

Creative Support Limited

Creative Support - Leeds Service (Brandling Court)

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

The inspection took place on 26 January 2016 and was unannounced. We carried out an inspection in April 2014, where we found the provider was meeting all the regulations we inspected.

Creative Support - Leeds Service provides personal care to people with a primary need associated with autism, living within the Brandling Court housing complex. The service provides support to up to 17 people offering 24 hour support. This care is provided in four separate houses.

At the time of the inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People told us they got the support they needed with meals and healthcare. There was opportunity for people to be involved in a range of activities within the home or the local community.

The care and support plans we looked at contained appropriate mental capacity assessments. At the time of our inspection no applications for a Deprivation of Liberty Safeguards were required. People's care and support needs were assessed and care and support plans identified how care and support should be delivered. People we spoke with told us they were very happy with the service they received and staff were kind and caring, treated them with dignity and respected their choices.

The service had good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and responded to appropriately.

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.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. We found that medicines were well managed. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision.

People were asked to give consent to their care, treatment and support and the care and support plans contained appropriate mental capacity assessments.

People's nutritional needs were met and people attended regular healthcare appointments.

Is the service caring?

Good ●

The service was caring.

People were very happy with the care and support provided to them. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff knew the people they were supporting well and were confident people received good care and their individual needs were met well.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs were assessed before they began to use the service and person centred care and support plans were developed from this information.

A programme of community and service led activity was available to people.

Complaints were responded to appropriately.

Is the service well-led?

The service was well led.

The management team were familiar with people's individual care and support needs and knew people who used the service and staff very well.

There were effective systems in place to monitor and improve the quality of the service provided. There were systems in place which allowed people who used the service to provide feedback on the service provision.

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.

At the time of this inspection there were 16 people living at Creative Support - Leeds Service (Brandling Court). We spoke with three people who used the service, six staff and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at three people's care and support plans.

This inspection took place on 26 January 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We sent out surveys to 12 people who used the service and 12 relatives and friends; six from people who used the service and one from relatives and friends were returned. We have included their responses in the inspection report. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We received surveys from people who used the service; 83% of people told us they felt 'safe from abuse and/or harm from their care workers'. 100% of relatives also told us their relative was safe from abuse and/or harm from the staff. In our survey we asked people if their care and support workers did all they could to prevent and control infection (for example, by using hand gels, gloves and aprons): 50% agreed; 33% didn't know and 17% disagreed: 100% of relatives disagreed.

Professional's responses to our survey told us people who used the service were safe from abuse.

Everyone we spoke with said they felt safe living at Brandling Court and one person said, "Yes I feel very safe here. It is a nice environment to live in." Another person told us, "I feel safe here, it is good."

Staff we spoke with had a good understanding of safeguarding adults, could confidently identify different types of abuse, the different signs they would look for in people's behaviour which could identify they were being abused and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed staff had completed safeguarding training and future training had been arranged.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. Where action had been identified in response to a safeguarding incident we saw this had taken place. A staff member told us in response to one incident from the end of last year a communication book had been introduced for one person and was in the process of being introduced for another person. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Care and support plans we looked at showed people had risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. These included lone working and fire evacuation. There was guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans, which identified individual moving and handling needs should any of the homes need to be evacuated in an emergency. We saw there were several health and safety checks carried out, which included electrical appliances, external doors, laundry equipment and medicine cabinets. There was evidence these were carried out regularly and any actions identified were clearly documented to show they had been addressed to improve the service and ensure safety. There were systems in place to make sure equipment was maintained and serviced as required. There were certificates to show gas and electrical safety tests were carried out at the correct intervals.

There were systems in place to monitor accidents or incidents and we saw the service learnt from incidents to protect people from harm. We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. Fire extinguishers were present and in date and there were clutter free and clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed refresher training had been booked for some staff but still needed booking for other staff members.

In our survey, 83% of people who used the service felt they received care and support from familiar, consistent care workers. 67% of people agreed their care workers arrived on time and their care workers stayed for the agreed length of time.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. One staff member told us, "We are well staffed and shifts are ok." Another staff member told us, "Yes we have enough staff. We have just got three new members of staff."

A third staff member said, "There is usually three staff to four people on duty with one waking staff on night duty. We have a good ratio of staff to people and this enables us to support them well."

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

The registered manager told us disciplinary procedures were in place and were implemented to ensure standards were maintained and people were kept safe.

Some people were able to take their medication without support and one person told us, "I keep my meds in my room and sign to say I have taken them." Another person said, "I take my own meds." Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The rooms in which the medicines were stored were tidy.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Some people had their medicines stored in a 'bio-dose' system, which had been prepared by the pharmacist; these often contained multiple tablets to be administered at the same time. We saw a picture of each tablet, the name and why this was taken in people's medication folders. The 'bio-dose' system had recently been introduced within the service and the registered manager told us they had asked people who used the service and did a 'mock up' of the system prior to implementation. One staff member said, "It is a much better system."

Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied; however, body maps were not in place as people were able to say where they needed the cream or ointment to be applied.

We saw controlled drugs were stored appropriately on site but were rarely used. Some people were prescribed medicines to be taken only 'when required', for example, painkillers. Staff were able to explain why and how they would administer the medication and there was guidance in place for staff to follow if needed.

We saw several people took their own medication and practices and procedures were in place to monitor this was done in a safe way. For example, we saw risk assessments in people's medication folders for when they wished to self-administer and MAR's were also completed by people who used the service and reviewed by staff members.

We were told by a staff member they undertook regular audits of medication management and staff who administered medication received training and competency checks. They were then supervised and observed before they were assessed as competent to administer medication. The records we looked at confirmed staff had received administration of medication training.

Is the service effective?

Our findings

We received surveys from people who used the service; 83% agreed the care workers had the skills and knowledge to provide the care they needed. People told us they thought the staff know what they're doing and had the skills and abilities to look after them. Everyone spoke positively about the staff.

People told us staff were well trained and looked after them very well. One person said, "They are very good. They look after me very well."

We looked at staff training records which showed staff had completed a range of training sessions, which were conducted either face to face or by e-learning. These included first aid, food safety, infection control and safeguarding. The registered manager said they had a mechanism for monitoring training, what training had been completed and what still needed to be completed by members of staff. We saw future training which had been booked included understanding mental health, values in social care and understanding discrimination and celebrating diversity. We saw staff also completed specific training which helped support people living at the home. These included autism awareness and service user finances. Staff told us they had completed lots of training, which included moving and handling, fire safety, medication and understanding learning disabilities. This ensured people continued to be cared for by staff who had maintained their skills.

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction. One staff member told us, "I was shown around and was introduced to people. The induction was very good and very effective."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision along with topic specific supervisions. These included topics such as, medication, autism and safeguarding. We saw direct observational supervision was also carried out. For example, one staff member had been observed when supporting someone with tasks around their home. We saw staff had received an annual appraisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had a good understanding of the MCA and the DoLS application process. The registered manager told us there was no-one subject to a DoLS authorisation. They told us if this

changed they would work with and seek advice from the local authority.

The care and support plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. We also saw a matrix showing at a glance which decisions people were able to make. For example, decisions about their finances and taking their medication.

Staff told us they explained things and got people's permission before care or supported needs were carried out. We saw people had signed areas of their care and support plans which gave their consent. For example, disclosure of confidential information and a declaration to retain keys. One staff member told us, "MCA is the capacity to understand things and some people need support to make decisions in particular areas. We always give people choice."

People we spoke with told us they enjoyed the food. One person told us, "I am on a healthy eating plan because I need to lose some weight." Another person said, "We go to do a 'food shop' once a week and then for other things when we need them."

People, where appropriate, were assisted to maintain their nutritional and fluid intake and support was provided if needed at mealtimes. Members of staff told us some people prepared their own meals and would support some people to prepare meals. Staff members said people sometimes did their own shopping or would write a list of items they needed with staff and staff would do the shopping, sometimes with the support of people who used the service. One staff member said, "We encourage people to eat healthily." Another staff member said, "We have a menu people can choose from, they like routine though. People take it in turns to do the shopping and we help people make a list of items."

There were separate areas within the care and support plans, which showed specialists, had been consulted about people's care and welfare which included health professionals, GP communication records and hospital appointments. The registered manager told us they were in the process of creating a folder to show at a glance when people had attended health appointments.

People told us they had a GP and regularly visited the dentist, optician and consultants when necessary. Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. We saw the provider involved other professionals where appropriate and in a timely manner.

People had 'health action plans' which contained information about support people required with their health care needs. These were up to date and evidenced people's health care needs were being appropriately monitored and met. We saw people had hospital information which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

There were procedures for staff to follow should an emergency arise in relation to the deterioration in the health or well-being of someone who used the service.

Is the service caring?

Our findings

In our survey 83% of people told us they were happy with the care and support they received, and felt care workers always treated them with respect and dignity; 100% of relatives agreed. 83% of people told us the information they received from the service was clear and easy to understand. When we asked people if they were introduced to their care workers before they provided care or support, 83% agreed. 50% of people told us the staff completed all the tasks during each visit, with 17% of people disagreeing and 33% didn't know.

Professional's responses to our survey told us people received care and support from familiar, consistent staff, the service makes sure staff know about people's needs, choices and preference and the service helps people to be as independent as possible and treated with respect and dignity.

People told us they were happy with the service they received and they received care from the same team of staff. People said they were very happy with all of the staff and got on well with them, they were very complimentary about the staff. Comments included; "We are like a family here", "Staff are very good to me", "Staff listen to me, when I have things on my mind I can talk to them" and "I have no problems at all. I like living here."

Staff we spoke with told us they were confident people received good care. Staff clearly demonstrated they knew people's needs well and they had good relationships with people. Staff spoke enthusiastically about wanting to provide good care and support for people and they enjoyed working for the service. One staff member said, "Everyone is given choice and they live independently as possible. I feel they get the support they need." Another staff member told us, "Care is quite good and we always go through what people want to do. It is a fun house; we have a laugh and a giggle." A third member of staff said, "People are well looked after."

Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. Staff told us how they knew individual needs of the person they were supporting. One member of staff said, "Can we move into the sitting room because [name of person] won't eat with strangers here. I can tell by his facial expression he is not happy." Staff we spoke with told us they looked at people's care and support plans and these contained detailed information about people's care and support needs.

Because staff were on duty at all times, support was not restricted to specific hours. This meant in practice, staff were available to spend time with the people following the support and care given. Staff were not rushed and always had time to get to know people well. This allowed them to focus on people's well-being and practical care needs. They only provided support to people on site; therefore, there was no travelling.

The service operated a key worker system for the people who used the service, when asked, the care staff explained the role, it involved mainly ensuring a person's personal care and effects were appropriate and in order and liaising with their relatives and health professionals. People we spoke with told us they were involved in developing their care and care and support plan.

People had their own bedroom and en-suite bathrooms and could spend time alone if they wished. One person told us, "I go to my room and watch DVD's whenever I want to."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. One staff member told us, "I respect people when they go to the toilet and if needed I turn my back." Another staff member told us, "I always knock on people's room doors."

Care and support plans we looked at highlighted where staff should encourage people to be as independent as possible regarding daily living tasks. We saw care and support plans were stored securely.

We saw there were no visiting restrictions and families could visit when they wanted to. One person told us, "I go to see my dad four times a year in Spain. Another person said, "I go home with mum. She comes and picks me up. My friend is picking me up this afternoon to take me out."

Is the service responsive?

Our findings

People had their needs assessed before they moved into the service. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the service was able to meet the needs of people they were planning to provide support for. The information was then used to complete a more detailed care and support plan which should have provided staff with the information to deliver appropriate care. We also saw a transitional plan had been developed to support people moving into the service.

Care and support plans we looked at reflected the needs and support people required and contained information that was specific to the person and covered areas such as activities, behaviour strategies, bathing assessments, routines, medication support and communication. People had a communication passport which contained 'about me', 'how I work best', 'ways to support me' and 'activities'. We also saw the care and support plans contained a one page pictorial profile which, included 'what's important', 'what I enjoy doing' and 'how best to keep me safe'. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

In our survey people and their relatives told us they were involved in decision making about their care and support needs. People told us they had been involved in developing their care plans and in any review.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff we spoke with told us, "The support plans are up to date and they explain in enough detail people's support requirements." Another staff member said, "The support plans are really detailed and good, they tell you a lot about people. By reading the support plan, I felt I knew the person before saying hello to them." A third staff member said, "The support plans are very detailed, you learn a lot about a person and how they like to spend their day."

We saw the service used the SPELL (structure, positive (approaches and expectations), empathy, low arousal and links) framework to help support people who used the service. This is a framework for understanding and responding to the needs of children and adults on the autism spectrum. The SPELL framework recognises the individual and unique needs of each child and adult and emphasises that planning and intervention be organised on this basis.

Professional's responses to our survey told us the service acts on any instructions and advice given; shares relevant information and staff are accessible.

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. Everyone had an individual activity programme and the people we spoke with said they were happy with the activities they did. One person told us, "I choose what I do and we all choose what to eat." Also, people can choose which member of staff they would like to support them with activities. People went out daily and engaged in varied

activities such as, shopping, nights out, going for coffee, gym, playing games, visits to family and friends, cinema and bowling. People also attended day centres, carried out voluntary work or went to work.

Our survey responses from people who used the service told us 67% of people knew how to make a complaint about the care service: 67% felt care workers responded well to any complaints or concerns they raised and 50% felt the office staff responded well to any complaints or concerns they raised. The registered manager told us they had recently updated the local complaints policy and sent copies to family members.

No one we spoke with had any complaints at all. The registered manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. One member of staff told us, "The manager would always respond to complaints." The registered manager told us they had recently implemented a 'lessons learnt' procedure in order to improve the service on an ongoing basis.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the service and were clearly known to them. Discussions confirmed the management team had good knowledge of people who used the service, their families and their individual needs. We also saw staff attending the office appeared to have a relaxed and friendly relationship with all the management team.

There was a clear ethos of enabling people to live as independently as possible and giving people choice. Our survey responses from people who used the service told us 83% would recommend the service to others. 67% told us they knew who to contact at the service. The registered manager told us they had issue staff profiles with a copy of the last service's newsletter.

Staff spoke positively about the registered manager and said they were happy working at the service. One member of staff said, "I feel well supported. The manager listens and takes an active interest in people." Another staff member said, "Senior staff are absolutely fantastic. I like working here and would not hesitate to recommend to a family member." A third staff member said, "It is very friendly and runs effectively."

Professional's responses to our survey told us they would recommend the service to a member of their own family, the service was well managed and tried hard to continuously improve the quality of care and support they provided to people.

Systems were in place to monitor the quality and safety of the service. We saw a quality audit have been completed by the provider's development team for 2015. The audit was structured to reflect the CQC five domains of safe, effective, caring, responsive and well-led. A rating was also allocated along with any actions that had been identified. We saw the rating for the 2015 audit was 'requires improvement'; the registered manager told us the identified actions had nearly been completed. There were daily and monthly senior staff checks which included medication and finances. We saw the finance audit had last been completed in November 2015. The registered manager told us they were behind a little but were putting in a weekly returns sheet which included, finances, medication, health and safety and supervisions. We saw a care and support plan audit was also carried out in each house. We looked at the service's quality matters newsletter for July 2015 and say this included information about internal audits, policies and procedures, good communication, safeguarding news and driving up quality.

The registered manager also undertook a monthly monitoring audit of analysing incidents and accidents. They confirmed there were no identifiable trends or patterns in the last 12 months.

We saw staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the senior staff meeting minutes for January 2016 and discussions included safeguarding, complaints, recruitment, supervisions and people's reviews. The full staff meeting minutes for November 2015 showed discussion were held in areas such as audits, health folders, new staff and

keyworker system. One staff member we spoke with told us, "We have meetings and I can contribute any ideas."

The service held 'house meetings' for each house. We looked at the minutes from one house meeting for August 2015 and say these included discussions about clothes, family birthdays, staffing and holidays. One person told us, "If there is anything effecting my day, I talk to staff about any problems." We saw people who used the service were consulted regarding specific areas of the service. We saw consultation documentation regarding 'why you want to get involved' and 'creating an arts and music group'. We saw a 'family bulletin' was circulated every two months and this included information about staff, induction process, audits, training and activities.

We found that people's needs and information about people's care and support needs was discussed at staff handover meetings to ensure people got continuity of care throughout the day. Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.