Creative Support Limited

Creative Support - Bradford Service

Inspection report

1st Floor Office, Cumberland House
Greenside Lane
Bradford
West Yorkshire
BD8 9TF

www.creativesupport.co.uk

Date of inspection visit: 9 March 2015
Date of publication: 13/06/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Creative Support (Bradford) provides a home care service to people living in Bradford. On the date of the inspection, 9 March 2015, 76 people were using the service. This was an announced inspection. The provider was given 48 hours notice because the location provides a domiciliary care service and management were not always office based. A registered manager was in place. 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 and associated Regulations about how the service is run.

At the last inspection in July 2014, we found a breach of regulation 13 (management of medicines) of the Health

Summary of findings

and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the last inspection, we received an action plan from the provider detailing the improvements they planned to make. At this inspection we checked whether these improvements had been made.

We found improvements had been made to the medicine management system. A clear record was now in place for each service user, showing the level of support given, any associated risks and the medicines the person was supported with. This was underpinned by a new medication policy. Regular audits of the medicine management system were in place to help check people received their medication safely.

Risks to people's health, safety and welfare were regularly assessed and risk assessment documentation provided staff with information on how to help keep people safe.

There were sufficient quantities of staff, this was a mixture of permanent staff, bank staff and agency staff. We found staff rota's were appropriately planned and staff reported they were able to attend visits on time. Robust recruitment procedures were in place to help ensure people employed by the service were of suitable character.

People and their relatives spoke positively about the care provided by the service. However, people told us there was a lack of continuity of staff and as such they were often supported by unfamiliar faces who did not always know their individual preferences and/or needs.

Staff told us they had access to appropriate training and we found staff demonstrated a good knowledge of the topics we asked them about such as safeguarding. A comprehensive induction training package was covered which staff spoke positively about. However it was not clear how often training updates were provided and the training matrix showed a number of staff were overdue updates.

People told us that staff were kind and caring and treated them well. Various mechanisms were in place to check and promote dignity and respect amongst staff, including specific training and checks on staff attitude.

People's healthcare needs were assessed by staff and plans of care were in place to help staff deliver appropriate care. Detailed daily records were in place which demonstrated people received care at the correct times and the required care and support was carried out.

A suitable complaints system was in place, we saw evidence that complaints were appropriately handled. Most people told us they had never had cause to complain which indicated a high level of satisfaction with the service.

Robust systems were in place to check the quality of the service and drive improvement where issues or shortfalls were found. This included learning from incidents, complaints and audits. People's feedback was valued by the provider and was sought through review meetings, spot checks and quality questionnaires.

Summary of findings

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. Medicines were managed safely. People reported that staff assisted them appropriately with medicines. Appropriate risk assessments and records of the support given to people were in place to help keep them safe. These were regularly audited to ensure staff were supporting people correctly.

Staff had a good understanding of how to identify and act on allegations of abuse. We found action had been taken to investigate concerns to help keep people safe. Investigations contained lessons learnt to assist the provider to continuously improve.

Risk assessments were in place which identified the key risks to each person the service supported. Clear documentation was in place which helped staff to control these risks and keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective. People and their relatives told us that the lack of continuity of carer workers was the main problem with the service and this impacted on the provision of effective care and support. Staff and management recognised this as an issue and a plan was in place to address.

Staff were provided with comprehensive induction training, and staff told us this was effective in giving them the required skills to undertake the role. However the frequency of refresher training for existing staff was unclear and the training matrix showed some staff were overdue training updates.

People told us staff encouraged them to make choices in relation to their care and support. We saw care planning focused on promoting choice and involvement of people. Staff understood how to protect the rights of people with limited capacity under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People and their relatives told us that staff treated them well and respected their dignity and privacy. Staff had received training on dignity and person centred care and this was regularly monitored through supervision, spot checks and audits.

Care plans demonstrated the service had got to know people's personal preferences, likes, dislikes and life history to aid in better understanding people and their individual needs.

Summary of findings

Is the service responsive?

Good

The service was responsive. Clear and well organised plans of care were in place which assessed people's needs and provided staff with guidance on how to deliver effective care. Daily records of care demonstrated that people received care in line with their assessed needs.

People were provided with information on how to complain in a suitable format. We saw complaints had been effectively managed and responded to within appropriate timescales. Learning from complaints was documented to help improve the quality of the service.

Is the service well-led?

Good

The service was well led. People spoke positively about the management and said they were regularly contacted by them. For example to complete a quality questionnaire or as part of spot checks.

Staff told us they felt well supported by management and said management were responsive to any issues raised.

A range of quality checks were undertaken by the service including audits of care quality, medication records and care worker spot checks. Where issues were identified, we saw evidence action was taken to ensure the service continuously improved.

Creative Support - Bradford Service

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.

The inspection took place between 9 March and 23 March 2015. The inspection team consisted of an 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. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and management were not always office based.

During this period we made phone calls to staff and people who used the service. We visited the provider's offices on 9 March 2015. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and management were not always office based.

At the last inspection in July 2014, we found a breach of Regulation 13 (Management of Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following the last inspection the provider sent us an action plan detailing the improvements it would make to ensure compliance with these regulations. As part of this inspection we checked whether the provider had made these improvements.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 12 people who used the service or their relatives. We spoke with six care workers, the registered manager and area manager. We looked at four people's care records and at other records which related to the management of the service such as training records, staff rota's and policies and procedures. As part of the inspection we also contacted the local authority safeguarding and commissioning teams.

Before our inspections we usually ask the provider to complete Provider Information Return (PIR) On this occasion we did not ask the provider to complete a PIR. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information held about the provider.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when in the company of staff and had never been made to feel uncomfortable. For example one person said, “Safe, yes very safe” and another person said, “I’ve got a good carer.”

At the previous inspection in July 2014 we found problems with the way medicines were managed. A clear record was not kept of the medication that staff supported people with.

At this inspection we found improvements had been made. People and their relatives told us that staff supported them correctly with their medication and nobody raised any concerns with the way medicines were managed. A new local medication policy had been put in place to improve medicine management practice. We saw evidence this had been fully implemented and communicated to staff. Medication risk assessments were in place for each person. These showed the level of support required and assisted staff in safely supporting people with their medication. Medication Administration Records (MAR) recorded all the medicines people had been supported with, the dose and any specific instructions associated with the medicines. This allowed staff to check each medicine against those prescribed before offering support. We found the MAR was in the main well completed with appropriate codes used to document the level of support provided. However the code ‘other’ was frequently used in one persons records and as such it was unclear the level of supported provided to this person. We found this had already been identified by management through an audit and action was being taken to address this with staff.

A complete list of medication each person was prescribed was kept in the office so staff could determine whether visit times were compatible with their medication. We looked at one person who had time specific medication and saw visit times were suitable to allow their medicines to be safely administered. Medication training was provided to staff and they confirmed to us they were not allowed to administer medicine before this was completed. Medication audits were carried out and we saw evidence these were identifying issues such as inconsistent documentation to continuously improve performance.

We looked at four people’s care records. Risk assessments were in place which considered the key risks to people’s health, safety and welfare and provided instructions for staff to help keep them safe. These included the environment and any specific risks such as security, medication or nutrition. Documented actions were in place to help keep each person safe. Staff we spoke with had a good understanding of the people we asked about and how to control the risks which they were exposed to. This was confirmed by a relative we spoke with who told us that staff were very observant in noticing problems and taking appropriate action.

We judged the provider had arrangements in place to ensure there were enough staff to meet people’s individual needs and ensure their safety. Staff told us that rota’s were appropriately managed and that they were provided with travel time between calls. The rota’s we looked at confirmed this was the case. Daily care records showed people received care at approximately the same time each day indicating the times on the rota’s were achievable. The manager told us records showed that six agency staff were currently in place whilst the service recruited permanent staff. The same agency staff were used for continuity and provided with induction training to reduce the risk of inappropriate care. We saw plans were in place to remove agency use completely by April 2015 through recruitment and by reducing the number of hours provided by the service.

Recruitment procedures were in place which reflected good practice in the recruitment of staff. We found the procedures to be followed with proof of identity, references and Disclosure and Barring Service (DBS) checks taking place before people were offered a job. This helped to ensure staff were of good character and help keep people safe.

Safeguarding policies and procedures were in place and we saw evidence they were followed. Staff demonstrated a good understanding of safeguarding and how to raise issues. They were able to give examples of how they had raised concerns, for example with the local authority. Staff said concerns were always taken seriously and acted on by management to help keep people safe. We saw staff had completed safeguarding training and their knowledge and understanding of safeguarding matters monitored through ‘safeguarding supervisions’.

Where incidents had taken place such as missed calls or medication errors, these were robustly documented and a thorough investigation completed by the provider. We

Good

Is the service safe?

looked at one investigation which showed a detailed investigation took place and clear actions were put in place to help prevent a re-occurrence. Where incidents had been attributed to poor staff practice, we saw this was addressed through the supervision and/or disciplinary processes.

Emergency plans and procedures were in place to keep people safe. This included a missing person's action plan specific to one individual and a business continuity plan

Requires Improvement

Is the service effective?

Our findings

Staff told us they had access to regular training, supervision and appraisal and felt well supported by management. We spoke with a new member of staff who had not worked with elderly people before. They told us the induction training was thorough and gave them the necessary skills to undertake their role. Comprehensive face to face induction training was provided to staff. This included training in subjects such as manual handling, medication, person centred care and first aid. An induction was also provided to the company's policies and procedures and local ways of working.

However, once initial training was completed it was not clear how often refresher training updates were provided in mandatory subjects with both the registered manager and area manager unsure. The training matrix showed some gaps for example; only two staff were showing as completed Infection Control updates and three food hygiene updates. This meant there was a risk that staff skill and knowledge would not be maintained as there was no clear structure to the frequency of refresher training. The training matrix also showed that most staff had not completed, 'Compulsory Mental Health training' despite the service providing a service to people with mental health problems.

Most people and relatives we spoke with told us that they thought care workers had the correct skills and knowledge to care for them. However a consistent concern from people and their relatives was that there was no continuity in the staff that visited. For example one person said, "I get quite a number of different people" and another person said, "They keep changing staff, I've had about 50 changes….they seem to have a problem retaining staff." A relative also told us, "Continuity of carers is main issue, still sending different people. [Person] doesn't like different people." They told us that some of the new staff did not always understand their relatives behaviours as a consequence of unfamiliarity. Staff we spoke with and management told us achieving continuity of carer workers was the biggest challenge that faced the service. The manager provided us with assurance that plans were in place to address this through the introduction of smaller teams based on geographic areas. This was due to have started by 1 April 2015.

People reported that care staff gave them choices, for example with what they wanted to wear. Care planning focused on ensuring people could express their choices and how to encourage and engage in communication with the person. For example, one person who was hard of hearing's plan of care considered how to best communicate with them and involve them in decision making processes. Support plans were signed by people or their relatives which provided evidence people had consented to their plans of care. Staff we spoke with understood how to support people with limited capacity to make decisions for themselves.

People we spoke with told us they were offered appropriate support with drinks and/or meals as directed by their plan of care. Plans of care were in place which instructed staff on the support required at each visit to ensure staff delivered appropriate care. We looked at one person's care plan where the provision of food/drink was provided and saw that staff consistently documented the support they provided in line with the requirements of the care plan. Where people refused any assistance with food and drink this was documented.

Care plans detailed any medical conditions people had and how they should be effectively managed. Care plans were in place to address healthcare needs such as skin care, medication, and mental health. We saw procedures were in place to report any deterioration in people's health. Care reviews discussed healthcare needs and incorporated the advice or any action from other health professions such as community matrons. There was evidence in people's records that other health professionals such as doctors had been contacted where health concerns were identified.

Good

Is the service caring?

Our findings

People and their relatives told us that dignity and privacy was respected by staff. For example, they said staff remembered to close curtains and doors during any personal care. They all said that staff were kind, compassionate and friendly. For example one person told us, “They are kind and talk to me, they listen too.” Another person said, “Kind? Yes very kind.” A further person said, “I’ve got very good carers”. A relative told us, “They are bubbly and friendly to her.”

Staff we spoke with demonstrated a good understanding of people’s needs and a good awareness of how to treat people well and escalate any concerns or worries that people had.

Daily care records we looked at provided evidence that staff checked on people’s general welfare. For example it was documented that staff asked people if they were feeling okay, documented their mood, chatted with them and had taken steps to ensure they were comfortable such as checking they were warm enough.

People reported that the carers encouraged independence and prompted them to do what they could for themselves. We saw this strategy to promote independence was imbedded within care plans.

People and relatives told us staff completed all the required tasks and did not rush. Travel time built into rota’s enabled staff to stay at people’s homes for the correct amount of time. Daily care records we looked at confirmed that visit lengths were appropriate in line with people’s assessed needs.

Care records showed people had been involved in the creation and review of care plans. They contained information on people’s life histories and preferences. This showed that the service had taken the time to find out about the people they supported and provided staff with information to aid and understand the person and their individual needs.

Care delivery was based on a ‘Dignity and Safeguarding Pathway’ which helped guide the care planning and delivery process to consider the key areas of communication, respect, autonomy, social inclusion, dignity and equality and communication. This helped to ensure people were respected, included and communicated with appropriately by the service. We saw dignity and respect was promoted with staff through specific training at induction and was monitored by management through audits, spot checks and the annual service user satisfaction questionnaire.

The provider sent a regular newsletter to people which kept them updated and involved on events run by the provider. People said that communication with the service was good and they were kept regularly informed about any changes. However, one relative told us that staff did not always tell them if they were going to be late. We raised this with the registered manager who said they would look into this and speak with staff.

The registered manager told us that they had not had any cause to provide advocacy services to people, as all people without capacity to make decisions for themselves had next of kin who they could consult with. We found details of advocacy services were available and contained within care plans should staff need to assist someone in accessing the service

Good

Is the service responsive?

Our findings

We spoke with 12 people or their relatives. Most people told us they were happy with the care and support provided. However, one relative told us they had some concerns about staff not always carrying out the required tasks in line with their relative's needs; they attributed this to lack of continuity of staff.

We looked at four people's care plans. Each record contained clear plans of care to help staff meet people's needs. These included personal hygiene, meals, medication, mental health and communication. Objectives of plans of care were clearly listed to help ensure staff knew the support goals of each individual. Care plans focused on enabling people to make decisions in relation to their daily lives and incorporated their preferences such as their preferred visit times. Care records were neatly organised so relevant care information could be promptly accessed by staff and management. Daily records we looked at provided evidence that staff provided appropriate level of care in line with the requirements of people's care plans. For example, we saw that one person had been assisted with personal care in line with the frequency stated in their care plan.

Out of the 12 people we spoke with, one relative raised concerns over call times. We found call times met people's assessed needs albeit with some minor variation. For example one person's records showed they received their morning call between 8.15 and 8.45 each morning for a period of three weeks sampled in January/February 2015. The registered manager told us that call time consistency would improve further once planned changes to the service were introduced in April 2015. Staff reported no problems with achieving set visit times and told us they were able to get to visits on time. They told us and records confirmed that travel time was built into the rota's to help ensure people received their care at the correct times.

We saw evidence that regular care plan reviews took place. These reviewed all aspects of people's care and support. The thoughts and views of people and their families was routinely recorded and any action arising from review meetings was documented to help ensure care and support was responsive to people's needs and preferences.

An appropriate system was in place to record and act on complaints. Clear information in an easy read format was provided to people through documentation present in their care plan. It detailed four methods to contact various people within the service should people have a complaint. There were details of other organisations where complaints could be taken should they have a problem. Only one person we spoke with had made a complaint, which they said was resolved quickly. Others said that they couldn't imagine having to complain but they would get in touch with the office.

Documentation we looked at showed two complaints had been made since July 2014. These had been responded to appropriately inside the timescales stated within the provider's policy. Clear actions were recorded to ensure the service learnt lessons and to prevent further re-occurrences. A significant number of compliments had also been received by the service and were logged so that the service knew where it was exceeding expectations. For example, recent compliments read, "[person] has flourished under your care" and, "I really look forward to my visits. It is nice to have a chat and everyone who visits is pleasant and happy to talk."

Good

Is the service well-led?

Our findings

A registered manager was in place. The service had reported all required notifications to the Care Quality Commission (CQC) such as allegations of abuse. The provider had when requested by the CQC completed prompt and detailed investigations into these notifiable incidents, which helped to provide assurance that appropriate investigatory action was taken in response to these incidents.

Staff overwhelmingly spoke positively about the management and the provider. They said they were supported and dealt with any issues or concerns that arose effectively. For example, one staff member told us, "Excellent support, best team I have ever worked in." Staff told us that management were always contactable and provided them with valuable advice and guidance when they were working in the community. There were clear lines of accountability within the organisation with staff we spoke with aware of the various management roles within the organisation and how they could assist them with various aspects of service delivery. For example a specific staff member was responsible for care reviews and another for medication and staff knew they could approach these people about queries relating to these subjects. This promoted a consistent and high quality service delivery.

People and their relatives spoke positively about the management of the service. People said that the manager or a senior staff member had visited them to check that they were okay. Audits and checks we looked at and staff testimony confirmed this was a regular occurrence. This showed that senior staff were involved in people's care and support and provided a mechanism for any problems or concerns to be promptly addressed by management.

We found the manager had a clear vision for further improvements to the service. The management was open and honest with us about the key challenges which faced the service, for example recruiting further staff and achieving continuity through re-arranging teams. This included implementing specific teams to post code areas to improve continuity once the short term crisis part of the service ceased to exist in April 2015. Plans were in place to reduce the use of agency, through a combination of reducing the number of hours of support the provider took on, and further recruitment of staff.

Systems were in place to assess and monitor the performance of the organisation. People we spoke with told us they had recently received a client satisfaction survey. We saw evidence that this had recently been sent out to people. The questionnaire was in easy read format to promote understanding amongst the client group. We saw a small number of responses had been received so far, the registered manager told us these would be collated and analysed once all returns were in. We saw evidence this had been done for the previous year (2014). Comments we looked at from the recent questionnaire were mostly positive, indicating the overall trend was one of satisfaction with the service. Systems were in place to take on board feedback on both a local and wider level. This included information collated in the format, "You said we did" to inform service users of changes made to the service based on their feedback.

Audits and quality checks were performed by senior staff, the registered manager and area manager. Daily records were audited on a monthly basis and any discrepancies had been addressed with the staff who provided the care. We saw these audits were regularly identifying issues, such as staff not always documenting care and support tasks. Audits showed these issues were then addressed with staff individually or through staff meetings to help improve performance. However we noted that one audit had not identified two calls that were not documented in a person's care records. We raised this with the manager who told us they would take action to ensure that this was identified by future audits.

Direct observations of staff took place and provided clear feedback to drive improvement amongst the workforce. This was complimented by regular supervision and a personal development plan to assist people.

Regular medication audits also took place and these showed that issues were identified and addressed with the staff in question. Staff performance and competency was regularly assessed through periodic observations and supervisions. Periodic staff meetings took place and we saw that these were used as a forum to discuss areas of practice and assist improvement.

The provider had introduced an electronic call monitoring system to ensure that the timeliness of calls could be robustly monitored. However this was not fully operational due to technical problems with the system. One relative told us that call times were sometimes inconsistent . Our

Good

Is the service well-led?

scrutiny of people's care records and discussions with staff showed that call times were in the main consistent and in line with people's needs, and this was monitored through spot checks and questionnaires. However the introduction of this system would help the provider to robustly monitor this important aspect of care delivery.