

Creative Support Limited

# Creative Support - North Lincolnshire Services

## Inspection report

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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 28 August 2018 and was announced. The service registered with the Care Quality Commission (CQC) in March 2017 as a new service. This was its first rated inspection.

This service provides care and support to people living in a number of '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. At the time of the inspection, a total of 17 people were receiving care and support from the service.

The registered provider had policies, procedures and systems in place to record safeguarding concerns, accidents and incidents and took action, informing the local authority and the Care Quality Commission as required. Staff had received safeguarding training and could identify different types of abuse and understood their responsibilities to report any unsafe care or abusive practices.

The provider embedded a proactive approach to managing risks to people who used the service. Risk assessments were carried out to enable people to keep their independence and receive care with minimum risk to themselves or others. We saw risk assessments were in place and covered many aspects of people's lives including mobility, accessing the community and medication.

We saw people received their medicines when they needed them. The provider had a comprehensive medication policy which supported staff to administer medicines safely. Staff had medicines training and their competency checked annually. We saw medication administration records were completed accurately.

The provider made sure there was enough staff on duty and we found recruitment procedures were safe and all relevant checks were undertaken before new members of staff commenced their employment. Staff received a thorough induction at the start of their employment and new staff completed a qualification known as the Care Certificate if they do not already hold a relevant qualification. Staff had the skills and knowledge required to support people with their care needs.

They received regular training, supervision and appraisals and were knowledgeable about their roles and responsibilities.

Staff supported people to access health professionals including GP's dentist and other professionals involved in meeting their needs. Staff also supported people to maintain a balanced diet and people were given choices and supported to purchase healthy food options.

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. The provider and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff.

People were cared for with kindness and compassion. We saw they were treated with dignity and respect and supported to maintain their independence. We observed positive interactions between people and staff throughout the inspection. People looked engaged, relaxed, and happy and were supported by staff that knew them well.

Care and support was planned and personalised to each person, which ensured they were able to make choices about their daily lives. Staff supported people to maintain and develop their relationships with those close to them, their social networks, and community.

People told us they had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon by the registered manager. We saw complaints had been dealt with appropriately

There was a positive culture in the service. Staff told us the registered manager was passionate and dedicated to providing a high-quality service to people. The provider had effective quality assurance arrangements in place and the registered manager conducted regular audits across the service to raise standards and drive improvements in the service.

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 was safe.

There were procedures in place to keep people safe, which staff understood.

Safe recruitment procedures were adhered to.

There was enough staff to support people safely.

Risk to people were assessed and risk management guidance was completed.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received support from staff that knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and received regular training and supervision.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People were offered choices of food and drink which took into account nutritional and dietary needs. People also had good access to health care services.

### Is the service caring?

Good ●

The service was caring.

People were observed as being relaxed and happy in the service.

People and their relatives spoke positively of the staff at the service.

Staff supported people to improve their lives by promoting their

independence and wellbeing.

People and their relatives were involved in their care and support planning

**Is the service responsive?**

**Good** ●

The service was responsive.

People's care records were detailed and easy to read.

Staff supported people to undertake activities of their choice.

People and their relatives knew how to make a complaint and raise any concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider and registered manager were clear about their values and vision for the service. They worked to ensure these were understood and implemented by the staff team.

Quality assurance systems drove improvement and raised standards of care.

Staff were motivated and inspired to develop and provide quality care. They told us they felt listened to.

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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 28 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be in. The inspection team consisted of two inspectors.

Prior to our inspection we looked at the information we held about the service, which included the provider information return (PIR). This is information we require providers to submit 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 notifications sent to us. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted Health Watch North Lincolnshire, North Lincolnshire safeguarding and commissioning teams for their views of the service.

At the inspection we spoke with registered manager and three staff. We spoke with four people who used the service, three relatives and a social care professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records, including their initial assessments, care plans and risk assessments. We also looked at a selection of documentation relating to the management and running of the service. This included quality assurance information, audits, recruitment information for five members of staff, staff training records, policies and procedures, complaints and staff rotas.

# Is the service safe?

## Our findings

Although some people were unable to tell us they felt safe, they appeared relaxed, happy, and responded positively when staff spoke with them. A person told us "I feel safe, staff are with me all the time." People told us they thought their relatives were very safe and well looked after.

The registered manager had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. Staff had a good understanding of the safeguarding policy and procedure and received training on how to recognise the various forms of abuse or mistreatment. They [staff] understood their responsibility to ensure people who used the service were protected from potential harm or abuse. Staff told us they were aware of their duties to 'whistle blow' about any concerns or incidents of poor practice. One member of staff said, "I would go to the manager and report my concerns and I am confident they would take the appropriate action."

The registered manager was aware of their responsibility to report issues relating to safeguarding. We saw safeguarding records were comprehensive and found any issues and actions taken including any lessons learnt had been carried out. There was evidence of risk assessments and management plans and records highlighted that when needed, information had been shared with the local authority and the Care Quality Commission.

The provider managed risks to people who used the service. Each person's support plan included a series of individual risk assessments. The assessments provided the staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence. We saw evidence these were reviewed and updated regularly and information was recorded in care plans on what action staff should take to support people at these times. For example, one person had no sense of danger when out in the community and could unintentionally wander into busy roads. To enable them to maintain their safety and independence whilst out in the community, staff purchased a rucksack which they could hold on to in an emergency situation and maintain the person's safety.

The provider was clear about its responsibilities and role in relation to medicines. All staff had completed appropriate training and had access to policies and procedures to guide them on how to manage medicines safely. There were suitable records in place to record the administration of medicines and staff were assessed on a regular basis to ensure they were competent to handle medicines to meet people's needs.

We saw audits of people's medicines were carried out monthly to ensure they were correctly administered and signed for, together with actions for staff to address shortfalls. The MARs we saw were up to date and signed accurately.

Staff understood their responsibilities to raise concerns and report incidents and accidents. We saw detailed information recorded in relation to accidents and incidents which included where the accident or incident took place, who was involved and any action plans put in place. The registered manager checked and investigated all records to make sure any action taken was effective and to see if any changes could be

made to prevent incidents happening again. Any lessons learned were shared with staff through team meetings and supervision.

Staff had access to, and followed, clear policies and procedures on infection control that met current and relevant national guidance. Staff we spoke to were aware of their roles and responsibilities in relation to hygiene and infection control. Staff were provided with personal protective equipment, including gloves and aprons. We noted staff had access to an infection prevention and control policy and procedure and had completed relevant training.

We saw evidence that equipment was serviced in line with manufactures instructions, including checks on hoists and slings used by service users. A business continuity plan was in place for use in emergency situations, for example; fire and severe weather conditions or breakdowns in essential utilities like water, gas, or electricity.

We looked at the recruitment records of five members of staff and noted the recruitment process included a written application form and a face-to-face interview. We also saw checks on staff's personal identity and past work experience to enable gaps in their work history to be discussed. There were two written references and an enhanced criminal records check had been completed before staff started work for the service. This meant the recruitment process ensured suitable staff were employed by the service.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared in advance. We checked a duty rota and saw that the levels of staffing were consistent across the week including weekends. This meant there was a good level of consistency and staff were familiar with people's needs and preferences. A member of staff told us they always have enough staff on duty, they have a consistent group of staff and they are a good team.

## Is the service effective?

### Our findings

Relatives felt staff had the right level of skills and knowledge to provide their loved one with effective care and support. They were happy with the care they received, for example, one relative told us, "The staff are excellent, I have no issues what so ever," another told us, "[Person's name] has come on so well since they have been in the service, the staff are very experienced."

We observed staff were very sensitive to people's individual needs, they listened well and communicated with them in way that could be understood by them. We observed staff who demonstrated patience and kindness whilst respecting people's wishes and preferences for their support.

We saw staff were provided with a good range of training which enabled them to fulfil their roles. They told us their training needs were discussed during their supervision meetings with their line manager and annual appraisals. Training records showed that staff had received a wide range of training relevant to the needs of the people they supported. Staff had received training on manual handling, infection control, fire safety, safeguarding, mental capacity act, first aid and food hygiene.

A training record helped the provider check the training each member of staff had received and helped them plan the staff team's future training needs. All staff spoken with confirmed their training was useful and beneficial to their role. One member of staff said, "There is some brilliant training and it is very thorough. The provision of training is good and so are the trainers." Another said, "The training is great, we requested specialist training, such as dementia, epilepsy and diabetes and we got these straight away."

New members of staff received a thorough induction at the start of their employment to ensure they had the basic knowledge and skills necessary to keep people safe. This included a period of shadowing experienced staff before they started to work as a full member of the team. New staff completed a qualification known as the Care Certificate at the start of their employment if they did not already hold a relevant qualification. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to.

Staff records showed staff received regular supervision and annual appraisals. Supervision and appraisals were used to develop and motivate staff, review their practice or behaviours, and focus on professional development. Staff also told us they had supervisions and appraisals and attended staff meetings. They said they saw their line manager most days and could discuss people's care and support with them. One staff member said, "Our senior is always available to discuss anything, [registered manager's name] is also very supportive, and you can always speak to them if you are in the office."

The provider carried out regular monitoring and reviews with people using the service and relevant professionals to ensure people's needs continue to be met. Staff ensured they received advice and treatment from relevant health professionals when necessary. The provider had effective arrangements in place to make sure people attended appointments and check-ups for all health needs including doctors, dentist, optician, and hospital appointments. A relative told us, "They keep me informed, they did just

recently when [person's name] went to hospital." Another relative said, "If they need the GP they let us know straight away, recently they had to have their teeth checked and they let us know."

Care plans had a document called a 'hospital passport'. This document had essential information about the person including next of kin, professionals involved in their care, and information about their health, communication needs, likes and interests. This document was for the person to take to hospital with them if they were admitted in an emergency.

Members of staff told us they provided support to help ensure people maintain a healthy diet to suit each person's dietary needs and preferences. For example, one person had a condition that meant they had put on a lot of weight. We saw evidence of on-going assessments and involvement with the care practitioner and health professionals to look at the best way to meet the individual's nutritional needs. Records also showed that one person liked going out for fish and chips, another told us their favourite food was burgers. One relative said, "The staff cook for [Person's name] and they have a varied diet."

Staff understood and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards (DoLs) and the key requirements of the Mental Capacity Act 2005 (MCA).

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 saw assessments had been carried out to assess people's capacity and best interest's decisions had been taken where people lacked capacity to make a decision. We checked whether the service was working within the principles of the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, three people receiving support from the service had these in place.

We noted the service had policies and procedures on the MCA and staff had received appropriate training. Staff understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. For instance, one member of staff told us, "I always make sure I've asked people if they want any help." A relative told us they had seen staff asking their relative if it was okay to support them with tasks and staff always respected them.

## Is the service caring?

### Our findings

People received care from staff that were kind, compassionate and respected people's personal likes and dislikes. During our time spent in the service, we observed the staff interacted with people in a caring, patient, and sensitive manner. Although some people we met who used the service were unable to express their views verbally we observed people smiling and relaxed when staff were with them.

The atmosphere was cheerful and people were happy. Staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's support plans; they spoke with warmth and affection about the people they were supporting. Comments from relatives demonstrated that they were very happy with the service. Relatives we spoke with told us, "I often just pop in and I am made very welcome, they do everything for [person's name] I can't praise them highly enough, we have no issues about any aspect of their care." And, "Staff are absolutely wonderful." Staff told us they loved their job and were proud of the work they did and believed people supported by the service received personalised care and support.

Staff encouraged people to maintain and develop their independence. For example, people were encouraged to take part and volunteer in activities, this was very successful as people were then able to run the activities themselves. Others participated in charity events raising money for local causes, and the local paper highlighted their achievements. The activities coordinator also ran a walking group which had been sponsored by the provider to promote health and well-being. This had taken place earlier in the summer and everyone was given a goodie bag at the end of the walk by the provider which contained healthy snacks and drinks to support people's health and well-being.

Staff supported people to maintain and develop relationships with those close to them, their social networks, and community. For example, one person used an iPad with support to 'facetime' their mum on a weekly basis. Staff told us "They kiss the iPad when they speak to their mum, they are so happy." Another person enjoyed listening to audio books and went to the local library on a regular basis to swap them. Some people had mobile phones and staff were working with one family member to enable the person to spend Christmas with their family.

Staff recognised people's diverse needs and equality and diversity matters were sensitively covered in people's care plan documentation. Staff told us they had themed supervisions that covered issues on the importance of maintaining people's personal dignity. The service had also held a dignity awareness day for staff and all staff were given a dignity card to remind them of the dignity principles. Staff told us they always promoted people's privacy and dignity. For example, when supporting them with personal care, they ensured doors were shut and curtains were closed. One relative told us, "When they take [Person's name] for a shower they always make sure they have a towel around them as they don't like to wear a dressing gown."

There were policies and procedures for staff about upholding people's privacy and confidentiality. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in the office to ensure that they were only accessible to those

authorised to view them.

People were given information on the service in the form of a service user guide. This was set out in an easy read format with pictures to illustrate the main points. There was information available on advocacy services. An advocate is a person who will speak on people's behalf to ensure their rights and needs are recognised. The registered manager told us that reviews were made for those with advocates involved and one person had an advocate but was not using them at present.

## Is the service responsive?

### Our findings

One relative told us, "The staff keep me updated, I always know what they are doing." Another said, "I am involved, we are able to sit and chat about [Person's name] with them." A professional told us, "I have found the service very responsive, they will work with people that have behaviours that challenge."

There was evidence in people's care plans that they were supported to express their views and were involved, as far as possible, in making decisions about the care and support they needed. They were in an easy to read format and provided a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. Staff told us the support plans were useful and they referred to them during their work. They also had systems in place to inform the management team of any changes in needs. Staff completed daily records of the care provided which included information about people's diet, well-being and activities which enabled staff to monitor any changes in a person's well-being.

Person-centred reviews were held annually to help maintain and set development goals for people who used the service. People and where appropriate, families were consulted about their person-centred care plans and relatives confirmed they had participated in reviews. One relative told us, "We have been to a review recently and are fully involved and our views listened to."

One person's review identified who they wanted at the review, where they wanted it to be held and what they wanted to discuss. For example, they wanted their house decorating, more massage sessions, and a comfy chair. The house was decorated and they were involved in choosing the colour schemes. A relative told us, "The house is lovely and they have just got a lovely new bedroom suite." They also had a sensory garden with wind chimes, a water feature and lights attached to the gazebo and they enjoyed spending time there. A staff member told us, "[Person's name] loves spending time in the garden, the manager has taken photographs of it and is going to enter it for an award." After the review the updated care plan identified that additional massage sessions had been introduced and a new chair had been purchased to support the persons well-being.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. On the day of the inspection, we observed positive interactions and engagement between staff and everyone who attended activity sessions at the service offices. The activities coordinator told us they provided group activities and people contribute to the ideas that they then put into practice, On the day of the inspection staff were supporting people to create a game which involved taking pictures of different body parts that were laminated to create a person. Other activities included a beetle drive and bingo. One relative told us, "[Person's name] is always out and about, they have more of a social life than I do." Another said, "[Person's name] gets out and about, they have holidays, go out for meals and go to lots of themed parties."

We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. Staff were aware of the importance of communicating with people in ways that

met their needs and preferences. Where people had communication difficulties, we observed staff demonstrated patience and used encouragement when supporting people. Staff told us they observed body language and one told us, "[person's name] can make you understand very clearly if they don't want to do anything by putting their arms up and we always respect that".

Staff also used picture cards and Makaton (Makaton uses signs and symbols to help people communicate. It is designed to support spoken language) to communicate with people. A member of staff told us they used lots of visual and verbal prompts to support people's communication needs. One person will mirror what staff do, so for example, they will drink from a cup in front of the person to see if they want a drink.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the provider shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed information was available in easy read formats and we saw these during the inspection.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. The registered manager told us the service had received 11 complaints about the service in the last 12 months. We saw the provider had systems in place for the recording, investigating and taking action in response to complaints.

Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. One relative told us, "I would say straight away if I had any issues." Another said, "I would speak to the team leader on shift but if I didn't get my complaint resolved then I would speak to the manager." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

Staff had completed end of life training and people had end of life care plans in place. These identified individuals wishes and preferences.

## Is the service well-led?

### Our findings

Staff and relatives made positive comments about the leadership and management of the service. For example, one member of staff told us, "The registered manager is a very good and very supportive" and a relative said, "The registered manager always make time to listen and deals with any issues straight away."

The registered manager was committed to the continuous improvement of the service. They were passionate and dedicated to providing high quality services to people. They had an 'open door' approach and took their role seriously. We found the service had a clear sense of vision and values that included a commitment to ensuring people were provided with service designed around meeting their individual needs and choices. Staff were also dedicated to these values.

There was evidence an inclusive approach was adopted that enabled people to develop their personal goals and aspirations. We saw evidence of regular consultation with people to enable them to participate and share ideas about the service. This included use of newsletters, surveys, and regular meetings with people together with opportunities for their involvement in a range of community activities.

The registered manager had a comprehensive and effective audit programme to ensure a high-quality service delivery. We saw regular audits, which looked at the quality of documents and checked information was completed appropriately. Action plans were implemented to discuss issues in a timely manner. The registered manager ensured learning was completed through competency checks, supervision, and appraisals.

All accidents, incidents and complaints were reported and recorded. The registered manager told us when an accident or incident or complaint occurred they were able to identify patterns or trends and show what action was taken and any lessons learnt. This was shared with people who used the service, their relatives, and staff and if necessary care plans and risk assessments were updated. This showed transparency in the organisation which had clear links of accountability through every level of the service.

A senior manager supported the registered manager and a team of senior staff. Staff comments about the management were positive, staff we spoke to told us they loved their work. They said they felt valued and supported by the registered manager and the management team and that their ideas and suggestions would be listened to. The provider set high standards for their staff and rewarded them for achieving this. Staff could be nominated for 'Achieve Q' awards. People who used the services and their relatives are encouraged to nominate staff to recognise staff's contribution to making a difference to people's lives.

We saw evidence that team meetings, had taken place and staff confirmed they had had the support they needed to support them in their role. Staff we spoke to told us "You can ring the duty manger if you have any issues or concerns and they always give you advice on what to do."

The registered manager worked in partnership with other organisations and had taken part in initiatives designed to help develop the service. For example, the registered manager told us she was a dignity

champion and attended meetings to promote this, including meetings with other providers to share good practice and encourage others to have dignity champions in their services.