

Creative Support Limited

# Creative Support - Burnside Court Extra Care Carlisle

## Inspection report

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10 October 2018

12 October 2018

18 October 2018

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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

Creative Support – Burnside Court Extra Care Carlisle provides personal care to some people who live in their own flats within an extra care housing scheme. This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's housing was provided by a separate provider under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. At the time of this inspection 35 people received personal care.

This inspection began on 10 October 2018 and was unannounced. Further visits were carried out on 12 and 18 October 2018.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People said they felt safe with the staff who supported them. Staff understood how to report any concerns. There were enough staff employed to assist people with their agreed care packages. The provider carried out checks to make sure only suitable staff were employed.

People were assisted with their medicines in a safe way. There were some inconsistencies about recording 'when required' medicines but this was not unsafe. Staff had the right equipment, training and protocols to make sure they supported people in a hygienic way.

Before people began using the service their needs were assessed to make sure it could provide the right care for them. Staff said they had good training and support to care for people in the right way.

Staff worked well with other health agencies and people were supported to access health services. Staff assisted people with their nutritional well-being if this was part of their care package agreement.

People's consent and permission was sought and care was only provided with people's agreement. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives were positive about the caring, friendly and helpful nature of staff. People said they enjoyed good relationships with the staff team and felt they received a good standard of care. Staff treated people with dignity and respect. They helped people to maintain as much independence as possible.

People received personalised care that was based on their unique preferences and needs. They were fully involved in agreeing the plan of their support. Staff were knowledgeable about people's individual care needs and how they wanted to be assisted.

People, relatives and professionals said the management team were open and approachable. People had opportunities to give their views about the service. There was a clear complaints procedure in place and people had information about this.

Systems were in place for auditing the quality of the service and for making improvements. The registered manager was keen to share learning and there were regular staff meetings for communicating expected standards and sharing views.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Creative Support - Burnside Court Extra Care Carlisle

## **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.

This comprehensive inspection took place between 10 to 18 October 2018. This was an unannounced inspection so the provider and staff did not know we were coming. The inspection was carried out by one adult social care inspector.

Before we visited the service, we checked the information we held about this location and the service provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted professionals involved in caring for people who used the service, including commissioners and social workers.

During the inspection we spoke with eight people who used the service about the care and support they received and four relatives. We also spoke with the registered manager, a locality manager, a care co-ordinator and five care workers. We looked at the care records of five people who used the service and the personnel files of four members of staff. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

All the people we spoke with said they felt safe in the presence of the staff who supported them. For example, one person commented, "They're all lovely with me." Staff had training in safeguarding adults and were confident about how to raise any concerns. They understood their responsibility to protect the people who used the service. Staff had access to the safeguarding procedures and relevant contact details which were kept in the staff office. There had been two safeguarding matters in the past year. These had been robustly investigated by the registered manager and locality manager.

There were enough staff on duty to provide safe care and support. Each day staff were deployed into teams so they knew exactly who they would be visiting, at what time and what that person required support with. Staff told us there was very good teamwork to support people. For instance, one care worker commented, "If one of us has to stay back with a person because they're poorly, other members of the team will help out and do our next call. We're very flexible that way and work well together."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to make sure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Before a new person started using the service an environmental risk assessment was carried out to make sure it would be a safe place for the person and for staff whilst providing care. Risk assessments were also carried out with the person to check how their support could be provided in the safest way. For example, if the person needed support with medicines and mobility. Staff had access to equipment and training to make sure they supported people in a hygienic way. The provider had a detailed infection control policy.

People's medicines were managed in a safe way. Staff were trained in medicines management and had regular checks of their competency. Staff recorded when they had given medicines on the medicines administration records (MARs). We did note some inconsistencies in how staff were recording whether people had taken 'when required' medicines. The service policy about this was not in line with national guidance. The registered manager agreed to address this.

Accidents and incidents were recorded and the registered manager reflected on lessons learned from those situations. For instance, when one person was discharged from hospital there was a delay in the pharmacy supplying their medicines. As a result, the registered manager developed a protocol for staff outlining what they should do to reduce the risk of people being without medicines after a hospital discharge.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People said they were supported in the right way by competent staff. For example, one person commented, "I receive a very good service." Another person told us, "The staff are marvellous. They provide the best care of anywhere."

People's needs were assessed before they started to use the service. This meant the service checked whether the personal care needs of the person could be met and managed. The registered manager described some occasions when the assessments showed the service would not be suitable. For example, for people with significant behavioural needs.

Staff said they had good opportunities for training. Training records showed staff had essential training in health and safety topics, including moving and assisting, first aid and fire safety. New care workers received induction training in the first week and then shadowed experienced staff for at least one week. One care worker commented, "When I started I got plenty of induction training and shadowing others until I felt confident. I feel very supported." All staff had regular supervision with a supervisor, observed competency checks and an annual appraisal. Staff said they felt comfortable to "discuss anything" during their supervisions.

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. The registered manager had a good understanding of their responsibilities with regard to the MCA and some staff had received training in this.

The care records we looked at contained evidence of people's consent. For example, people signed a 'permissions' form to show their consent to how their medicines were managed and how staff would access their flat. There were also 'capacity to consent to care' records that showed people's ability to consent to everyday decisions and whether any complex decisions would need to be supported by best interest meetings.

Some people received support from staff to help prepare or make their own meals and drinks. Their care records described their dietary requirements and preferences. For a small charge the service also provided a two-course hot lunchtime meal in a communal lounge for anyone who wanted to dine there. We saw several people enjoyed this social occasion.

It was clear from discussions with people and staff that there was good collaboration with local community health services, including GPs and district nurses. Staff reported any changes in people's needs to the

appropriate healthcare professionals.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People were consistently positive about the caring nature of staff. For example, one person told us, "They're absolutely lovely." Another person commented, "The staff are marvellous and they're all very caring." A third person said, "They're very nice. If I ask them to do a little bit extra they're very obliging."

People described the friendly, good humoured and appropriate relationships they had with the support workers. One person said, "They love me to bits and I love them!" Another person commented, "They're like a family to me."

People were visited by all the care workers so that all members of staff got to know each person. People said they liked this as they enjoyed the different "chat" with each staff member. One person said, "They're all different personalities and each one is like a breath of fresh air when they come through my door." Another person told us, "They all know me and I know them. They're so kind and I couldn't ask for better care."

People were assisted with the daily living tasks they needed but their continuing independence was also promoted and encouraged. For example, one person said, "I receive a very good service with washing and dressing but I do my own medicines and meals." Another person commented, "I can do everything myself except shower so they help me with that."

People said staff treated them with respect. One person described how they were supported with washing and said, "They're very good and very nice and I know them all. So I don't feel awkward." Staff received training in 'values in social care'. In discussions, staff spoke about people in a sensitive, caring and respectful way.

People were provided with information about the service and a copy of their support plans which were kept in a file in their own flats so they had access to these at any time. This information was in print in plain English. The provider was a national organisation that could provide information in different formats to meet the communication needs of different people on request, for example in audio or easy-read and pictures.

If necessary, people were supported to access advocacy services. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People received personalised support for their individual needs. People told us they were fully involved in their care arrangements and felt their preferences were respected. For example, one person told us, "They call me by first name which is what I asked them to do."

Care records showed people's inclusion in agreeing the plans about their care and support. The care plans included concise details of the very specific ways of supporting people in the way that they preferred. For example, one person's plan of care about their foot care stated, "Assist [name] to soak feet by filling a bowl of warm water, leave a towel and cream to hand which [name] can dry and apply themselves." We did note that one person's support relating to showering was not being followed due to issues with their bathroom. This had not yet been updated in the person's care plan and the registered manager agreed to address this.

Staff were very knowledgeable about each person's abilities and needs. For example, one staff member described how they supported a person who had cognitive decline and had periods of confusion and distress. The staff member had used validation techniques to empathise with the person and help them to know that they were safe. These ways of supporting the person helped them to become calm.

Staff felt the service responded flexibly to any changes in people's well-being. One care worker told us, "We already know people very well so if we see their needs are changing we adapt our way of supporting them." We saw staff continuously communicated with each other about any changes in people's needs and this was handed over to the next team of staff.

The people we spoke with said they would have no hesitation in discussing any complaints with the registered manager and were confident it would be addressed. For instance, one person told us, "Everything is very good but, if I had to, I would talk with [registered manager] or [care co-ordinator] – they're very calm and easy to talk to." Another person commented, "I know how to make a complaint. I've never had to but I know there would be no repercussions."

People had clear information in their own care files about how to make a complaint and an out of hours telephone number if they had concerns. The registered manager kept a log of any complaints and compliments. There had been two complaints in the past year which had been investigated and resolved.

The registered manager described how the service tried to support people to remain in their own homes for as long as possible. Although not a primary function of this service, staff would work with other care professionals to provide care for people at the end of lives if this could be managed within their flat.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The service had an experienced registered manager who had managed the service for many years. 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.

All the people we spoke with felt there was an open culture in the service. They knew the registered manager by name and said they could discuss anything with her. For example, one person commented, "[Registered manager] and [care co-ordinators] are lovely. I can talk with them at any time and they are very approachable." An external care professional described the registered manager as "open and direct" and "quick to respond".

The registered manager and care co-ordinators carried out regular 'client review' visits to each person to check what people thought of the service. People confirmed this and one commented, "[Registered manager] is always popping in to make sure I'm happy with the staff and what they do." Another person told us, "[Registered manager] comes round and asks if I'm satisfied. I would tell her if I was dissatisfied but they're all very nice."

The provider also offered people an annual satisfaction survey to comment on the service. At this time the provider's customer services team analysed the responses nationally rather than at a local level. This meant it was difficult to celebrate any successes or provide feedback to people who used this specific service. The locality manager stated that if people had raised any issues or concerns in the surveys these would be fed back to the registered manager for action.

The registered manager and care co-ordinators carried out regular checks in the service such as care records and medicines management. The locality manager carried out a bi-monthly audit of the service which included checks of care records, training, health and safety and safeguarding. Any gaps were set out in an action plan for the registered manager to address and these were rechecked at the next audit visit.

There was a positive culture amongst the staff team. Regular staff meetings took place and that they were encouraged to share their views. Staff said they felt "very supported" and "valued". One staff member who had a sensory impairment told us, "I've never been made to feel any different. Everyone [at Creative Support] has been very supportive and I'm treated equally."

The service worked well with health and social care agencies to achieve positive outcomes for the people who used the service. The provider had accreditation in Investors in People which recognises the provider's commitment to good people management.

