

Creative Support Limited

Creative Support - Cumbria Homecare Service (Furness)

Inspection report

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19 November 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

This inspection of Creative Support - Cumbria Homecare Service took place between 8 and 19 November 2018. The service was last inspected between December 2015 and March 2016. At that inspection the service was rated as 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.

Creative Support – Cumbria Homecare Service (Furness) provides personal care to people living in their own homes. The service is managed from offices in Barrow in Furness. The agency provides domiciliary care to people living in the Furness district of Cumbria. The service supports adults of all ages, who have a variety of care needs due to illness, aging or disability.

This service also provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There were two registered managers employed at the service. A registered manager is a person who has registered with the 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 told us this was a reliable and responsive service that was well managed and that they received the support they needed from staff they knew well. They described the staff as caring and friendly and told us that they felt safe receiving support from this service. People's dignity and privacy were promoted by the staff supporting them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice and we found that people were asked for their consent before care was provided and the decisions they made were respected.

The service was providing people with personalised care and support and were particularly good at supporting people to express and work to meet personal goals and aspirations.

Risks to people had been identified, reviewed and were being managed. The risk assessments included people's medication risks, falls, mobility, equipment in use and the environment people lived in that might affect their safety and that of the staff who visited.

Staff received training relevant to their roles, including safeguarding vulnerable adults. Staff had received supervision from the senior care and management team. Only staff who had received training in safe medicine administration were able to give medicines to people.

There were enough staff employed to meet people's needs and recruitment procedures were thorough. The care staff knew the support people required and people had been involved in planning their care and support.

Auditing and quality monitoring systems were in place that allowed the service to show it was safe and well managed. Staff told us they felt supported in their roles and valued by management.

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 has improved to 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 - Cumbria Homecare Service (Furness)

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.

We gave 24 hours' notice of our visit on 8 November 2018 because the location provides a domiciliary care service and we needed to be sure that a registered manager and/or another senior person would be available to speak with us. On the first day of the inspection we visited the office to speak with the two registered managers, the nominated individual and care staff. On the second day of the inspection, 12 November 2018 we visited people who used the service in their homes to gather their views and look at the care records they held. We arranged to return to the agency office on 19 November 2018 to follow up on the observations we had made on our visits and to give feedback to the registered manager. The inspection was carried out by an adult social care inspector.

At the time of our inspection the agency supported 33 people with their personal care. During our inspection we visited five people in their homes to ask for their views of the service and spoke with a relative. During the inspection process we spoke with 11 members of staff across the service, the two registered managers and the nominated individual. We also contacted the local authority commissioning and social work teams for their views of the service.

We looked at the care records for eight people who used the service, the care and medication records of the people we visited, the staff training matrix and records and recruitment records for six new staff. We looked at quality assurance checks being done and findings from questionnaires that the provider had sent to people to see how the registered provider monitored the quality and safety of the service. We also looked at records and procedures relating to compliments and complaints. We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is

information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We used a planning tool to collate all this evidence and information prior to visiting the service.

Is the service safe?

Our findings

People told us they felt safe whilst receiving support from the care staff. One person said, "I feel I am safe with staff, they are very reliable and kind." Another person said, "They [staff] are cheerful and pleasant, I am definitely happy with them and I feel very safe with them." Everyone we asked said they were supported by a team of staff who they knew and who knew the care they needed and wanted.

All the staff we asked told us that they had received safeguarding training and they were aware of the different types of abuse people might be at risk from. Staff were clear about the action they would take to report any concerns they might have. The registered manager had systems in place to report any safeguarding concerns to the local authority.

At the last inspection we found that some risk assessments had not been reviewed in line with the service's policies. At this inspection we saw that each person who used the service had assessments in place that identified their individual needs, preferences and any risks that they might encounter. This assessment included people's medication risks, falls, mobility, equipment in use and the environment people lived in that might affect their safety and that of the staff who visited. This was to help make sure that all were kept safe from foreseeable risks.

The support plans were being regularly reviewed and we saw that care plans contained clear instructions for staff to follow. Some people who used the service required the care staff to use equipment to help them mobilise. We saw that the risks around the use of the equipment had been assessed. New electronic reporting systems were being used and this significantly reduced the risk of any new information or changes being overlooked and helped make sure timescales for review were kept.

The service had a policy in place on the control and spread of infections and staff were given training on infection control and food hygiene. Staff were provided with personal protective equipment [gloves and aprons] for use during personal care. People who used the service told us that staff wore these when providing personal care.

People who used the service told us they were supported by sufficient staff and that they always knew in advance who would be calling. People told us they were supported by the same group of staff so they knew their preferences and needs. We were told new staff were introduced to them before they started to visit. This helped to make sure people felt safe and comfortable with staff they knew and who knew them. The agency was actively recruiting staff as they were looking to expand the service and wanted to make sure they were well staffed before taking on more clients.

We looked at the processes in place for staff recruitment and the records kept. The provider had ensured that all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This helped to make sure that staff employed were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

People that we spoke with were happy with the care the service provided. One person said, "They [staff] seem very well trained, they give me my medicines from the pack and always write everything down. They always make sure I have everything I need before they go." Another person told us, "They [staff] always ask my permission to do anything for me and are good with getting me what I want and ask for."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act (MCA) 2005. If people lacked capacity to make some decisions about their support then health and social care professionals and family members were involved in order to support people in making decisions in their best interests.

People who used the service confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided. People had signed to consent to their care arrangements where possible and appropriate. Staff we spoke with were clear about the need to respect people's choices and preferences.

Training records showed staff completed a range of training before they worked in people's homes and had received a detailed induction programme followed by a probationary period and performance review to help make sure they were prepared for their roles. This was confirmed by what staff told us when we spoke with them. They told us they were well supported, given regular and constructive supervision and encouraged to take on additional training and to develop their skills. They all said they had annual refresher training to keep them up to date with good practice. We saw that the care staff had completed training appropriate to the needs of the people they supported.

Records showed that staff members were regularly observed by the registered manager for their competency and performance and assessed during visits to people who used the service. Staff confirmed that the registered manager made visits and worked alongside them. This helped to make sure that staff were performing to a satisfactory standard of care and safety.

We found that people had their dietary and hydration needs assessed and these were being met. One person who needed support to make their meals told us that the care staff knew the assistance they wanted. People were supported at mealtimes to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people had family members who prepared meals. Where people required assistance with food and drink this was in their care plan.

There was evidence in care records and from speaking to people of collaborative working with other community professionals. This included specialist nurses, district nurses, GPs, occupational therapists and mental health teams that helped to support a joined-up approach to the delivery of care.

Is the service caring?

Our findings

People we spoke with who used the service were happy with the care they received and spoke highly of their care workers who they told us were "kind", "caring" and "friendly". One person we visited told us, "I do enjoy their company and their smiling faces, it's nice to have a natter, it cheers me up of a morning." another said, "I would be lost without them, they [staff] are actually more like friends now that I have got to know them so well and they know my routines."

The policies and procedures of the service covered areas such as, privacy and dignity, data protection and the importance of confidentiality. The records we saw showed people had been included in planning and agreeing to the support and care they received. One person who used the agency told us, "All the staff that visit me are very polite and most certainly make sure my privacy is preserved when they help me." One person told us, "I am given my privacy in the shower and they [staff] keep me covered up with towels when I get out and they clean the bathroom afterwards."

During our visits to people's homes where staff were supporting them we saw that were happy and at ease with support staff and laughed and joking with the staff working with them. We saw kind and supportive interactions and people were treated with respect. We saw from care plans that, where appropriate, people were supported to be as independent as possible, follow their chosen lifestyle and be part of their local community. The policies and procedures of the service indicated that people would be protected from discriminatory practices, irrespective of their beliefs, gender or race.

Staff we spoke with told us they felt that they had the time to give personalised care and to support people's independence. Staff were very clear about the importance of getting to know the people they visited and giving them the time and attention they needed when they called. Staff we spoke with were very knowledgeable about the individuals they supported and about what was important to them in their lives. The support being provided was focussed on helping people to maintain their independence as much as they could. People's support plans were written in a positive way that emphasised their individual goals and had been reviewed to make sure approaches were still appropriate to achieve individual wishes and aspirations.

We could see that people who had received care had appreciated the services provided. This was evident in the many cards and letters the service had received as well as in their own quality surveys. These included, "[Staff names] go above and beyond to help me" and "I see the same staff" and "They [staff] listen to you." During our visits to people's homes we saw that they enjoyed laughing and joking with the care staff working with them and told us about the things staff supported them with. We saw friendly and supportive interactions between staff and the people they supported.

The registered manager kept in regular contact with people and everyone that we spoke with knew the registered manager and confirmed that she was accessible and "helpful." They were clear about directing people to advocacy services should they require support and had information and contact details with such services. This helped to make sure people's interests would be independently represented outside of the

service to act on their behalf if needed. The service also had information available in different formats for people about different services and voluntary agencies that could help and support them with different issues.

Is the service responsive?

Our findings

The feedback received from people who used the service was that it was responsive and helpful. Everyone we spoke with told us that the staff knew the support they required and how they wanted this to be provided. Everyone we spoke with said they had a care plan in place and were involved with its development and that it was reviewed with them and/or their family and supporters. All the care plans we looked at had been reviewed and updated when the support people required changed. This meant the staff had up to date information about how to care for people. One person told us, "If anything changes they [staff] change the file and everything in that file is agreed by me."

One person told us "I know about my plans, they [staff] check with me about what goes in and its confidential." Another person who lived in their own home in the community told us how the service supported them to live the lifestyle they chose. They said, "I like the staff, they help me and give me a hand to do the things I like, like shopping and going swimming."

The care staff we spoke with told us that the care plans gave them the information they needed to be able to be clear about people's support preferences. From speaking with care staff, and observing them with the people they supported, we saw that they communicated well with people and knew about them as individuals with particular care preferences and needs.

It was clear that the service looked for ways to include and support people to achieve their goals and maintain the life they wanted. Initiatives included the 'service user awards programme'. The scheme recognised where people who used the service had achieved their personal goals and done something that had significance to them and/or had a positive effect on their well-being and personal development. For example, positive changes to lifestyle, taking on new responsibilities or tasks that promoted independence and being involved in community and voluntary work. People's preferences, cultural and spiritual needs were made clear in their care plans and were respected. People who used the service were also kept up to date with the service's magazine so they could be involved in the activities of the service they used.

Care plans we looked at in people's homes, and the master copies held in the office were, person-centred and included information about people's likes and dislikes, important people in their lives, the support they needed and wanted. There was information about people's behaviours, hobbies and interests, response to new situations, things that upset them, food and drink preferences and assistance needed with activities of daily living. This helped staff to understand and relate to people as individuals and assist them to follow the lifestyle they wanted and receive support in the way they wished to. Care plans were being reviewed and updated on a regular basis to help make sure information remained current.

People told us they knew how to raise any concerns or complaints they may have about the service. One person told us they had made a complaint previously and were "Very happy" with the way it was handled. Other people we asked said they had not needed to make a complaint and felt they could rely on the staff and registered manager to look into any complaint they might have. People we asked knew they could report concerns directly to the registered provider if they did not wish to speak to the care staff or to one of

the registered managers of the service. We saw that the information on making a complaint was available in alternative formats to meet different needs, such as an easy read format. The registered provider also had systems in place for staff to report any concerns they had about the conduct of other staff members.

There were systems in place to ensure staff could report any changes to people's care needs or wishes. Staff we spoke with were aware of the importance of sharing information about the person they were supporting with the registered manager of the service who would then make sure care plans were amended and changes made. We were told that the service was "flexible" and acted quickly when people needed something altered, for example to attend an appointment or activity.

Is the service well-led?

Our findings

People told us that they were happy with how the service was being managed. There were two registered managers employed at the service. People told us that they knew the registered managers and how they could contact them if they needed to. 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.

People told us that they were asked for their views of the care and support provided by the service and felt that they were listened to. The management team had sent surveys to people who used their service to gain their feedback and help them monitor the quality of the service provision. We looked at the most recent survey responses and we could see that feedback had been largely positive. Comments included, "The manager does listen to you and gives good advice" and "I am impressed with the management team, they visit and help and have good first-hand knowledge." All those we spoke with said that they had never had a missed call from the service. One person said, "The manager comes if they are short to make sure I have my visit. They would make sure I got my help."

The staff told us that this was a good organisation to work for. They told us that they felt well supported by the management team in the service and told us they felt able to raise any concerns with the registered managers. One person said, " They [registered managers] are very approachable, listen to your ideas and problems and help you think things through." Staff told us that they knew how to contact the registered managers and said there was always a senior person in the organisation available on call if they needed advice. We were told, "There is always someone on call you can speak to advise and talk things through with if you need help."

Providers of health and social care services must inform the CQC, about important events which happen in their services such as allegations of abuse or serious injuries to people who use the service. The registered managers of the service were aware of their responsibilities to do this. They had informed CQC of significant events in the agency so that appropriate action could be taken and information shared with other appropriate bodies, such as the local authority, if needed.

The registered manager told us that plans for the service included expanding the service to support more people. They were unwilling to do this until more staff had been recruited and inducted so they could be sure there were sufficient suitable staff available. Part of the future service development included introducing more technology that would allow all staff to make sure information could be shared more quickly within the team.

