- Staff meetings were regular and relevant issues were discussed.

Working in partnership with others

- Health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.