

Creative Support Limited

Delos - Pyramid

Wellingborough (Creative
Support)

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 31 July and 2 August and was announced.

Delos - Pyramid Wellingborough (Creative Support) provides care and support to 43 people with learning disabilities. Some people lived in a supported living setting, and some people lived in their own homes, 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.

Not everyone using Delos - Pyramid Wellingborough (Creative Support) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, 6 people were receiving personal care from the service.

The service had a registered manager in post. 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.

Risk assessments were in place to manage the risks associated with people's care. These included assessments to support people in a range of environments. Behaviour support plans made sure that people who may display complex behaviours were supported to remain safe.

People told us they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. Agency staff were used on occasion to cover shifts.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in the Care Certificate which teaches the fundamental standards within care. Ongoing training was offered to staff and mandatory areas of training were kept up to date.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meet ups, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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.

People felt safe with the support of staff they received.

Appropriate staffing numbers were in place.

Staff were aware of safeguarding procedures.

Medication was managed safely.

Is the service effective?

Good ●

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements in place to ensure the continuity of the service when staff were sick or on holiday.

Staff demonstrated their understanding of how people's capacity to make decisions and choices about their care had to be taken into account and acted upon. □

Peoples received support with food and fluid intake when they required it.

Support with all aspects of people's healthcare was provided when needed.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

The service was responsive.

People's needs were assessed before care was provided to ensure that all their individual needs could be met.

Care was personalised to each individual.

People were confident that they could raise a concern about their care and there was information provided on how to make a complaint.

Good ●

Is the service well-led?

The service was well led.

People benefitted from receiving a service that was well organised.

Staff felt well supported by the management team and able to carry out their roles confidently.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service.

Good ●

Delos - Pyramid Wellingborough (Creative Support)

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 31 July and 2 August and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service, two relatives of people that used the service two care workers, the administrator, and the area manager. The registered manager was not available on the day of our inspection. We reviewed six peoples care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service such as training records and audits.

Is the service safe?

Our findings

People felt safe receiving support from the staff. One person told us, "Yes I always feel safe with my staff." A relative told us, "I am happy that [name] is safe."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "I haven't had any concerns for anyone's safety, but if I did I would follow the procedure and report to management or the Care Quality Commission." All the staff we spoke with were confident that any concerns they reported would be followed up appropriately by the registered manager.

Risk assessments in place were detailed and covered the areas of risk that may be present in people's lives. This included a variety of different environments and activities. Where appropriate, people had risk assessments to manage any behaviours they might display that could challenge and cause risk to themselves or others. Risk assessments were completed in a way which promoted people's independence and encouraged them to do as much as they could for themselves safely.

Staffing numbers were sufficient to meet people's needs. One person said, "I always have my staff. Sometimes it's agency staff, but they are always here with me." Staff told us they felt the service was staffed well and people were supported safely, and rotas we saw confirmed this. One staff member we spoke with said, "Staffing levels are fine. Everything is covered by regular staff or agency staff. The agency staff are regulars so they know what they are doing."

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and identification and right work checks had taken place. We saw that two references were obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that it was done safely. The staff completed medication administration records (MAR) clearly and accurately, and staff were sufficiently trained in this area.

Staff had completed training to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required. We saw that team meetings were held specific to staff members that worked together in certain areas, and that issues were discussed for improvement such as the need to add more detail in to the daily notes that were being recorded. We saw

that actions were taken to make any necessary improvements.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required. One person told us, "My staff know me very well. They understand the things I like to do and the way I like support." We saw that a detailed pre-assessment of people's needs took place before any support took place, which enabled staff to find out about what support was required. All the staff we spoke with felt that through training and the information available to them about people's needs, they were able to provide effective care to people.

Staff members had a comprehensive induction before starting work within the service. One staff member told us, "The training is good. I started with a company induction, two weeks of shadowing and various basic training courses." All the staff we spoke with confirmed that they went through the same induction process. Staff skills and competency were assessed across the first six months of employment to ensure they were meeting the required standards. We saw that all new staff were signed up to the care certificate qualification. The care certificate covers the basic standards that are required to work within care. The ongoing training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by the providers training department. Reminders were sent from the training department to the management team when training was due for staff.

Staff members received supervision and support from senior staff. One staff member told us, "I'm happy with the amount of supervisions I get. I can contact managers for support when I need to." All the staff we spoke with confirmed that they were supervised effectively and felt that their supervisions were useful and helped them develop within their role. We saw that supervisions were recorded and any actions and goals were recorded for people to work towards.

Staff supported people to eat and drink sufficient amounts when required. One person told us they were happy with the food they had on offer, and were in control of what they bought and what they prepared with support each day. Staff working in the supporting living service told us, "People have the choice of what they want to eat. We are all aware of people's food preferences and any dietary requirements." We saw this information was recorded within people's files.

The service worked and communicated with other agencies and staff to enable effective care and support. The area manager told us that the service regularly liaised with health and social care professionals at the local authority in relation to people's care. Detailed information regarding people's health requirements was recorded by staff, and staff we spoke with were knowledgeable and confident about supporting people with their health requirements. We saw that people had information relating to visits to the dentists, doctors, podiatrist and any other required health professionals. One person we spoke with told us about an operation they had, and how the staff were supporting them positively with their recovery.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Is the service caring?

Our findings

People developed positive relationships with staff, who treated them with kindness, respect and compassion. One person said, "[Names of staff] are really nice. I like them a lot. I prefer having my regular staff and not agency staff. I know I have to have agency staff sometimes though." A relative told us, "I think the staff are very good with [Name]. they really try to get them going. It's like a little family." All the staff we spoke with told us they felt they had the opportunity to work regularly enough with the same people, in order to get to know them and develop good relationships.

People and, where required, their family were involved in their own care and were able to freely express their own views. One person told us, "The staff listen to what I have to say and I am in control of my own day. I choose what I want to do." We saw that people were able to plan out their own reviews, invite who they wanted to attend, and talk about the subjects they wanted to discuss. People were supported by staff to plan for these reviews, and record their wishes.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. This included respecting people's confidentiality and personal space. For example, we saw a care plan which reminded staff they must not enter a person's house if they arrive on shift, but the person is not home yet. A relative said, "The staff know their boundaries. They have always been respectful when I have been around."

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff knew them well and understood their needs. One person said, "I have staff with me at all times, and I am happy. They know what to do, and help me do the things I want to do. I know I can speak to staff and the manager when I need to change something."

There was information in people's care plans about what they wanted to do for themselves and the support they needed to be able to put this into practice. For example, there were detailed sections on 'What matters to me' and 'What people admire about me'. Here staff recorded all aspects of people's wishes, preferences and personalities, along with their goals and aspirations. People's plans had a focus on independence and encouraging people to do the things they could for themselves.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw many examples of information that had been provided in easy read formats for people to access, such as complaints information and service user guides.

Care was personalised and considered people's lifestyle choices. For example, we saw that one person was regularly supported to attend the local religious temple where they had built relationships with people and become a part of that community. We saw the person took part in regular yoga sessions within this community. Other community relationships, such as those with the person's neighbours, had been documented for staff to understand and support the person to manage and continue to develop.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they were comfortable to make any formal complaints if needed. One person said, "I have spoken to the manager about problems in the past with agency staff." A complaints recording system and complaints policy were in place which showed that information could be recorded in detail and actions formulated. We saw that any complaints made were responded to promptly and actions for improvement were created. For example, a complaint that was recorded by a person on a routine quality feedback check, was followed up using the complaints policy procedure.

No end of life care was being delivered, but systems were in place to record people's wishes and choices as they required.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager was not available on the day of our inspection. 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.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "It is a great service to work for. Communication is good and we all work well together." All the staff we spoke with made similar positive comments.

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. One person we spoke with was able to tell us the names of the senior staff within the service, and how they felt they could contact them easily and discuss anything they wanted. Relatives we spoke with also told us they could contact management freely, and were confident in the leadership of the service.

Staff we spoke with felt they were able to have their voices heard and could discuss any problems or issues that arose. One staff member told us, "We have meetings in our teams. We all chip in and discuss things openly."

People and staff all confirmed they had confidence in the management of the service. The management staff within the office had a good insight into the needs of people using the service, and clearly knew the people using the service well. People told us the registered manager, senior staff and the provider were very approachable. Staff said they were able to visit the office and speak with other staff there as and when they needed to, and that it was a welcoming environment.

Quality assurance systems were in place to ensure sustainability, learning and improvement. We saw that audits were completed regularly across the service. For example, daily notes audits were completed regularly and showed how errors were picked up and acted upon. There were also audits on people's care files, staff files, people's finances, and staff recording systems.

People were able to feedback on the quality of the service via a questionnaire form that had been sent out to them. This was in an easy read format for those people that required it. We saw that the provider had collated the responses from people which included many positive quotes, and an overall score for the questions that had been asked. Any areas for improvement had been highlighted for actions to be created.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people

those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals as required for people's needs. The regional manager informed us of the links the service had with the local authority quality monitoring team.