

Creative Support Limited

# Creative Support - Stockport Supported Living 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

Creative Support – Stockport Supported Living Service provides support to people in and around Stockport. It is part of the national organisation 'Creative Support'; a not-for-profit organisation which provides services for people with complex needs, including those affected by drug and alcohol misuse, autism, mental health needs and those with a learning disability.

Creative Support – Stockport Supported Living Service provides care and support to people living in 'supported living' settings, so that they can live in their own homes 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 the service was supporting 65 people in 16 supported living settings.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. By following these principles, services can support people with learning disabilities and autism to live as ordinary a life as any other citizen.

This was the first CQC inspection of this service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We have made one recommendation about staff supervision.

Systems were in place to help safeguard people from abuse. Staff knew how to identify signs of abuse and what action to take to protect people they supported. Risk assessments had been completed to show how people should be supported with everyday risks. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people.

A safe system of medicine management was in place. Staff received medicines training and competency assessments were carried out before they were permitted to administer medicines.

People were looked after by small teams of staff who were committed to providing support in a person-centred and caring way. We saw kind and caring interactions between staff and people they supported during our inspection. People were helped to be as independent as possible.

All new staff received a thorough induction. Staff completed training to ensure they had the knowledge and skills to support people safely.

The service was working within the principles of the Mental Capacity Act (MCA) 2005. People were helped to make choices and take decisions where able, such as what activities they would like to do.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health and remain as independent as possible. People's support plans were person-centred. They contained detailed information about their preferred routines, likes and dislikes and how they wished to be supported.

The management team provided good leadership of the service. There was a process for handling complaints and concerns. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions.

## 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.

Procedures were in place to safeguard people from harm and abuse. Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

The management of medicines was carried out safely.

Risk assessments were in place to help manage risks to people and keep them safe.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure they had the skills and knowledge to provide the specific care that people needed.

The service worked within the principles of the Mental Capacity Act (2005).

People received the support they needed to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were patient and kind.

Staff helped people maintain and develop their independence.

### Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who understood their support needs and what was important to them.

Care records and care plans were person-centred.

People were helped to take part in a wide variety of activities of their choice.

Complaints were dealt with appropriately.

**Is the service well-led?**

The service was well-led.

The management team provided good leadership of the service.

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

**Good** ●

# Creative Support - Stockport Supported Living Service

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 and 8 February 2019 and was carried out by an adult social care inspector. In line with our inspection methodology we gave short notice of the inspection visit. We gave the provider two days' notice of our inspection. This was because the service supports people in the community and we needed to be sure that the registered manager would be available to assist us with our inspection.

To help us plan our inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider. Notifications provide information on changes, events or incidents that the provider is legally obliged to send to us without delay

Prior to the inspection we contacted the local authority to ask if they had any feedback about the service. They told us about an occasion when the service had not responded to a safeguarding concern within the required time frame. We have discussed this further in the 'safe' section of this report.

During our inspection we spoke with the registered manager, service manager, three team leaders and three support workers. We visited four supported living tenancies and observed how staff interacted and spoke with people. We talked to two people who used the service. We also spoke with five relatives on the telephone to ask them their opinion of the service.

As part of the inspection we looked at nine sets of care records. These included support plans, risk assessments and medicines records. We reviewed other information about the service, including training and supervision records, health and safety checks and three staff recruitment files.

## Is the service safe?

### Our findings

One person was able to tell us they felt happy and safe living in their supported accommodation. They told us, "They (staff) are all kind to me." Other people were unable to tell us if they felt safe. However, we saw they responded to staff in a positive way and they appeared relaxed and comfortable in their presence. All the relatives we spoke with, without exception, were happy with the support provided by staff. One relative told us, "I'm absolutely delighted with them. They go above and beyond."

The provider had a safeguarding policy and safeguarding concerns were investigated and reported to the local authority. The registered manager told us, "We are very transparent and report any safeguardings." If a safeguarding concern related to an agency worker, that person was not allowed to return to the service. The registered manager told us, "If there are any concerns around safety or poor practice we won't use that person again. We have zero tolerance." Staff had received training in safeguarding and understood how to report any concerns. One support worker told us, "I wouldn't be reluctant to voice any concerns." The service had recently introduced a form for keeping track of the progress of safeguarding investigations. This was introduced after a breakdown of communication had meant the service did not respond to the local authority safeguarding team within the required time frame, following a safeguarding alert. This shows that the service learns from its mistakes and makes improvements when things go wrong.

The service had safe recruitment practices. Full employment checks were carried out before staff started work at the service. We looked at three staff recruitment files, which were well organised and contained the required documentation. This included an application form with full employment history, interview feedback form, two references, photographic identification and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

We looked at staffing arrangements. The service employed team leaders, support coordinators and support staff to ensure people were looked after by small groups of staff who were familiar with their needs and wishes. Some agency staff were used. However, where possible these were regular agency staff, who knew the people they supported. One relative told us, "I like the continuity of it." There was an on-going recruitment drive to ensure there were sufficient staff to maintain the level of support the service provided. The registered manager told us, "Staff need to have the right values and qualities. It doesn't matter if they don't have the experience."

The service kept people safe by ensuring regular safety checks were carried out at each property. Every property had a health and safety file. These contained records of the daily, weekly and monthly safety checks, which included checks of the emergency lighting, fridge temperatures, smoke, fire and carbon monoxide alarms and means of escape. Everyone had a personal emergency evacuation plan (peep) which gave instructions on how to evacuate them safely from the property. Following a recent, small electrical fire at one of the properties (during which everyone was successfully evacuated) the service had put some additional safety checks in place to ensure electrical equipment, such as clothes driers, were turned off and unplugged at night. Substances which are hazardous to health, such as cleaning fluids, were locked away.

Staff wore gloves and aprons when assisting people with personal care. This helped prevent the spread of infection. These measures helped protect people from potential risks to the safety.

There were systems in place to support people to take their medicines safely. People had individual medicines files, which contained their medicines assessment, care plan and medicine administration record (MAR). People were encouraged to administer their own medicines, if they were capable, to maintain their independence. This was done with staff supervision. Everyone's medicines were stored in a locked cabinet in their own room. The appropriate documentation (prn protocol) was in place for people who received medicines 'when required', such as pain relief, inhalers for breathing problems or emergency medicine to be used if a person had an epileptic seizure. Body maps were used to show staff where to apply topical medicines (creams). All staff were trained to give medicines and were assessed to ensure they were competent. There was a process in place for dealing with medicines errors. This included an investigation and subsequent action, such as staff re-training.

Risks to people's health and well-being had been assessed and risk management plans were in place to guide staff on how to reduce the level of risk, while helping to maintain people's independence.

All accidents and incidents that occurred within the service were recorded and investigated. The accident forms were analysed so that any trends or patterns could be identified, addressed and the risk of reoccurrence in the future reduced. This helped to keep people safe.

## Is the service effective?

### Our findings

People were supported by staff who had the appropriate skills and knowledge. All new staff completed an induction programme during their probationary period. This included working alongside experienced staff until they were competent to work unsupervised. Training was provided by Creatives Support's own training academy, which ran a comprehensive training programme throughout the year. This included medicines administration, moving and handling, health and safety, safeguarding, emergency first aid and positive behaviour support. Where staff supported people with specific needs, such as epilepsy or autism, they had received the appropriate training.

Staff received supervision and an annual appraisal and team meetings were held at the different properties. This meant the service provided support to staff and gave them opportunities to seek advice or guidance from more senior colleagues. We found at some properties supervision meetings were not always consistently recorded and it was difficult to see what supervision had taken place and what was planned. We recommend that the service improve their methods for planning and recording staff supervision meetings.

The service was working within the principles of the Mental Capacity Act (2005). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 that where a person was unable to make significant and important decisions for themselves, the service had ensured people who acted on their behalf had been involved in the decision-making process, through best interest meetings. For example, a meeting had been held to discuss whether it was appropriate for a person to receive dental treatment.

People's care files contained information on how to help them make a decision. For example, one person needed staff to speak slowly, use easy words and show them pictures, to help them make a decision.

People were helped to maintain good health, attend medical and hospital appointments and access relevant healthcare services, such as dentists and podiatrists. Everyone had a health action plan which described how they should be supported with their health and well-being. Relatives told us they were happy with the level of support people received with their health. One relative told us that their family member had been encouraged to lose weight through eating healthy meals. When people attended medical/health appointments, information about the outcome, was recorded in their care files. This ensured staff were kept up-to-date with people's changing health needs.

People who used the service required support to prepare their meals and drinks. People were encouraged to make suggestions about what food they would like and some were involved with food shopping and meal preparation. One person told us they had been taught how to cook a meal. At one property we saw that Friday night was 'take away night'.

People who used the service were protected against the risk of unlawful or excessive control or restraint. Staff received training on how to support people, in the least restrictive manner, if they demonstrated behaviours that put themselves or others at risk of harm. Support plans were used for people who displayed these behaviours. These contained clear guidance about how they should be supported by staff, to minimise risks to themselves or others.

# Is the service caring?

## Our findings

Without exception relatives were complimentary about the service. One person said, "They really do try to do their best for them" and another said, "He's in a happy house." During our inspection we saw kind and thoughtful interactions between staff and the people they supported. It was obvious that staff cared for people and had developed warm and friendly relationships with them.

Staff supported people with their personal care and helped them maintain their appearance. During our inspection we saw that people looked well-groomed and wore good quality clothes that they had chosen themselves. One relative told us, "(name) always looks smart and clean and his clothes are colour coordinated, which he likes."

People were treated with dignity and kindness and staff spoke to them respectfully. The service had recently held a 'Dignit-tea' event to mark Dignity Action Day. People had been invited to Creative Support's head office for tea and a discussion around how the service could ensure dignity and respect for both staff and service users in care and support settings.

People were encouraged to be as independent as possible and where they needed help with their personal care needs, staff encouraged them to do as much as possible for themselves and only intervened when required. People's support plans described how staff promoted their independence. For example, one person's daytime routine plan said, 'I brush my teeth independently and do my own hair. I can shave myself with an electric razor.' Some people had their own mobile phone and one person had their own computer. One team leader told us, "Promoting independence is a big thing of mine."

During our inspection we visited four properties, which were all maintained to a high standard. Each person had their own bedroom, which was decorated and personalised according to their individual taste and all properties had pleasant communal areas. Where people were able, they were encouraged to look after their own rooms and help with household tasks, such as washing up, recycling and meal preparation. This helped them to maintain daily living skills, feel involved with the running of the household and take pride in their surroundings.

People who used the service/tenants were able to comment on the support they received through regular meetings. We looked at the minutes of a recent meeting, which had been chaired by one of the tenants. There was a set agenda which gave people the opportunity to comment on activities, shopping and meal planning, health and safety, person centred support, roles in the house and consideration for others.

## Is the service responsive?

### Our findings

Staff were knowledgeable about the people they supported and those we spoke with told us how they helped people to live as full lives as possible. Staff supported people to take part in a wide variety of activities of their choice. These included visits to local shops, restaurants, day centres and participation in sports, such as yoga, cycling and swimming. Some people did voluntary work. This included helping at the Creative Support head office, where they served drinks at meetings and staffed the 'meet and greet' desk. Two people were taking part in the 'Round the World Challenge' organised by the charity 'Mencap'. This is an initiative to which aims to support people with a learning disability 'to get out and get active'.

People who used the service had a key worker. This was a support worker who took a special interest in their support needs. Relatives spoke highly of their family member's key worker. One person told us, "His key worker is very kind, patient and upbeat. He takes pride in (name's) appearance."

People were supported by staff to maintain their personal relationships. This was based on staff understanding their life history, their cultural background and sexual orientation. People's care records contained a document called the 'relationship circle' which showed who was important to them. People's sexuality was respected by the service, as staff were non-judgemental and valued people's individuality. The service showed support for LGBT+ services through their participation in Manchester Pride celebrations.

People's care records reflected their assessed needs and contained detailed information about how they wanted to be supported. Care files contained a range of information, including support plans, which described how people wished to be helped with such things as their personal care, daily routines, behaviour and health. All the support plans we viewed were comprehensive and person-centred. Providing person-centred care is about ensuring someone with a disability or long-term condition is at the centre of decisions about their life.

At the time of the inspection no one was receiving end of life care. The registered manager told us that where possible they would support people to receive end of life with the help of community nursing services. If a person's health deteriorated, their needs were reassessed and appropriate action taken to enable them to remain at the service, with additional support. For example, if a person's walking deteriorated they would be reassessed for moving and handling equipment, such as a hoist

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand so they can communicate easily with health and social care services. The service was working within this standard. For example, pictures were used alongside words to help people understand key information more easily. People's ways of communicating were identified as part of their initial and ongoing assessment and communication care plans reflected the specific ways people made their wishes known to staff, such as using hand gestures, or particular words or phrases. Staff we spoke with were knowledgeable about people's different ways of communicating.

Everyone using the service and relatives were given information about how to make a complaint. This was available in an easy-ready format. We talked to the registered manager about how the service managed complaints. She told us, "Where possible we try and nip things in the bud. We work with families." We saw that where complaints had been raised about particular aspects of a person's care, these had been looked into and action, such as a review of their care package, completed.

Relatives were complimentary about the way the service communicated with them and kept them informed about issues that affected their family member. One person told us, "Communication is excellent. I can contact by text, email or phone." Another person said, "When I speak to the team leader he is very approachable and takes on board what I say. They all listen, as I speak on behalf of (name)"

## Is the service well-led?

### Our findings

The service had a registered manager who registered with the Care Quality Commission in December 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Creative Support – Stockport Supported Living Service took over management of the service from the local authority during the period April to August 2017. Relatives we spoke with were very complimentary about the way that Creative Support had overseen the transition from one provider to another and told us that they felt the process and outcome had been very positive. Comments included, "The transition was near to perfect.", "I'm extremely happy. It was a very smooth take over from the council" and "It's now more of a family style now. He's really come out of his shell."

There was a clear management structure. As well as the registered manager and service manager, a team of senior staff were responsible for the day-to-day management of each property. The registered manager told us they had worked hard to develop and encourage the team leaders to take on additional responsibilities. They said, "We have put a lot of effort into our senior team. We are up-skilling the staff at the services so they can manage things." The team leaders we spoke with were positive about the support and help they had received in their new roles. Each property had staff on site 24 hours a day. The registered manager, service manager and senior staff provided 'on-call' management during the night and at weekends. This meant there was always an experienced member of staff available to support staff and offer advice in the event of an accident or incident.

The registered manager and service manager were knowledgeable and had good oversight of the service. They demonstrated a clear understanding of their roles and responsibilities and were enthusiastic about the service and how it could be further improved and developed. There was an action plan in place which highlighted specific areas for development and timeframes for completion. This showed the service was committed to learning and improving.

There were processes for overseeing the quality of the service. Environmental safety checks and regular audits were carried out at each property to check on different aspects of the service and drive improvement. A weekly 'senior check list' ensured the registered manager was informed that all checks had been completed.

People who used the service, relatives and advocates were given the opportunity to provide feedback through an annual survey, which was available in an easy-read format. The survey asked people if they felt supported, safe, included, in control and involved with the service.

The registered manager was aware of their responsibility to notify the CQC of important events/incidents that happen in the service or affect people using the service. This meant we could see if appropriate

action had been taken by management to ensure people were kept safe.