Creative Support Limited

Creative Support - Durham Services

Inspection report

Innovation Court
Yarm Road
Stockton On Tees
Cleveland
TS18 3DA

Website: www.creativesupport.co.uk

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20 February 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 took place on 20 February 2018 and was announced.

This service provides care and support to fifteen people living in four 'supported living' settings, so that they can live in their own home 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.

The service had a registered manager in post. 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. Each supported living setting had a project manager in place.

At the last inspection in December 2015, the service was rated Good. At this inspection we found the service remained Good.

Risk assessments were in place with full information on steps that should be taken to reduce the risks.

Staff had received training in safeguarding adults and the registered manager understood their responsibilities to identify and report any concerns. Safe recruitment processes were followed to ensure only suitable people were employed. The services did have a shortage of staff and the provider was in the process of trying to employ more staff. Agency staff were being used in the meantime. Staff raised concerns about the shortage of staff and having to work long hours to cover this. This was looked into by the service director.

Medicines were managed safely and people received their medicines as prescribed. We have made a recommendation about the management of when required medicines.

People accessed health and social care professionals. People benefited from strong, caring relationships with staff that treated them with dignity and respect.

People received effective care from staff that had the skills and knowledge to support them. We have made a recommendation about training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice. Consent to care and treatment was clearly documented and appropriate authorisations were in place when people lacked capacity to make decisions.

Activities were developed around people's interests. People were supported to maintain relationships and access the local community.

Effective management systems were in place to monitor the quality of care provided and to promote people's safety and welfare. Staff did not feel supported by the management team and stated morale was low.

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 remains good.	Good
Is the service effective? The service remains good	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

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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 inspection took place on 20 February 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector, a CQC pharmacy inspector and an expert by experience who made telephone calls to people and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

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 looked at two care records for people who used the service. We examined three sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed. We spoke to seven relatives of people who used the service over the telephone, the registered manager, service director, project manager and four staff members. People who used the service were

unable to communicate verbally. Due to staff working in a large geographical area we provided questionnaires for them to complete and we received 21 back. We visited one of the services to check their medicine records.

Good

Is the service safe?

Our findings

Staff we spoke with said there were not enough staff on duty and some staff were working long hours to make sure people who used the service could access activities of their choice. Staff we spoke with said, "We are always short staffed, I work 1:1 with a 2:1 client most shifts, the manager (project manager who is the manager of that particular supported living home) puts themselves in for support and don't attend the shift." Another staff member said, "Management put themselves on the rota to do a shift but they never turn up." Another staff member said, "In the service I work at we have enough staff and use agency staff if needed." A further 11 staff felt there were enough staff at the services they worked at. We asked the registered manager to look into how long staff were working and the concerns about management putting themselves on the rota and not turning up. This was looked into after the inspection and the service director found one service out of the four was experiencing some difficulties and an action plan was put in place to address this along with support for the project managers to prevent them being pulled from rotas.

The registered manager was actively seeking new staff and had 11 people lined up for an interview on the inspection day. Unfortunately only two people turned up. The provider had a low staff risk assessment in place and had a staffing action plan which was robust.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone].

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff.

Risks to people had been assessed and detailed risk management plans were in place to guide staff and reduce the associated risks. These plans had been reviewed on a monthly basis and updated as required.

Safe recruitment processes had been followed. We looked at three staff files and found they all contained the required pre-employment checks before new staff began working at the service.

The provider had systems and processes in place for the safe management of medicines. Medication administration records (MARs) were fully completed and a running stock balance checks showed that medicines had been administered as prescribed. Medicine policies were in place including local policies that were more specific to each service. Medicine information for people was person centred and a system was in place to account for when people had periods of leave or attended day centres and took their medicines with them. Although the use of when required medicines (PRN) was low, we recommend that the information on when to use this medicine plus the expected interval between doses was updated. We saw the information was recorded on the MAR to say a PRN had been administered but there was not regular recording to state whether the medicine was effective.

The service had Infection control policies and procedures in place. All staff had completed infection control

training. Staff stated they had use of personal protective equipment (PPE) provided such as hand gels, disposable gloves, aprons.

Good

Is the service effective?

Our findings

New staff were required to complete an induction when they first joined the service which covered the main principles of caring for people as well as training the provider considered to be mandatory. Additional specialist training was also provided to staff. The project manager explained that new staff were provided with a mentor and usually completed shadow shifts for about four weeks, they stated, "The new staff member has to gel with people."

Where necessary staff received training in Creative, Intervention, Techniques, in Response, to Untoward, Situations (CITRUS) and positive behavioural support (PBS). CITRUS training is a model to prevent, minimise and manage different behaviours and PBS is who to best support people who display or at risk of displaying behaviours that could challenge, this model supports understanding and tries to support in enhancing the person's life as well as that of the person caring for them. We saw where staff had used these training techniques best interest meetings had taken place due to using breakaway techniques.

Staff training records evidence that regular refresher training was provided to ensure staff kept up to date with current best practice. However there were some gaps in training that we recommend the provider makes sure missed training sessions are completed by the relevant staff. One relative we spoke with said, "The staff are always polite and have a lot of professionalism."

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.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was only supporting one person who lacked capacity.

People and their relatives were actively included in discussions about their care and we found written consent, to the contents of people's care plans. Where necessary relatives had the legal right to consent. People were presented with information in a way they could understand, such as easy read formats. Care plans documented how staff were to support a person to make a decision for example, provide the information verbally, provide two options, speak clearly and so forth. Also when was the best/worst time to ask the person to make a decision. For example one person found making decisions better when they were in a quiet environment. This ensured people and staff had full understanding before making decisions or asking for a decision to be made.

People had a comprehensive communication support plan; describing how people communicated and their preferred methods. Staff we spoke with had a good understanding about people's individual communications needs and how people used single words.

People were supported to attend health appointments. These visits and the advice given were recorded within people's care records. When staff had concerns regarding a person health, appropriate professionals had been contacted. One relative we spoke with said, "If my [Person] is poorly, they [staff] will ring me to say someone is coming out to see them. They communicate with us if they have got any concerns." Another relative said, "Things are absolutely great. I am over the moon. The team is really good. He gets on with them well. He goes to the optician and dentist with his support team and they support him in hospital if needed."

People were supported to meet their nutritional needs and healthy eating was encouraged. Each person bought their own food and arranged their own meals. Some people enjoyed cooking their own meals where other people would help prepare as and when they fancied helping. Everyone in each setting enjoyed a communal Sunday lunch and we were told they were all having a competition to see who could make the best Yorkshire puddings. Care plans detailed peoples likes and dislikes and how people preferred to eat. For example, one person did not like staff to sit with them whilst they had their meal.

Good

Is the service caring?

Our findings

Relatives we spoke with said, "Every time I go the staff treat me with the utmost respect and friendship. I can have a laugh with them. It gives that homely feel that everyone's together." Another relative said, "The staff are always asking my [Person] if they need help with anything, they will not push them into anything they are not ready for, they provide choices." And another relative said, "I am very happy with the support my [Person] gets, they have a lovely life and it is nice to see them well looked after." A further relative said, "The staff do their best for the people in their care, they treat the clients with respect, I have never seen any bad things and I have peace of mine." Another relative went on to say, "My [Person] has some really good carers who take time to understand them. They have patience and I can feel their calmness."

People were supported to be as independent as much as they wanted to be. We saw evidence that promoting people's independence was discussed at team meetings. One staff member said, "Our service users enjoy as high a standard of living as possible whilst maintaining as much independence and dignity as possible."

There was clear emphasis on helping people maintain daily living skills such as cooking, cleaning and shopping. Care plans detailed a person's dreams and aspirations and one we saw stated the person wanted to improve their daily living skills and wanted to be included in meal preparations. We saw details of how the person would chop the vegetables and where they liked to sit whilst they do this.

The service had an easy read equality and diversity policy which all staff adhered to and staff had received training in this subject. Staff we spoke explained how they embed this into their daily working lives. One staff member said, "Everyone is different, the team the [people who used the service] and we value their differences." Another staff member said, "We adapt the care we provide to suit the individual people we support." And another staff member said, "We attend church weekly with one of our clients." A further staff member explained how one person does not eat a certain meat due to their religion and staff adhered to this.The provider had also developed an equality and diversity action plan with a calendar highlighted events to include events for all faiths. The action plan also addressed whether care plans took into account people's diverse needs.

We found staff demonstrated a positive regard for what was important and mattered to people. It was clear staff were familiar with people's likes and dislikes and were involved in the planning of their care.

People were included in the choice of what type of person they would like to support them. For example, one person had documented that they would like someone patient and not easily phased, they also recorded that the person should be kind, caring, respectful and helpful as well as someone who would encourage their independence.

People who used the service said staff promoted their privacy and dignity and always knocked on their doors before entering their rooms. Staff we spoke with said, "When we provide personal care we always close the door and respect them." Another staff member said, "Each person had their own bathrooms and

sleeping areas, any personal care takes place in these areas with as much dignity as possible." And another staff member said, "We always ensure doors are closed and knock before entering, we keep to confidentiality protocols and maintain polite distances."

Relatives we spoke with said, "When the staff are starting their shift, they will give my son a Hi Five and ask him how he is. They spend a lot of time with him. If he wants his own space he can go and watch his TV."

The service had processes in place to ensure people were supported to gain access to advocacy services. At the time of the inspection no one was using an advocate.

Regular reviews took place with the person and people who knew them best such as family, key worker and social worker. Reviews reflected on their achievements, goals and aspirations, and care plans and where changes were identified these were reflected in the person's care plans.

Good

Is the service responsive?

Our findings

Care plans had been developed and included background information centred on the individual. Information included personal history, current and past interests, keeping in touch with people and communication needs. We also noted that records included information on the person's next of kin, important contacts, information of any allergies and peoples aims and goals. These plans were reviewed on a monthly basis with people and/or people important to them. One relative we spoke with said, "The care plan meets the needs of [Person]."

The service had extensive and comprehensive care records. A range of person centred planning tools were in place including what a good and a bad day looked like, what is important to me and relationship circles. This allowed staff to learn as much about the person as possible.

Care plans were individual to the person and provided very detailed explanations of a person's daily routine. Full information was documented about how the person communicates or demonstrates what they want or don't want. For example, for one person, if they don't want to have a bath they turn the taps off and remove the plug.

Care plans also documented what was important to the person. For example for one person it was important for them to go out for drives. Also it was important for staff to know that they needed to repeat certain words the person said, so that person knew they had fully understood them.

People had plans in place which recorded their hopes, wishes and goals for the future. For example, one person wanted to enter the Paralympics. Staff explained that they were supporting the person to do this by sourcing sports days they could enter. Another person wanted to improve their living skills and we saw they now made their own pizza.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, people received information in an easy read pictorial format such as picture exchange communication system (PECS). PECS is a communication intervention package for individuals with autism spectrum disorder and related developmental disabilities. The provider also used teaching, expanding, appreciating, collaborating and holistic (TEACH) approach. This approach offers techniques staff can use when they try to respond to the needs of the person with autism.

People were supported to participate in their preferred activities. One staff member said, "Activities are chosen by the service user so it is therefore all their choice."

Relatives we spoke with said, "They look after my [relative] really well. They are out most days. They go to the pictures, out shopping and goes out for an ice cream. The staff are brilliant with [person]. [Person} is

really settled, happy and comfortable. I am chuffed to bits." Another relative said "They always seem to be going out; there is someone to support each and every one. My [Person] is settled with the staff and has got a lot of trust in them." And another relative said, "They celebrate Halloween, bonfire night, everyone's birthday, it is unbelievable. Christmas is lovely with carol singing."

People were involved in a range of activities of their choice. This included going to Hamsterley Forest, the Metro Centre, local pubs and cafes, outings to see live bands and bowling. One of the services also had chickens in the garden and poly tunnels so people could grow their own vegetables.

The service had not received any complaints since our last inspection. A comments, complaints and compliments procedure with an easy read version readily available.

At the time of the inspection no one was receiving end of life care. We saw the service had an end of life policy and people, who wanted, had funeral plans in place.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Care Quality Commission since November 2015. 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

We received mixed reviews from staff, some staff felt valued and supported whilst other felt very undervalued and said morale was very low, they were extremely short staffed and the managers higher up were not supportive. Due to some of the concerns staff raised we sent all their comments to the service director who completed a full investigation. The outcome of this was that communication needed to be improved and more support was needed for project managers. The service director sent a newsletter they had developed and planned to send out on a monthly basis to aid communication.

Staff we spoke with told us they loved their jobs, comments included, "All support staff and service users make it a happy welcoming place to work", "I really enjoy working here," and "I really enjoy working here but it can be stressful at times especially when we are short staffed, I also feel unappreciated at times."

Relatives we spoke with said, "The managers seem very nice. The staff seem content which shows good management." Another relative said, "The staff are good but I have concerns that there doesn't seem to be a manager or senior on shift much." Another relative said, "I rang last week to speak to a manager (of a particular supported living house) but one wasn't in. They have had quite a few managers but they don't last long. One lasted two weeks."

We saw there were effective systems in place to monitor the quality of the service. The registered manager and area manager completed regular audits in key areas including care and support plans, medication, health and safety, finance, staffing including supervision and training. The service used an audit system called CLEAR which stood for creatively learning using evidence which is accessible and relevant. Any actions taken were to improve the outcome for people using the service, one action was to look at staffing and the outcome was that people who used the service were more settled. We saw that before each audit began they looked at actions from the previous audit to make sure they had all been completed.

We asked staff what Creative Supports values were. One staff member said, "Creative Support value opportunities, choice and wellbeing." And "Creative Support encourages an open and honest culture which is all about learning from any situations."

We saw evidence of regular staff meetings taking place where staff discussed the people who used the service and topics such as promoting independence and health and safety. Monthly meetings took place for people who used the service. During these meetings they discussed topics such as safeguarding, health and safety, activities and the day to day running of the home.

The provider sought people's views by an annual questionnaire. They had recently sent one out and were awaiting its return.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.