

Creative Support Limited

Creative Support - Bradford Service

Inspection report

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Date of inspection visit:

28 October 2019

04 November 2019

Date of publication:

18 December 2019

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

About the service

Creative Support – Bradford Service is a domiciliary care agency providing personal care to people living in their own homes. 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. At the time of the inspection the service was providing personal care to 44 people, some of them living with dementia or a mental health condition, and people with a learning disability.

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

The service continued to have an exceptional positive impact on people's lives. People and relatives consistently shared very positive feedback about staff being extremely kind, "going the extra mile" and respecting people's wishes. We also found several examples of people's independence being extremely valued and promoted through the delivery of a flexible and person centred service.

People felt safe with the service provided. Accidents and incidents were recorded, investigated and analysed by the registered manager and changes implemented when required.

Risk assessments were in place to identify and manage risks to people and staff. There was after-hours support to assist staff when working on their own and out of office hours. Staff were knowledgeable about identifying and reporting safeguarding concerns.

Medication was administered safely.

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 received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The provider kept in close contact with relevant healthcare professionals.

The provider completed person centred assessments and care plans were updated in response to changes.

People and family members knew how to make a complaint and they were confident that their complaint would be listened to and acted upon quickly.

The service was going through organisational changes and the provider had developed plans to manage these changes. There was a clear vision about the quality of care the provider wanted to provide and there was an open and person-centred culture in the organisation.

Staff told us the provider was a considerate employer and how they appreciated the career development opportunities offered to staff. The service communicated well and consulted with people, relatives and staff.

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 in 19 April 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Creative Support - Bradford 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

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

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 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

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and commissioning team and Healthwatch Bradford. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with four people using the service and four relatives of people using the service. We spoke with seven staff members; this included the registered manager, team leaders, care workers and IT officer. We received feedback from one healthcare professional who regularly works with the service. We looked at care records for three people using the service including medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

We exchanged emails with the registered manager for additional evidence. This information was used as part of our inspection.

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 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 using the service felt safe with the care provided. One person said, "They are extra extra careful." Relatives also told us their loved ones received safe care. One relative said, "Yes, absolutely [safe]."
- Staff demonstrated a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- We reviewed the provider's safeguarding log and, in addition with our conversations with the registered manager, we were assured that appropriate steps had been taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

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

- There were effective risk management systems in place.
- People's care plans included risk assessments depending on people's individual care needs and the actions staff should take to minimise those risks identified. For example, the provider was regularly completing fire risk assessments and, when required, working collaboratively with the Fire Brigade and Police to manage relevant risks.
- People said staff usually arrived on time and did not miss care visits. One person told us, "I could set my clock by them, and this is what I like." The provider was using an electronic monitoring system that generated alerts if the care visits were not completed in the scheduled time; this promoted good time keeping and enabled the provider to act promptly if required. This system also operated during out of office hours. The provider had a business continuity plan in place to cover emergency situations.
- Staff knew how to safely deal with accidents and incidents such as a medical emergency and were confident that any concerns raised would be acted upon by management.
- The registered manager showed us how they monitored any accidents and incidents happening to staff and people and actions had been taken when appropriate. For example, the registered manager told us after identifying a delay in staff reporting concerns with a person's skin integrity, further training was provided to ensure staff were confident in identifying early signs of skin integrity's deterioration.

Using medicines safely

- Medicines management systems were well organised and people were receiving their medicines when they should. People told us they were happy with the support they received from staff to administer their medicines, including prescribed creams.
- The provider was conducting regular medication audits and when issues were identified these were addressed quickly.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their

competency had been checked regularly by the provider.

Staffing and recruitment

- People and relatives told us care was provided by a team of regular care workers. One person said, "I have my regular ones [...], it is fortunate, and they know what they are doing."
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service. Some people had been involved in the recruitment of staff.
- Staff told us they enjoyed working for Creative Support – Bradford Service and valued the career progression opportunities available. One staff member said, "I really enjoy, I found where I need to be. [Registered manager] has put me through my appraisals quickly, [registered manager] wants me to be a senior and progress." Another staff member said, "It is nice to see home grown staff that have developed."

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene and told us protective equipment was made available. People told us staff used the equipment appropriately. One person told us, "They [staff] use gloves, always."

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.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills and knowledge to provide appropriate care. People's comments included, "They do a very good job." And "I find them excellent." One relative told us how well impressed they were with staff's ability to engage with their loved one; "They [staff] understand [person] well and the different behaviours, they seem to have a good understanding. They are very good talking to [person], trying to get [person] engaged."
- Staff completed a comprehensive induction and training programme. The provider had a regular programme of training for staff; records showed training was up to date. The registered manager told us about the importance they attributed and resources they dedicated to staff's induction and training to make sure staff delivered care to the standards expected.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to discuss things that were relevant to their jobs. One staff member said, "[Supervisions are] meaningful, if I am struggling with a client we have a good open discussion, very supportive, not judgemental."

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

- People's needs were assessed before the service began to provide care and support. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to people's care.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans. One person's care plan stated, "Due to [health condition], [person] needs to be informed of all tasks before they commence and during to reduce [person's] anxiety."

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

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.
- People told us staff supported them according with their preferences and offered them choice. One person said, "They [staff] do my breakfast, I usually tell them what I want. Once or twice I had to teach them, they were not sure how to do poached eggs."

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

- People and relatives were confident staff would contact healthcare professionals if required. One relative

told us, "Actually when they first started, there was one morning that [person] was not alright and [name of staff member] wanted me to contact the doctor, [staff member] was very 'on the ball'."

- The records confirmed the provider maintained regular contact with relevant services such as GPs, social workers and district nurses.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff recognised the importance of seeking a person's consent before providing care or support. People told staff asked for their consent. One person told us, "They always ask me."
- The service was working within the principles of the MCA. Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care. One staff member told us, "We always have to assume [people] have capacity, even if they want to make unwise decisions, we support them finding out what they like to do."
- When people's mental capacity could be limited, the provider assessed their capacity to make specific decisions and reviewing this during reviews of care.

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 outstanding. At this inspection this key question has remained the same rating. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives continued to tell us staff were extremely kind and committed to delivering high quality care which had a very positive influence on people's lives. People's comments included, "The girls are always polite, they respect privacy, they are clean and tidy and announce themselves properly." And "They [staff] are so prompt, I have no complaint at all and I have experience in care, they all have different personalities and I like that, they bring something into your life, especially when you are housebound." And "They couldn't be better.", "They are brilliant. " And "I am really content as it is, I don't want any changes."
- Staff and management were highly focused on building and maintaining open and honest relationships with people and their families. Staff spoke about people in an empathic and respectful way, knew about their preferences, personal histories and genuinely cared about people. For example, one staff member told us of one occasion, during their off-working hours, they noticed a person who was supported by the service in an unusual area; this person had gone missing before. This staff member contacted the on call manager to ensure staff were aware and appropriate actions taken to support this person. Another staff member told us they believed care was "about building up trust [with people] and working from where the person's is at."
- During this inspection we found several examples of how particular members of staff had a very positive impact on people and their relatives. The registered manager told us they organised people's care to be delivered by staff they had developed particularly good caring relationships with. One relative told us, "I am really happy with the care agency, I know it is a difficult job; [name of care worker] and [name of care worker] in particular, always have a smile on their face, and they have a good aura." We reviewed several compliments about care staff. For example, one stated, "Just want to say how great [name of staff member] has been with [person] these past weeks while [person] has been difficult with [their] change of medication. [Name of staff member] has been kind, understanding and positive. [Person] has been calm too when [staff] is there. All staff have been fab but special thanks to [name of staff member]."
- The service was committed in providing care and support that was in line with an equality, diversity and human rights approach. Some people did not speak English as their first language and their care was organised to ensure that care workers who spoke their native language were regularly providing their care. The registered manager told us how they had supported one person in understanding and discussing about challenges they were facing with equality issues.
- Care plans were person centred and included people's views about how they wished to be supported.
- Staff had received training on the importance of treating people with dignity and respect. During this inspection we found staff exemplified these values.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible and this was part of the core values of the service. The registered manager told us, "We adopt a 'do with' rather than a 'do for' approach to promote independence." Staff had enough time to establish relationships with people which promoted their independence. The service provided was flexible to people's needs.
- For example, one person had previously been neglecting their self-care and were not very receptive to receiving support. However, due to a small team of staff being able to establish a good trusting relationship with this person, their care package had slowly increased, and this had a positive impact on their physical and mental health. Another person, who was living with dementia and had very low insight into their needs, was supported to continue living at home. This was done by allocating a regular staff team with clear risk management and care arrangements in place to deal with this person's refusal of care. The registered manager and staff gave us examples of how the duration of people's care visits had changed to accommodate people's changing needs, preferences or management of risks.
- Without exception, people told us their privacy and dignity was respected and promoted. People's comments included, "There was one thing that I asked, it was to keep my dignity and they do." And "Yes, they do [respect my dignity], I have a shower very morning, they wash my hair twice a week, they are very good." And "They let me do what I can do and I find that helpful because I want to do what I can." Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- People's records were kept securely to maintain privacy and confidentiality in the office and when information was accessed by staff electronically through their phones.

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'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 and people told us staff followed these. One person said, "They asked me what was important to me."
- We asked relatives if staff listened to their love ones' views and relatives responded positively. One relative commented, "Yes, very much so, they are very sound on listening to what issue [person] may have had and the kind of things [relative] likes and dislikes, they are pretty competent in listening." Another relative told us, "They listen to [person], they know when to stop trying with [person's] eating or when to continue to encourage, they recognise [person's] body language and they always record if [person] is chatty if [person] has not been engaging. They go above and beyond."
- The provider was involving people in the recruitment of staff. We saw comments two people made following their participation in recruitment and the positive impact it had on them. One person said, "I have been volunteering for Creative Support, sitting on the interview panel for about 12 months, before my retirement I was a [healthcare professional], (...) when [name of staff member] spoke with me about helping out on the interview panel I was very keen. I quite enjoy the challenge to see how applicants respond to questions." Another person said, "I find the process very interesting. It is nice to be involved. (...) The manager's made arrangements to pick me up and take me home afterwards".
- People had been involved in planning and reviewing their care, and their relatives when appropriate. Records that we looked at confirmed most people were having regular reviews on their care.
- People had access to further sources of information and advocacy if they required. The registered manager told us they were aware that some people being supported by the service who had a learning disability would required the support of an advocate to make certain decisions. The registered manager had established contact with a local advocacy service.

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 good. At this inspection this key question has remained the same rating. 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 told us staff respected their choices and responded to requests for changes. One person told us, "I prompt them if they have not done something, they will apologise and redo it for me." Other person said, "If I require a clean jumper or sweater, they [staff] bring me a choice, they don't just do it on their own."
- People's care records were individualised and reflected a person-centred approach to care. Care plans included a photograph of the person smiling, their routines, information about their specific health conditions and relevant people involved in their care.

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.

- The service was working within the AIS. We saw the service had policies and procedures available in easy read format. The registered manager also told us they had adapted how the service's out of hours contact details were made available to some people with a learning disability.

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's care plans specified how their relatives and other professionals, such as district nurses, were involved in their care.
- People were supported by staff to participate in a range of activities both at home and in the wider community. For example, some people were supported to go shopping.
- The provider had developed events to bring people, relatives and staff together to promote positive interaction. The registered manager told us their next event was the Winter Party and we saw evidence of invites sent to people.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate. For example, the registered manager told us about concerns that had been raised by a relative following an issue with scheduling a care visit and performance of a staff member. We saw appropriate action had been taken such as providing staff with further training and observations of their practice.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with staff or

management and were confident their concerns would be acted upon. One person said, "I can ring the office and tell them, the supervisor, the lady in charge, will sort it out and ring me back. I am sure they would [address my concerns], they are very good."

End of life care and support

- The provider was not caring for people at the end of their lives at the time of this inspection. However, we saw the provider had developed specific documentation to use if they had to support people requiring care at the end of their lives. This included an easy read version titled "My perfect send off."

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 good. At this inspection this key question has remained the same rating. 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; 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

- People told us they felt Creative Support – Bradford Service offered a high-quality care service. One person said, "I don't think they could do more, they are doing a brilliant job." One relative commented, "[The service] is very good."
- Staff told us the managers were supportive and any issues raised would be acted on quickly and appropriately. One staff member told us about an error they had once made with recording medication. They reported it to the registered manager as soon as it was identified and they felt their approach was fair; the staff member apologised to the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was going through organisational changes. New geographical areas and more care packages were being covered and new electronic processes were being implemented. These changes were being implemented with the goal of expanding and improving the quality of the service.
- The registered manager was open and transparent about the challenges and improvements that had been made since our last inspection. There were plans in place identifying the main issues with these changes and actions to be taken to address them. We reviewed compliments from a healthcare professional praising the management for how they managed these changes; "Your hard work and professionalism has resulted in the continuation of the support and safety of those people affected by the change. (...) I am very much aware that you have had some difficult situations and issues not of your own making which which proving challenging you have overcome with your tenacity and commitment."
- We reviewed the provider's internal quality audit and cross-referenced it with this inspection's findings; it was clear that improvements had been done in the areas identified. This showed the quality assurance systems were effective. The management of the service was also conducting regular audits, for example, on people's medication, care records and observing staff's practice. This ensured that there was good oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service proactively involved people and sought their views. People and relatives were asked for their views through the completion of an annual survey. The most result results had not been analysed by the

registered manager yet, but we reviewed some of these surveys and saw mainly positive comments.

- The registered manager told us about their "service user involvement action plan" which goal was to continue to consult and involve with people. The registered manager wanted to continue developing a steering group of people using the service and had identified some people who would like to volunteer by developing activities. The provider was also, at times, involving people in the recruitment of staff. We saw comments two people made following their participation in recruitment and the positive impact it had on them. One person said, "I have been volunteering for Creative Support, sitting on the interview panel for about 12 months, before my retirement I was a [healthcare professional], (...) when [name of staff member] spoke with me about helping out on the interview panel I was very keen. I quite enjoy the challenge to see how applicants respond to questions." Another person said, "I find the process very interesting. It is nice to be involved. (...) The manager's made arrangements to pick me up and take me home afterwards".
- There were systems in place to ensure effective communication with people, relatives and staff. One relative told us, "They are good in keeping communication with me. I have introduced a communication book and they text me if there is anything else they need to tell me." One staff member commented, "We are quite good at keeping families updated, the communication is good regarding any changes with service users, if there need is anything else putting in the care package." Records we looked at showed staff meetings were recently being held more regularly and relevant issues were discussed.

Working in partnership with others

- Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.