

Creative Support Limited

Creative Support - Slough Supported Living

Inspection report

Garrick House
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Slough
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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 – Slough Supported Living is a supported living service providing personal care to people with a learning disability in their own homes. People were supported in two shared buildings and the service also offered floating community support. Garrick House supported ten people in tenancy owned individual flats and Oaktree Corner supported three people in a shared house. At the time of this inspection only the ten people at Garrick House were receiving support under the regulated activity of personal care that CQC inspect. Other people received wider forms of social care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service however did not always consistently receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

Staffing levels for people whose care was commissioned was determined by the local authority.

The staffing levels were sufficient to meet people's basic care needs. Incident records did not demonstrate that incidents were always fully investigated, or the necessary action was taken to keep people safe.

CQC's remit with regard to supported living is that we inspect the personal care element only and have no regulatory remit with regard to the accommodation. People living at Garrick House were not satisfied with the quality and safety of their accommodation. The provider was advocating on behalf of people to request that the landlord make repairs and improvements to the premises.

We made a recommendation that where specific health or medical needs are identified, the provider sources the appropriate knowledge and/or training to ensure staff have these necessary skills.

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.

People received kind and caring support from compassionate staff who knew them well. Staff treated people with dignity and respect.

The management team and staff were clear that they wanted to drive improvement in the service and increase opportunities for people.

The service did not consistently apply the principles and values of Registering the Right Support and other

best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support did not always focus on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered by CQC with a new provider on 6 June 2018. This was the first inspection visit to the service under the new provider.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the relevant sections of this full report.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 - Slough Supported Living

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.

Service and service type

This service provides care and support to people living in two 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. The registered manager was absent from the service at the time of this inspection.

Notice of inspection

This inspection was announced. We gave the service a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 looked at the notifications we had received from the service. Notifications are important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of care staff, the acting manager, area manager and director.

We reviewed a range of records. This included three people's care records and medicine records. We looked at staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted health and social care professionals to seek their feedback. We reported concerns about the poor state of one building to the landlords of the property. We contacted the fire safety officer to raise the ongoing fire safety concerns.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- We reviewed the incident reports that the service had recorded and saw the action taken was not always recorded clearly, or how the service would mitigate against future reoccurrences. For example, we saw two incidents where bruises had been noticed on people. There were no records to demonstrate that the cause of the bruising had been investigated and action taken from any investigation.
- One incident recorded that a person had fallen and sustained an injury. The person had refused to go to hospital, but further medical advice had not been sought. For a medicines error incident, we saw action had been taken but there was no record of any investigation or sharing the learning with staff. We saw the area manager had identified this was an issue and recorded in July that incident reports were of poor quality and that staff required further training on this area. They have since received this.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff understood the types of abuse people were susceptible to and how to raise the alarm to protect people from harm. The provider's safeguarding policy was displayed for people in an easy read format.
- People and their relatives felt staff would take the necessary action to keep people safe. One relative said, "I have no concerns about personal safety, she's not in danger."

Assessing risk, safety monitoring and management

- At this inspection we identified that Garrick House one of the shared properties, where people had their own tenancies was in a very poor state of repair. The property issues had been present for over six months. People and relatives were not satisfied with the quality and safety of the premises. The provider had consistently raised these concerns, on behalf of people, with the landlord of the building, whose responsibility it was to maintain the building to a safe standard. At the time of our inspection the landlord had not taken action to address these concerns.
- We observed that one staff member kept relative's contact numbers stored on their personal phone. The staff said this was due to their work phone being broken and not having sought a replacement yet. This was not a safe practice and breached the provider's safe storage of confidential information procedures. We raised this with the management team who immediately took action to address this.
- The service used a system of combined risk assessments to monitor and reduce risk. We saw risks included medicines, specific behaviours, mobilising safely and impact of health conditions.

Staffing and recruitment

- Staffing levels for people whose care was commissioned was determined by the local authority. The

staffing levels were sufficient to meet people's basic care needs.

- Staff told us, "The staff team is pretty consistent, we use agency to cover staff who are off but apart from that not a lot", "The people we support could do with more activities, one staff has to be left at the home and can only support one person at a time." Relatives said, "Staff are top notch, they are doing the job because they care about it, I think they are overstretched sometimes" and "Staffing levels can be low, they don't seem to be able to get enough staff."
- The management team were reviewing the levels of staffing with the commissioners. A graduate role was shortly starting with the service, which would be focusing on activities and events external to the home.
- Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Using medicines safely

- Medicine administration was safe, and medicines were stored appropriately. Medicines were kept in locked storage facilities within people's flats. One person self-administered their own medicines, and this had been risk assessed. Staff signed an observation form to confirm that the medicines for each day had been taken.
- For people that required medicines to be taken 'as required', a protocol was in place to guide staff.
- We reviewed some of the medicine records for people and saw no gaps in the recording.
- Medicines were audited weekly. A recent visit had been undertaken by the supplying pharmacy in July 2019 and no major concerns had been identified.

Preventing and controlling infection

- People had responsibility for cleaning their own flats and received prompts and encouragement from staff in maintaining this. One person told us, "I do all my hoovering." A cleaner visited the service twice a week to clean the communal areas. Staff told us they tidied it in-between these times.

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 this inspection this key question has been rated 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

- People had an assessment of their needs prior to any service being offered. Assessments covered people's health, physical and social needs.
- There was guidance for staff to follow in people's care and support plans. People felt staff were able to support and meet their individual needs.

Staff support: induction, training, skills and experience

- All new employees received an induction at the start of commencing their role. This had not previously been recorded. The director told us the process now was that all new starters had an induction checklist recorded during their induction programme. Agency staff also had a recorded induction, so they knew about important information relating to the service.
- Training was provided to staff using a mixed approach of face to face and E-learning. The acting manager said improvements on training had been made compared to what it previously was. We saw some outstanding gaps in training around non-mandatory subjects such as epilepsy, diabetes and supporting people with a learning disability. The acting manager was in the process of requesting this training for staff.

We recommend that where specific health or medical needs are identified, the provider sources the appropriate knowledge and/or training to ensure staff have these necessary skills.

- The director told us that staff were involved in the delivery of the training and the medicines training has been changed as a result of staff feedback. Previously it had been too focused on the clinical side and the practical side was not focused enough. Staff have said this change is positive and the course is now more relevant.
- Opportunities were available for staff to undertake further training and progress into senior roles. The director told us the uptake had not been high within this service, with staff preferring to stay in the same roles for long time periods, but it remained available and was encouraged.
- We saw that there had been some previous gaps in staff one to one supervisions. The acting manager told us supervisions ideally should be three monthly. This had been picked up from the service audits and the acting manager had a supervision matrix in place so going forward this would be undertaken regularly. Staff told us they were happy to raise any concerns they had when needed.
- The service had begun to conduct medicine supervisions and spot checks and told us this was proving to be positive in monitoring the safe administration of medicines.

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

- Where people needed support with preparing food and drink, staff supported people in the way that they wanted. One person said, "Staff help me with my meals." Staff told us that the support varied depending on what a person needed and commented "We cook meals, we have menu plans. Week by week, people pick what they want, and we go shopping with them if required."

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

- Staff told us they worked in partnership with other health and social care professionals to meet people's needs. This was reinforced by what we read in people's care records. People had a list of professionals who were involved in their support recorded in their care plan, with the contact details available.
- Each person had a health action plan that was personalised to them. Information was available around supporting any sensory impairments a person had and how to maintain regular appointments such as for hearing or eyesight.

Adapting service, design, decoration to meet people's needs

- People had tenancy agreements with the Council and lived in self-contained flats in a shared building. There was a communal lounge, kitchen area, laundry facilities and a large garden. The building was not currently being maintained to a satisfactory or safe standard. This was the responsibility of the Council and had been raised by the service and further since by CQC.

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. 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. Applications had been made to support people around finances and accessing the community. These had not yet been authorised.
- We saw assessments were in place to assess the level of capacity people had. Some people had varying levels of capacity. Not everyone was able to access the community without staff support. For some people this was due to their mobility needs. Another person chose not to go out unless accompanied by staff.
- Staff told us assessments were completed alongside social services which worked well. Information was recorded on how people had been supported to understand the decision needing to be made. There was evidence of best interest meetings and decisions which had involved people's relatives, however these were not always fully completed. The area manager told us this would be addressed.

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 this inspection this key question has been rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received support from regular staff that they felt comfortable with. People told us staff were caring commenting, "Staff are nice, they look after me" and "Staff are alright and kind."
- Relatives told us their family member was happy and felt the care provided by staff was good. Comments included, "They are well looked after, well dressed and seem to be happy there. The staff are friendly", "Staff are welcoming, it's a good service and my relative is happy" and "Staff are kind, they are all caring."
- The organisation took an active approach to promoting an inclusive culture and encouraging people to access groups of interest. The organisation was a Stonewall diversity champion and staff attended Pride events to promote the service (Stonewall is Britain's leading LGBT+ (lesbian, gay, bisexual and trans) equality charity.)
- A 'Transgender equality and supporting staff who are transitioning' corporate policy was in place. One staff told us, "I have had no issues with staff support from the organisation, they would support all cultural needs for people."

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

- People's views and decisions were respected, and staff were mindful that people could choose how they wanted to live in their own homes. For example, some people were active about the cleanliness of their flat, whilst other people were not. Staff told us they prompted, encouraged and assisted people where able to maintain their flats. One relative said "I visit weekly. I think it's a lovely place, good size, and my relative has their own space. They have a nice flat."
- People told us that staff respected their choices and one person said, "I go out when I want to." A staff member told us, "I love the people we support, they are capable of expressing themselves, they find a way to let you know what they want."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they maintained people's dignity and privacy during care support. One staff told us, "We make sure the doors are closed, we talk to people whilst we give care and let them know what we are doing and check if they are ok with this."
- People's independence was encouraged, and we observed people going about their preferred daily routines. One staff told us, "We enable people to do what they can and don't take away this independence from them."
- Staff remained vigilant in ensuring people did not become isolated commenting, "The self-contained flats are nice, but people can become isolated, we check on people at various times of the day to check they are ok and to say hello. They don't go a day without this interaction" and "It's supported living and if you do it

properly it's a nice way to work. People and staff are quite open minded."

Is the service responsive?

Our findings

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

At this inspection this key question has been rated 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's needs were clearly detailed in their care plans and contained information about how they wished to receive their care and support.
- Support plans showed when a person's care needs had last been reviewed and when this was next due. Staff told us if a person's needs changed this was highlighted to all staff and recorded in a message book which was checked each shift. Staff recorded the care and support each person received daily, however these were fairly basic at times. The acting manager had identified this and was addressing with staff.

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.

- We found where people had impaired communication, personalised support and information had been recorded in their care plans.
- Staff understood people's communication styles and how to support them effectively around this.

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 were supported to maintain interests and take part in activities. On arrival we saw one person tending to the front gardens which they enjoyed. Staff told us that people did what they wanted commenting, "Some people go to day centres, once a month the majority go on a day outing, we are off to Bournemouth this week and been to amusement parks. We have a take away once a week."
- We reviewed some people's weekly activity schedules and saw there was a lot of "TV watching" recorded. We raised this with the management team who appreciated this should not be recorded as an activity and told us they were working more to encourage people to access local groups and activities. One staff told us "There is a club where we go on a Thursday, some people are really independent, one person goes to work." Another staff member said "I really enjoy working with people living here. It's a calm and relaxing place, we can spend time with them."

Improving care quality in response to complaints or concerns

- Complaints were logged and responded to appropriately. An easy read complaints process was available for people, to ensure they understood how they could complain if needed to.

End of life care and support

- The provider did not currently have any people receiving end of life care.

We saw that not all people's wishes around their care at end of life had been recorded. This was especially important for people who were at risk of sudden death (SUDEP) from specific medical related conditions.

- The director explained that there was an available document to use and this would be implemented at the service without delay and prioritise people who were at risk of SUDEP. Following our inspection, a template of this document was sent which included a "Perfect send-off" document, an end of life care plan and an end of life policy.

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 this inspection this key question has been rated 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

- The service had a registered manager; however, they were currently absent from the service. An acting manager was in place to cover the registered manager's absence and they were being supported by an area manager and a director. The acting manager was clear on their regulatory responsibilities.
- The service was registered by CQC with a new provider in June 2018. Staff spoke about the changes they had experienced when the service had been taken over but said they were seeing changes for the better. Comments included, "There have been changes when this company took over. Systems keep changing", "When they took over initially there wasn't a lot of drastic change, but as we have gone on changes have been introduced and most of the better." The management team told us "The transfer was very rushed, and the previous provider did not provide much information on individuals using the service."
- Systems were in place to monitor the quality of the service. Previously these systems had not been operated effectively. The acting manager and area manager had identified that incident reporting and recording had not been completed appropriately and had taken action to address this. Regular audits were now being completed in areas including finances, medicines and safeguarding. The area manager checked the action plan on visits to the service and told us, "Everyone has been helping us to improve what needs improving."

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

- Staff were positive about the current management team and the support they received. Staff reported the team in place worked well together and morale was good. Comments included, "Staff work well together. Staff have been here a long time, that can be good and bad, but we don't have that problem", "The acting manager has not been here long but she's good", "The acting manager is helpful, she is nice and friendly" and "I like the staff rapport, we support each other well." One relative told us "The managers are friendly and helpful."

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 acting manager had a good understanding of their responsibilities under the duty of candour.
- A duty of candour policy was displayed in the office.

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

- The service sought feedback from people using the service and from staff. Staff told us that they helped people to complete the annual feedback survey as some people were unable to do this alone and did not have relatives to assist. We spoke with the management about this method and the potential risk of people not disclosing their true feelings if it was staff assisting them. The management said they would review this, and this may be something the new graduate role takes on going forward.
- People had the opportunity to attend meetings and we reviewed the minutes of the last meeting. The subject of key safes outside people's flats had been discussed to increase safety. One staff told us, "The meetings are monthly, and everyone gets to have their say."

Continuous learning and improving care

- The management team and staff were clear that they wanted to drive improvement in the service and increase opportunities for people. Comments included, "I enjoy the challenge of coming in to this service. I see a lot of changes are needed" and "We have a good vision of where we want the service to be, despite it taking longer to get there we know what that is. It's a lovely service but we want to give them more opportunity."
- The management team told us they had faced challenges of trying to get the local authority to address the concerns of the building and commissioned hours and wanted to focus on the accessibility of the community for people. A business continuity plan and action plan were in place and shared with us during the inspection. The action plan looked at areas in line with CQC's five domains and stated the action needed and who would be responsible for completing this.
- The acting manager told us they felt well supported commenting, "I feel supported, [area manager name] is fantastic, we work closely. [Director name] we see regularly, twice a month. The management team get on well." The area manager commented, "I have noticed that staff are being more receptive and seeing that the changes being implemented are for the better. We are actively encouraging staff to be laughing and interacting with people and that support is not just a process of tasks."

Working in partnership with others

- The service worked in partnership and collaboration with some key organisations to support care provision and service development. For example, relations had been developed with the local chief executive officer of the Royal Mencap Society, a charity based in the UK that works with people with a learning disability.