

Creative Support Limited

# Creative Support - Salford Physical Disabilities Service

## 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

### About the service

Creative Support – Salford Physical Disabilities Service provides a 24 hour supported living service for adults with physical disability and other associated complex health needs. Accommodation consists of purpose built bungalows located in two residential streets within Swinton and a converted house. The accommodations are owned and maintained by three different housing providers with Creative Support – Salford Physical Disabilities Service providing the care and support to people who are tenants in these properties. At the time of inspection 13 people were using the service, however only 12 were in receipt of regulated activities and included in the inspection.

### People's experience of using this service and what we found

People were happy with the care and support provided and felt safe and comfortable in staff's presence. Staff had received training in safeguarding and knew how to identify and report any abusive practice.

Staff received a detailed induction, along with ongoing refresher training to ensure knowledge and skills remained up to date. Supervision and appraisals had also been completed to provide ongoing support.

People received personalised care which met their needs and wishes. People had been involved in the completion of care files and in providing guidance to staff about how they wanted to be supported. The service supported people to set and achieve goals and review their support each month.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were described as being kind and considerate, and actively listened to people and what they wanted. Staff also treated people with dignity and respected their wishes.

The complaints process had been provided in an accessible way, to ensure people knew how to complain. Where complaints had been made, we noted these had been resolved timely.

The service used a range of systems to monitor the quality and effectiveness of the care and support provided. Action plans had been generated to address any issues.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

# Creative Support - Salford Physical Disabilities Service

## **Detailed findings**

## Background to this inspection

### 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

The inspection team consisted of one inspector from the Care Quality Commission (CQC).

### Service and service type

This service provides care and support to people living in a number of '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure the registered manager would be available to support the inspection and to allow time for people to be asked if we could complete home visits to speak to them in person. Inspection activity started on 11 November and ended on 13 November.

### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, locality manager and support workers.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at four staff files in relation to recruitment along with a variety of records relating to the management of the service, including policies and procedures, audits and quality monitoring information.

# 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, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People using the service told us they felt safe and comfortable in the presence of staff.
- Staff knew how to identify and report any safeguarding concerns. Safeguarding training was provided during induction and refreshed regularly. One staff told us, "I have had training, many times. We do themed supervisions on safeguarding annually."
- A log was kept which documented any safeguarding concerns and what action had been taken to address these. A checklist had also been used to ensure the correct process had been followed and documentation completed.
- The service was proactive in reviewing any incidents. Lessons learned, and actions had been considered and documented following any safeguarding concerns, or incidents and accidents, to minimise future risks and likelihood of a reoccurrence. These were discussed in team meetings and handovers, to ensure staff involvement in the process.
- Detailed records had been kept for both accidents and incidents which explained what had occurred, what action had been taken and any lessons learned. Records were sent to the providers health and safety department, who provided additional oversight.

Assessing risk, safety monitoring and management

- Care files contained personalised risk assessment and management plans. These explained any hazards or risks, potential triggers, how the risks would be managed or minimised and who was responsible.
- Safety and maintenance of the properties was the responsibility of the landlords. However, the service completed a number of checks, to ensure the environment was safe for people they supported. These included fire safety checks, equipment checks, water temperature monitoring and daily checks to ensure windows and doors were closed, bins emptied and plug sockets switched off.
- Where people had moving and handling needs, risk assessments and care plans had been completed, to ensure people received support safely and in the way they wanted.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure staff employed were suitable for the role, and people were kept safe. Disclosure and Baring Service (DBS) checks had been completed. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.
- The service was actively recruiting due to having some vacancies. Gaps on the rota had been filled by existing staff completing overtime, use of bank staff or the use of consistent agency staff. Both people and staff confirmed there was enough staff on shift to meet needs, albeit would prefer a full complement of

permanent staff. Comments included, "Yes, most of the time there are enough [staff] but they do use agency" and "Yes, we have enough staff, but need more permanent staff."

- Staffing levels and support provided were based on commissioned hours, with each person's needs assessed and staffing arranged to meet these.

#### Using medicines safely

- Medicines were managed safely. Staff who administered medicine had received training and had their competency assessed annually.
- Each person had a medicines assessment and support plan, which covered their administration and support needs, such as who was responsible for ordering, storing and administering medicines. A list of each person's medicines was also present which included why they had been prescribed, any risks or side effects and actions to take, should they experience any of these.
- Medication Administration Records (MAR) had been completed correctly and consistently. Guidance for as required (PRN) medicines, such as paracetamol were included alongside the MAR, to ensure these were administered when needed and as prescribed.
- Where people received their medicines in a specific way, such as via a percutaneous endoscopic gastrostomy tube (PEG), clear guidance was available for staff to follow. This helped ensure staff and people had the necessary information to manage and administer medicines safely.

#### Preventing and controlling infection

- Effective measures had been taken to help prevent and control infection, including staff training and the ongoing provision of personal protective equipment (PPE).
- Staff had a good understanding of the importance of infection prevention and control. Comments included, "We wear gloves, have aprons. We wash soiled things separately. Washing of hands, keeping nails trimmed, things like that" and "We always wear PPE, this is always readily available."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been completed for each person, to ensure the service could meet their needs and wishes. Information gathered during the assessment process had been used to help create people's care plans.
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. People had been involved in reviewing their support regularly, with documentation updated to reflect changes.

Staff support: induction, training, skills and experience

- Staff received sufficient training, support and supervision to carry out their roles safely and effectively. New staff completed an induction which included training the provider consider mandatory, such as medication, health & safety, manual handling and infection control.
- Where new staff did not have previous experience or a qualification in health and social care, the Care Certificate was completed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us training was good, including specific sessions to ensure they could meet people's diverse needs. One stated, "We get enough [training], it's great. They provide specialty training to cover different needs." Topics covered included, PEG feeding, blood sugar monitoring, catheter care, colostomy care and use of a nebuliser.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us they had been involved in making decisions about their care and support. Care files contained consent forms, which covered a range of areas including consent to care, support with medicines, carer gender preference and consent for the service to draw up an action plan for use in the event the person went missing.
- A restrictive practice screening tool had been used, to identify if anybody was being deprived of their liberty or subject to restrictive practices as a result of the care and support provided. Where necessary, consent from the person had been sought, or the best interest process had been used.
- Staff had a good understanding of the MCA, and how this impacted on their role. Comments included, "This is to do with people's choices and their ability to make decisions" and "This is to do with assessing if someone can make decisions for themselves and if not, there are steps we need to take."

Supporting people to eat and drink enough to maintain a balanced diet

- People received advice and support with planning and preparing meals in line with their needs and wishes. Healthy eating was promoted and encouraged, but people's right to choice was respected.
- People requiring a modified diet, such as soft or pureed food or thickened fluids, received these in line with professional guidance. Each person had a nutritional support plan, which clearly explained their needs and how staff should support them.
- People we spoke with were happy with the support they received in this area. One told us, "I choose what I want to eat, staff help me prepare this. I also get support to go shopping, but I choose what I buy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan, which detailed their health needs, any support required and how they would communicate to staff they were unwell.
- Where necessary, the service had either made referrals to health professionals or supported the person to do so. Feedback from appointments had been recorded and if needed, changes made to people's care plans to reflect new guidance.
- The service worked closely with other healthcare professionals, such as GP's, speech and language therapists and community nurses, to ensure people received the required support to help them stay well. One person told us, "If I am not well, they come straight over. They will get the GP out, stuff like that."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with told us they were involved in decision making about the care and support they received and were able to express their views and opinions. This was done either informally with staff or through monthly reviews.
- Monthly feedback sheets had been completed with people. These covered, amongst other things, whether support provided was in line with people's wishes, if they were happy with support received, if staff were caring and understanding, what was and wasn't working and any other feedback they wished to provide. Actions had been generated and discussed to address any issues.
- The service also held tenants' meetings, which provided people with an opportunity to discuss the service and be involved in decision making. People had been responsible for deciding on the frequency of these meetings, which was three times per year.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care and support provided and the staff who supported them. Comments included, "The staff are kind, they are all very good" and "The staff are all kind and they listen to me."
- Staff ensured people were able to exercise choice. People told us staff asked them what they wanted and respected their views. A staff member told us, "We offer choices every day, what to do, what to wear, what to eat. A lot of things to do with choices are also covered in keyworker sessions."
- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Discussion about people's spiritual, religious, cultural, gender or sexuality needs had been completed as part of the admission and care planning process and information was included in care plans within people's holistic assessment.

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and the ways in which this could be achieved. Comments included, "I do this by shutting doors, closing windows and curtains, covering with a towel or blanket and asking permission before I do anything" and "We keep doors closed and cover people with towels when providing personal care."
- People confirmed staff were respectful of their privacy and dignity, always seeking consent to enter their premises or following the agreed process to do so. People felt comfortable receiving personal care from the staff, particularly the permanent staff with whom they had formed trusting relationships.
- People also told us staff promoted independence and individuality, letting people complete tasks they

were able to do. One told us, "Yes, the staff promote my independence. They are very good at letting me do the things I can manage."

- People had been supported to maintain their personal hygiene and appearance. This included supporting people to bathe in line with their preferences, provide oral care and complete domestic tasks such as washing and drying clothes.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and wishes. They had worked with staff to put together a booklet which explained their daily support needs and how they wanted these to be provided.
- Care files contained a wide range of personalised information, to ensure staff knew all about the people they supported, their likes, dislikes and preferences. A document was used to confirm people had been involved in completing their care file. This replaced the need for people to sign each individual care plan. As not all people using the service were able to sign their name, we suggested the service considered alternative ways of recording people's agreement.
- The service had effectively integrated the use of assistive technology, to support people to maintain their independence and help them remain safe and well. This included the use of specially designed call buttons, used to request assistance through to devices which could be operated by the head to control electrical devices, such as the television.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care files detailed people's preferred method of communication along with any systems or aids in place to support this process. A range of policies and information covering areas such as customer care, equality and diversity, fire safety, complaints and staying safe had been created in an easy read style and provided to each person.
- A communication book had been developed with one person, who was unable to communicate verbally. Staff had been trained in its use, to ensure the person could effectively communicate their needs.
- Equipment had been introduced to support people remain as independent as possible. For example a device which could be used to help a person with communication difficulties, answer the phone, rather than rely on staff to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's commissioned hours included some for activity completion, however this was limited and each person we spoke with, confirmed they would like more. The service was in discussion with people and social services about people's allocated hours.
- Activities and social inclusion were being provided as much as possible in line with people's wishes.

People could choose how and when they used their activity time. Some used this to go shopping, visit the cinema, or saved up hours and used these for full days out.

- The service aimed to promote a sense of community. For example, they had recently held a Halloween party, which included decorating the properties. This had attracted 'trick or treaters', which people had loved, as it brought the local community into the service.
- We asked staff about what they did to support people to access the community. Comments included, "We are an activity based project, we do a number of communal activities which people can engage in. We encourage people to do things outside of the service within the community, as well as support them during activity times to do things they want to" and "People have regular activities. We try to get them involved in day centres and other things in the community, but it's up to them if they want to get involved."

Improving care quality in response to complaints or concerns

- An accessible version of the services complaint's procedure was provided to each person upon admission. This ensured people knew the process to follow, should they wish to raise an issue or complaint.
- People we spoke with confirmed they knew how to complain. Comments included, "I would speak to a staff member" and "I have complained about my hours, but this is a social worker issue, nothing to do with the service. I have no issues speaking to staff if I have any complaints."
- The service had complaints and compliments log, onto which all information had been recorded. We noted eight complaints had been submitted in 2019, each had been addressed as per the services policies and procedures. We noted a customer care manager from head office was scheduled to meet with a group of people using the service, to review two recent complaints which had been submitted and discuss the action which had been taken.

End of life care and support

- The service does not support people at the end of their life, however as sudden deaths can occur, they had, where people had consented, explored their preferences and choices in relation to end of life care. This information was contained in people's care file.

# 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, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and staff told us the service was well-led. There was a clear structure, with the registered manager being supported by a team leader and senior support workers. Comments included, "Yes, the service is well-led. I feel supported by the manager and the seniors" and "I would say it is [well-led]. There is a good atmosphere, everyone works as a team and there's good communication."
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.
- The service completed a range of audits to monitor the safety, care and support provided. A monthly checklist was used to ensure audits and quality monitoring processes had been completed as per timescales.
- Provider level audits had also been carried out every eight to 12 weeks by the locality manager. This included a review of the service's audits to provide additional oversight.
- Action plans had been generated from each audit and quality monitoring process and used to drive continuous improvement within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We found the service to be an inclusive environment. People told us they were involved in their care and support and the service was flexible in meeting their needs. Keyworker sessions were completed, to enable people to set and review goals. Feedback was sought monthly to ensure people were happy.
- Staff spoke positively about the service and what it was like to work there. One stated, "I have found the service to be open, honest and person centred. This is easily the best service I have worked at."
- The service sought the views of people, their relatives or carers, staff and professionals via annual questionnaires. Each questionnaire had been designed to be both relevant and accessible to the person completing it. Although any issues identified had been addressed through action plans, overall analysis of the results had not been completed and shared. The registered manager said they would look at doing so moving forwards.
- Staff meetings were held, albeit there was not a clear schedule in place. The registered manager told us they aimed to hold these every one to two months, which meeting minutes confirmed. Staff were happy with the meeting frequency and confirmed they were able to contribute to the agenda.

### Working in partnership with others

- We noted a number of examples of the service working in partnership with others. The service was working closely with the local authority to review the support needs of people using the service.
- Multi-disciplinary meetings, involving the local authority, social workers and housing providers were held to review placements, people moving on, housing issues and other needs of people using the service.

### 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

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. People and staff had no concerns in this regard. Communication was reported to be good and they were kept updated and informed about any issues, changes or actions taken to address concerns raised.