

Creative Support Limited

# Creative Support - Derby Service

## Inspection report

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30 September 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### 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

An inspector and an assistant inspector completed the inspection.

### Service and service type

This service provides care and support to people living in four '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.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be around to talk to us, and documentation would be available to review.

### What we did before the inspection

Before the inspection we gathered information known about the service. We had received complaints that included; the service had neglected people, that staff did not wear suitable protective equipment for the current Covid-19 pandemic and that incidents were not responded to effectively. We also contacted the local authority for their knowledge and any ongoing investigations into the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

During the site visit we looked at the relevant parts of six people's care records. We also looked at medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures. We looked around one house, where a few people lived. We spoke to the registered manager and service director.

The following day, we made telephone calls to two people who used the service and one relative. This was to discuss their experience of the care provided. We also telephoned seven staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were sent four staff recruitment files, and staff training/supervision details to review.

## 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.  
Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.  
Details are in our well-led findings below.

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## **Detailed findings**

### Background to this inspection

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# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good knowledge of how to recognise and respond to risks of abuse. One staff member said, "My job is to protect the people I support. If I had any concerns I would report them to the manager."
- The service had received concerns about neglect and abuse. The registered manager had reported these allegations to the local authority safeguarding team. The registered manager had also investigated concerns in an open and transparent way. These allegations were not substantiated in the registered manager or local authority investigations.

Assessing risk, safety monitoring and management

- People's needs were clearly documented. This meant staff had detailed guidance on how to keep people safe. This was particularly important as some people had limited communication and could otherwise struggle to have their needs met and relied on staff to meet their care needs and keep them safe.
- Records were regularly reviewed to ensure that risks were recognised and mitigated.
- Staff had good knowledge about the people they supported, and how to support them to remain safe.

Staffing and recruitment

- People felt there were enough staff to keep them safe.
- We had received a concern that there were not enough staff to provide one to one support. Rota's showed us, and staff agreed that there were sufficient staff to support people. The registered manager explained that the service had reduced one to one support during the covid-19 lockdown because people were not using the additional one to one support to access the community.
- Records showed us that staff had received training to support people safely. Staff reported that this training was good quality.
- Staff were safely recruited. For example, references were gathered from previous employers to ensure staff were of good character.

Using medicines safely

- Medicines were stored safely in people's rooms
- Staff recorded clearly when they supported people to take their prescribed medicines.
- Staff had received training on how to administer medicines. There were policies and procedures for staff to follow.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wearing PPE and people reported that staff usually wore PPE.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Learning lessons when things go wrong

- Before the inspection, we had received concerns that the service had not responded to complaints appropriately.
- People and a relative we spoke to, felt that they could report concerns and that these would be responded to. Records showed that complaints were recorded and investigated as we would expect.
- We identified that the registered manager had received multiple complaints. They had worked hard to investigate these. The investigations were seen to be thorough, transparent and involving external health and social care professionals as needed.
- When investigations had occurred, many concerns were not upheld. However, it was clear that where risks were identified, changes had occurred and improvement made. For example, there was a complaint that a person had eaten too many takeaways. The registered manager found that written meal records for this person needed improvement. Therefore, additional records had been put in place to ensure the person's nutritional needs were clearly documented.
- Due to the level of concerns received, the senior service manager had also visited the site. This was to review the quality of care and speak to all of the staff group. Staff had not reported concerns to the service manager, they also did not report concerns to us.
- The registered manager explained that there had been a poor culture among staff when they started at the service. However, a different staff team, and new ways of working had improved the culture of the staff team. Staff agreed with the recent improvement in the service culture.



# 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 as good. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care records were written in a person-centred way. This guided staff to put people's needs and preferences first. People and staff told us that this was also the ethos of the service.
- People had good outcomes. The registered manager had promoted social activities during the Covid-19 pandemic, to ensure people were well stimulated.
- The registered manager and staff team worked together to ensure people's needs were met in an effective and safe way. Information was handed over between staff and regular reviews ensured the service was safe.

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; Continuous learning and improving care

- The provider has a legal duty to notify the CQC of events that occur at the service. The registered manager had good knowledge of this requirement and ensured the CQC were kept up to date with important changes at the service.
- The registered manager had worked to investigate concerns in an open and transparent way. Many concerns were not upheld, however it was clear that learning and changes had occurred from any complaints that had been upheld.
- People, staff and relatives all reported positively about the registered manager, their openness and positive response to any concerns raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff team were clear about their roles. They had confidence in the registered manager to respond to any thing the service needed.
- The management team audited the service in an effective way. This meant any risks were quickly responded to, and the service improved
- Staff told us that there had been a previous poor culture at the service. However, felt this had recently improved with a change in management and new staff team. One staff member said, "The manager is faultless, they have made big changes here and things have changed for the better."
- The service met regulatory requirements, by providing a safe service which met people's diverse needs in a person-centred way.

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

#### characteristics

- People at the service found traditional consultation styles difficult. (Eg using questionnaires). The management team advised they were looking at new ways of gathering people's feedback. This would allow the management team to further improve the service.
- A relative told us that the management team feedback regularly to them about their family member's changing needs.
- Staff had access to regular supervision, this allowed one to one discussion with management about how they were feeling and any improvements they could suggest. Staff reported that the management were always accessible to contact if they needed them. One staff member said, "They have a presence and that makes a big difference."

#### Working in partnership with others

- Records showed us that people had access to multiple health and social care professionals.
- Any concerns about the service, had been reported by the registered manager to the local safeguarding team to investigate.