

Creative Support Limited

Creative Support - Hampton Crescent

Inspection report

Richmond Hill
Long Close Lane
Leeds
West Yorkshire
LS9 8NH

Date of inspection visit:
15 March 2016

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28 April 2016

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

We undertook an announced inspection of Creative Support Hampton Crescent (extra care housing) on 15 March 2016. We gave the provider 48 hours' notice of our visit to ensure that the registered manager of the service would be available.

Creative Support is extra-care housing and provides personal care services to people in their own flats. At the time of our inspection 29 people were receiving a personal care service.

This was the first inspection under the new provider 'Creative Support'.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

Staff and people told us they were able to speak to the registered manager if they had any concerns. The service supported staff with supervisions and annual appraisals.

The service was meeting the requirements of the Mental Capacity Act (2005). We asked staff on the day of the inspection their understanding of the Mental Capacity Act (2005), all the staff we spoke with said that they would always assume capacity first.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it.

The people we spoke with all said they felt safe in their flat whilst care and support was provided.

People had care plans in place which were individual to their own needs. These included risk assessments around support and also regular involvement from health professionals.

Records we looked at and through our discussions with staff we found staff received regular training and were knowledgeable about their roles and responsibilities. People were cared for by sufficient numbers of suitably trained staff. They had the skills, knowledge and experience required to support people with their care and support needs. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

The people we spoke with told us they did not need support with meal times. Staff told us they supported people to healthcare appointments or asked the matron to attend the service if needed. Staff provided

personal care as required to meet people's needs.

There were effective and robust systems in place to monitor the quality of the service.

Creative Support had a complaints procedure in place. People who used the service and staff knew how to complain. Complaints and compliments were dealt with in accordance with the policy.

There was an accident and incident file in place. The accidents had been recorded and actioned by the registered manager.

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.

Staff had a good knowledge of safeguarding procedures and how to put these into practice.

There was a robust recruitment policy in place

There were appropriate arrangements for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received themed supervisions with the registered manager.

People were supported when needed to access healthcare appointments if staff had any concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

All the people we spoke with told us staff spoke to them in a kind and respectful manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

The service responded to health care needs.

Care plans were in place at the service and people were involved in their own plan.

People said the registered manager and staff listened and felt

confident that any concerns or complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led

Staff told us they were supported by the registered manager.

The service had mechanisms in place which allowed people using the service to provide feedback on the service provision.

Creative Support - Hampton Crescent

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 on 15 March 2016 and the visit was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. This inspection was carried out by one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed 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 contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of this inspection there were 29 people receiving personal care from the service. We visited the registered provider's office where we spoke with four people who use the service, the registered manager, a visiting health professional and four staff. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe in their flats. One person told us, "I feel safe; staff are here all the time. If we need anything they are here straight away." Another person said, "I feel safe with [name of person] she is lovely." All the people we spoke with said they felt safe as they all had their own pendant or bracelet which they could use to alert staff when they needed support.

Staff had completed training in safeguarding vulnerable adults. This was evidenced in their staff file and also through staff speaking to staff. The service had a safeguarding policy in place and the registered manager told us all staff had received a copy of this during induction, which staff confirmed with us. Staff were knowledgeable in recognising signs of potential abuse and how to report any concerns. One member of staff told us, "Safeguarding is common sense really, safeguarding people and also other staff. If I had any issues at all I would speak to the manager." The registered manager maintained a file for safeguarding incidents and investigations which took place. At the time of the inspection there had been no safeguarding incidents.

Staff were able to tell us about people's medication and any side effects which may be experienced. Staff said they would not support people with their medication unless this was recorded on the medication administration record (MAR) sheet. We looked at two people's medication records and these were completed and signed by staff.

In the PIR the provider told us, 'All service users have a personal statutory support care plan in place on commencement of the service, this includes risk assessments to manage or minimise risks identified. Staffing is planned around service user assessed and commissioned hours ensuring recruitment is active and responsive when the staffing levels change due to leavers, maternity cover'.

We saw risk assessments were completed in people's care plans to assess any risks to a person using the service and for staff who were supporting them. Risk assessments were in place around personal care in their home and the support needed for the person. Training on moving and handling, medication and also the use of any equipment including hoists were completed by all staff. This meant that people's safety was not compromised.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager told us the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. They used a dependency tool around the people's needs and support. We saw evidence of this during the inspection.

Recruitment procedures were in place and the required checks were undertaken before staff could start work. All staff had been checked with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. The registered manager said that applicants attended an interview to assess their suitability for the role and we saw this evidenced on the day of inspection. All staff contracts were in place and signed by staff before starting their role. Staff undertook an induction programme,

shadowed senior staff and attended all mandatory training before commencing work.

In the PIR the provider told us, 'In the event of an accident or incident occurring a report is completed on site and sent to head office who also monitors and tracks trends and supports with corrective measures where applicable'.

We saw accidents and incidents were appropriately recorded. These were reported straight to the registered manager so that appropriate action would be taken.

Is the service effective?

Our findings

People we spoke with told us they received health care when they needed it. They told us they had visits from the community matron who came to the service twice a week. We spoke to the visiting health professional who told us, "People's needs are always assessed before they move in. The service has consistent staff here which helps as we all have a close working relationship. If the staff or manager has a concern they phone us straight away and we come out." We saw in people's records they had received regular support from healthcare professionals such as dentists and district nurses. These visits were documented in people's care plans.

Staff received supervisions which incorporated discussions around training, safeguarding, medication and care plans. It was evidenced through the staff files that all staff received a themed supervision to look at targeted areas in safeguarding, medication, finance and health and wellbeing. Staff said they felt these themed supervisions were effective. All staff had received an appraisal with the registered manager.

In the PIR the provider told us, "Training and refresher training is planned in advance and relevant to our service. Staff matrix and training matrix are completed to monitor and plan effectively".

Training was completed for all staff both face to face on induction then most training was then completed online through e-learning. Some of the training staff completed included medication, manual handling, safeguarding, effective communication and dementia awareness. Staff who spoke with us confirmed all training had been completed and on-going training was available. This was evidenced on the rota at the time of inspection. One staff member told us, "We do lots and lots of training and we can ask if we want more. I am up to date with all my training."

All of the people who received care had the capacity to make their own decisions at the time of our inspection. The registered manager told us if they supported people who lacked capacity they would inform family and health professionals involved in their care made the decisions in their 'best interest', in line with the Mental Capacity Act (2005). The Mental Capacity Act (MCA) is legislation designed to protect people who are unable to make decisions for them and to ensure that any decisions are made in people's best interests. People were involved in developing their own care plans to identify any needs that were required from the service and how this would be carried out. Staff were aware and had received training in the Mental Capacity Act. One staff member told us, "It's about asking yourself can someone make a safe decision for themselves, always assume capacity first."

People did not need support at meal times. People could access the communal dining area for breakfast and lunch or choose to go out in the community to have their meals. The service had good links with a local community which people could access to have meals and access activities. The registered manager told us the local café also provided people with meals if they requested this. People we spoke with told us they were happy with the levels of support given to them in regard to food and drink. Staff had received training in food and safety which was evidenced in their staff file and also in discussion with staff they confirmed they had completed this training.

Peoples care records included all details of their GP, opticians and their dentist. The care plan also included any issues around the person's health so that the staff could support them if the person required this.

Is the service caring?

Our findings

People and a visiting health professional spoke highly about the staff and the experience of care they received. One person who used the service told us, "There is a compliments board but I could not choose an individual member of staff as they are all brilliant. Another person said, "I receive good care." Another person told us, "If I was given a magic wand I would not change any of the staff." A visiting professional told us, "Staff are good they are all committed to the care they provide."

In the PIR the provider told us, 'All service users have choice of how and when they wish to be cared for and exactly how they would like the care to be delivered, and how flexible they choose'.

Staff understood people's care needs and things that were important to them in their lives, such as members of their family, key events and their individual personal preferences. Staff spoke with warmth about wanting to provide good care and support for people and they enjoyed working for the service. All staff we spoke with told us they enjoyed supporting people in their own flats. One person told us, "I love my job, wouldn't change it."

During the day we heard staff speaking with people in a respectful and polite way. We saw staff did not rush people and always had time to get to know them well. Staff interaction with people was friendly and relaxed. People and staff clearly knew each other well.

In the PIR the provider told us, 'Staff access service users home as agreed in the care plan staff knock, ring bell and wait to be invited in or use the key from key safe where applicable. Local induction and shadow shifts are documented and checklist used to evidence behaviours. Management and team leaders work on rota and alongside care staff to ensure they are demonstrating their understanding of treating people with kindness, Dignity, respect and compassion. Staff completed training sessions of Equality Diversity and inclusion'.

Staff spoke about the importance of ensuring privacy and dignity were respected and the need to respect individuals personal space. Staff gave examples of how they maintained people's dignity. Staff told us they would introduce themselves to new people before providing personal care. Our observations showed staff respected people's privacy and dignity. We saw staff knocking or ringing the bell before entering people's flats and telling them who they were before entering. We saw there were agreements in the care and support plan that had been signed by the person about access to the flat.

The service was purpose built with well - lit corridors and doorways. Pictures were on the walls throughout the service. The communal areas were all clean and uncluttered and the odour free. One person told us they would like a flower bed to look at instead of just grass. She told us she would speak to the registered manager about this.

Is the service responsive?

Our findings

We saw evidence in people's care plans of referrals and assessments prior to moving in. Assessments carried out by the registered provider on arrival, detailed the individual's needs and how they liked to be supported. We saw regular involvement from external professionals throughout the initial assessment process. Care plans all contained a photograph of the person. We saw there were no visiting restrictions and families could visit when they wanted to.

In the PIR the provider told us, 'Care plans are reviewed and where there are changes in a service users physical, mental or general health wellbeing staff will contact and make a referral to relevant professional'.

The care plans we looked at were individualised and person centred. The care plans covered all aspects of a person's individual circumstances. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit and additional duties and tasks to be undertaken. There was evidence to show the content of the care plans had been agreed with the person who used the service.

Staff told us the care plans were up-to-date and gave them the information they needed. If there were any changes the management team would inform them with any updates. We saw a communication sheet was provided for staff on arrival for duty alerting them immediately to any issues or changes. Where people's circumstances had changed, the care plans had been reviewed and updated to reflect changes in people's needs.

We saw there was an activity programme for the week. Activities listed included, bingo, dancing, knit and natter, Zumba and lunch club. There were also activities at the local community centre which people could choose to participate in. These included days out, luncheon club, pamper day, mystery trips and walking clubs.

In the PIR the provider told us, 'Staff are encouraged to act on the smallest of concerns and queries, and understand the importance of this to avoid service user upset, anxiety or distress and to always work to benefit the service users'.

People who used the service were aware of the complaints policy. We saw a complaints procedure in place with any actions needed by the registered manager. The registered manager said they would deal with complaints by contacting the people themselves if necessary or would write a letter to the person involved. There had been no complaints in the last 12 months about the care provided.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. We found suitable arrangements were in place to ensure people who used the service and those acting on their behalf were aware of the complaints system.. Guidance on how to make a complaint was given to people when they first started using the service. There was a comprehensive complaints and compliments procedure and policy in place. Some of the compliments included, 'Thank you

for all your support and involvement.' I would like [name of staff member] to know I appreciate all she does for me when she attends my calls'.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the service and oversaw the overall management of the service.

In the PIR the provider told us, 'We consider leadership and accessible management approach to be essential in the extra care model where staff work difficult shifts within short timeframes. Staff need to feel supported, listened to and responded to on a daily basis, particularly when some situations are sensitive and upsetting such as diminishing health of older people'.

People told us they could talk to staff and management if they had any concerns. One person said, "I could speak to anyone about anything, they are all very approachable." Another person said, "I have no complaints about the care I receive." One visiting health professional told us, "We have a good relationship with the manager and the staff here. The registered manager is on the ball."

Staff spoke positively about the registered manager and said they were happy at work. They knew what was expected of them and understood their role in ensuring people received the care and support they required. One member of staff said, "It's much better now we have a manager she is very organised." Another member of staff said, "I really like my job the manager and team leaders are all really supportive, really good team."

Service user meetings were in place. These were carried out quarterly. The last meeting was held in December 2015. Discussions around the service and if people were happy with this. One person said 'Yes I am happy at present.' 100% of people said their needs were met. No one had any suggestions around improvements in the meeting people just said to keep doing what the service is doing as they could not ask for more.

Staff meetings were held which gave opportunities for staff to contribute to the running of the service. The staff meeting minutes for January 2016 showed discussions included care plans, supervisions, appraisals, medication, rotas, training and safeguarding. The registered manager said staff meetings were held twice a month and the minutes were made available for all staff to read. Staff confirmed this happened. Newsletters were given to people who use the service. We looked at the most recent newsletter from March 2016 which included learning and good practice, the new team, policy updates, safeguarding and quality care.

We saw the customer quality audit results from December 2015. We found responses were positive. This showed people's views and opinions were taken into account in the way the service was provided. The survey was completed by 22 people who use the service. 100% of people said staff respected their privacy. 100% of people said they had their preferences met. 100% of people said they knew who to contact if they had a complaint.

In the PIR the provider told us, 'Direct observations and spot checks are completed unannounced. Weekly and monthly monitoring and auditing of medication, Mar sheets, communication sheets, time sheets, financial transaction records, water temperatures for bathing, statutory care plans and hours begin used'.

The registered manager told us they had a system of continuous audits in place which was evidenced on the day of inspection. These which included care plans, supervisions, weekly fire checks, daily visual checks of the service, complaints, safeguarding and medication records. All the records were accurate at the time of inspection.

The registered manager told us a monthly summary of accidents and incidents was completed. This was evidenced on the day of inspection. They confirmed there were no identified trends or patterns in the last 12 months. We saw individual incident forms had been completed and where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.