

Creative Support Limited

Sheffield Services

Inspection report

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Date of inspection visit:
18 December 2018
19 December 2018

Date of publication:
11 February 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Sheffield Services was registered with CQC in November 2017 and this was the service's first inspection. This inspection took place on 18 and 19 December 2018 and was announced. This meant the staff and provider knew we would be visiting.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Sheffield Services has four supported living locations, referred to as Burncross Road, Melrose Road, Daresbury Road and Mansfield View. Burncross Road comprises of two houses and can support up to 10 people. Melrose Road is a large house over three floors and can support up to three people. Daresbury Road is large house over three floors and can support up to three people. Mansfield View comprises of four bungalows and can support up to 13 people. The bungalows are arranged around a small courtyard area and the management team office is annexed to Mansfield View. Mansfield View was previously called 'Supported Living Service'. Each supported living location had a team of on-site staff who provided 24-hour support, seven days per week. At the time of the inspection there were 26 people living in Sheffield Services' supported living locations.

Sheffield Services also provides a community-based outreach service offering support to people in their own homes. However, at the time of this inspection the outreach service was not providing a regulated activity to the 12 people who used the service and therefore was not assessed as part of this inspection.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Staff were aware of their responsibilities in protecting people from abuse and the service had appropriate systems in place to promote people's safety. We found medicines were generally managed in a safe way, though some minor improvements were required with medicines management audits and the detail contained in people's PRN protocols. After the inspection, we received assurances from the provider they had addressed these concerns.

Staff told us they enjoyed working at the service and they felt supported by the management team. All staff had received training and supervision to help them to carry out their roles effectively. However, not all staff received supervisions at the frequency as set out in the provider's policies and procedures. We identified improvements were needed to staff training records at Mansfield View. Personal care observations had not been completed to check staff competency in this area. After the inspection, we received assurances from the provider they had addressed these concerns. We need to see evidence of these improvements at the next inspection.

On the day of the inspection we found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. We found people generally received support from the same staff which promoted good continuity of care. Agency staff were occasionally used to maintain safe staffing levels at the service and systems were in place to ensure all agency staff received an induction before providing care and support to people. The provider was actively trying to reduce agency usage by recruiting new staff.

The people we spoke with told us the standard of care they received was good. The service encouraged people to maintain a healthy diet and worked collaboratively with external services to promote people's wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

We observed staff were caring and always listened. We saw care records contained details about people's likes and dislikes so their personhood was promoted and respected. Staff knew people well and positive, caring relationships had been developed. People and their representatives were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. The service provided a programme of activities to suit people's preferences. We observed people had regular opportunities to access the community.

We found a strong leadership framework in place. This meant there was clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded.

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.

The provider had systems in place for managing medicines and people spoken with were happy with the support they received. Improvements were required with the completion of medicine management audits and PRN protocols which lacked detail.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse.

Good 

Is the service effective?

The service was not always effective.

Staff had the skills and knowledge to support people appropriately. However, improvements were required with staff training and checks to staff competency.

Staff gave people as much choice and control as possible.

People were provided with access to relevant health professionals to support their health needs.

Requires Improvement 

Is the service caring?

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff respected people's privacy and dignity.

Good 

Is the service responsive?

The service was responsive.

Care plans provided staff with detailed guidance on how to meet people's needs and staff involved people in activities that reflected their preferences.

Good 

People regularly accessed the community and took part in a variety of activities which was beneficial to their wellbeing.

Is the service well-led?

The service was well-led.

There were appropriate systems and processes in place to monitor the quality of people's care.

A registered manager was in post and they were active and visible in the service.

Staff were aware of the vision and values of the service and were committed to working to these.

Good ●

Sheffield Services

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 18 and 19 December 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available. The inspection team was made up of one adult social care inspector.

The inspection activity started on 18 December 2018 and ended on 19 December 2018. On the 18 December 2018 we visited people who received a service from Sheffield Services at two of their supported living locations, Melrose Road and Daresbury Road, to gather people's feedback about the service and look at the records held at their home. We also spent time observing staff who were present at the visit. We visited the office location on 19 December 2018 to speak to staff and review records relating to the regulated activity. We also visited a third supported living location, Mansfield View, which was annexed to the management office.

Prior to this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service had complex needs which impacted on their ability to provide feedback on their experiences. We spent time observing people's care and support to help us understand the experience of people who could not speak with us.

During the inspection we spoke to seven people who received support from Sheffield Services. We spoke

with some of the senior management team who were present at inspection, including the service director and area manager. We spoke to the registered manager, one care coordinator, one senior support worker and four support workers. We spoke with two visiting social care professionals and a member of the Sheffield City Council's safeguarding team who had knowledge of Sheffield Services. We spent time looking at written records, which included three care records, two staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

Systems and processes were in place to protect people from abuse. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues. They said they would always report any concerns to the registered manager.

The provider learned lessons and made improvements when things went wrong. The provider kept a log of accidents and incidents, including any safeguarding incidents which had occurred at the service. The service responded to risk, followed the provider's procedures and took appropriate action to promote people's safety. We saw Mansfield View had a high number of incidents in 2018 for a service of its size. The provider had analysed all incidents which occurred in the last 12 months to look for any trends in order to improve practices at the service. The provider told us they were developing a system to ensure accidents and incidents were analysed more regularly, which would enable them to identify areas of improvement more quickly. We need to see this improvement embedded at the next inspection.

People had been assessed to make sure any potential risks were minimised. We saw the service had a balanced approach to assessing risk, promoting people's safety whilst encouraging independence and positive risk taking. Where risks had been identified, care plans had been put in place to guide staff on the best way to manage and minimise the risk. For example, one care plan highlighted the triggers that may cause someone to become upset, what this would look like, and provided staff with guidance about what actions they should take to support the person. Risk assessments had been regularly reviewed to reflect any changes. The staff we spoke with, and our observations, showed staff understood the various techniques they could use to manage behaviour that may challenge others.

We found medicines were generally managed in a safe way, though some minor improvements could be made. The service completed a monthly medication audit which covered the management, storage and disposal of medication. These were generally completed without fail, however, gaps were noted in five out of 12 months in 2018. This meant potential medicine management issues were at risk of not being identified or responded to as quickly.

Some people were prescribed medicines to take on an 'as and when' required basis (PRN). We found information provided to staff about when they should give PRN medicines was not detailed enough. This is especially important when the person cannot verbally tell staff when they need the medication, if for example, they needed pain relieving medication. After the inspection we received assurances from the provider that they had reviewed all PRN protocols. Despite this concern, discussions with staff showed they were confident administering medicines, knew people well and what to look out for when a person required their PRN medicines. Each person had a medicine administration record (MAR) where staff recorded what medicines people had been given. This was a clear account which evidenced people received their medicines as prescribed. We found the storage of medication was safe and temperatures were monitored.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the service. These checks included obtaining Disclosure and Barring Service

Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

There were enough staff deployed to ensure people's support needs were met. We observed life in three of Sheffield Service's supported living locations and saw there were staff available to assist people when they needed it. This was confirmed by the staff we spoke with who told us there were enough staff on every shift to make sure people were kept safe and to meet their personal care needs. They also told us the registered manager increased staffing levels if people's needs changed and additional support was required. We saw the service occasionally used agency staff to ensure safe staffing levels were always maintained. All agency staff completed an induction before working at the service and were paired with a permanent staff member so people's care and support remained consistent. The provider told us they were trying to reduce agency usage by recruiting new staff and had recently finished a flyer campaign to generate interest in the local area.

During our visits to Melrose Road, Daresbury Road and Mansfield View we saw there were good infection control practices in place. Each location was very clean and well maintained. We saw there was an effective infection control policy in place and staff followed clear cleaning schedules.

Is the service effective?

Our findings

Staff told us they felt well supported by the management team and they communicated effectively as a service. We found most staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. However, in some records we were unable to verify what training a staff member had received. The provider told us this was because some of the staff at Mansfield View had worked for the previous care provider and were transferred over to Sheffield Services when they acquired the service. The provider relied on the existing training staff had received before they started working at Sheffield Services but had no clear records to show the training was appropriate and relevant. This concern was compounded with the lack of recorded competency checks for personal care, which meant the provider could not show us clear evidence that all staff were assessed as competent and safe to deliver personal care. Despite these concerns, we saw no evidence this had impacted on care delivered and our discussions with the staff members on duty indicated they possessed a good understanding of people's needs and how to support them safely and effectively. After the inspection the registered manager submitted evidence to the CQC showing personal care observations had commenced and gaps in training were identified and being actively addressed. We need to see this improvement embedded at the next inspection.

Most staff had received regular supervision and appraisal as necessary to ensure they provided effective care and support.

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.

When people reside in supported living, applications must be made to the Court of Protection for any deprivation of their liberty to be legally authorised. We saw where appropriate, the provider had taken steps to escalate people's applications for further assessment. During the inspection we saw two visiting social care professionals who were involved in the assessment process. They gave positive feedback about the service's MCA practices and said staff at all levels were very good communicators with them and the people living at the service. One visiting professional said, "They [staff] are good at advocating for people" and "They [the management team] are really responsive, taking on board any suggestions we have made".

Where restrictive practices had been identified, such as the use of lap belts to keep people safe, the provider had consulted relevant persons and made a best interest decision. We saw best interest decisions and relevant capacity assessments were recorded in people's care plans. This demonstrated that the service was working to the principles of the MCA.

People's needs and choices were assessed before they came to live at any of the supported living locations to help ensure the service was suitable for them. The registered manager described how they visited people

with their relative's present, if appropriate, to discuss their needs and expectations of the service. Records showed that peoples' needs were thoroughly assessed, including their communication needs, culture and faith and medical needs, so staff were aware of these as soon as they began using the service.

Staff supported some people with their meals and encouraged people to maintain a healthy, balanced diet. People had care plans in place setting out their likes and dislikes and whether any cultural or other factors affected what they ate. We saw people's care records highlighted any special diets and were reflective of professional advice. Staff kept a log of all support provided to people, including the preparation of any meals or drinks. When we checked people's daily notes it was not always clear whether staff had followed people's special diet plans, such as preparing foods to the appropriate size and consistency, to reduce the risk of choking. After the inspection the provider submitted assurances showing they had addressed this concern. We need to see this improvement embedded at the next inspection.

People were supported to access a wide variety of health and social care services. The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. A social care professional said, "They [management team] embrace suggestions of better ways of working and working collaboratively with us. The managers work very compassionately". Another visiting social care professional said, "We have a really good professional working relationship. All [the staff] have the time of day to talk to you. It is an open door for us to visit". They also told us the service had gone above and beyond to ensure people's needs were met. For example, one person who used the service was anxious about going to hospital. Staff carried out visual sessions with the person so they were able to familiarise themselves with the hospital environment before going, which helped to reduce their associated anxieties.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Records showed that staff regularly supported people to attend medical appointments and followed the advice of healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People using the service had hospital and dental passports in case they needed treatment. They included key information about the person for hospital or dental staff to follow and helps to promote good continuity of care whilst people are under the care of external health services.

Each supported living location had adapted the premises to meet people's individual needs. There were suitable amounts of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were rooms available where people could go for privacy, for example during family visits. We saw people's bedrooms were appropriate to their individual needs.

Is the service caring?

Our findings

There was a caring culture amongst all staff. During the visit we saw staff took time to listen to people and interact with them so they received the support they needed. Staff worked very hard to understand people's needs and encouraged them to communicate in their own individual way. People looked relaxed in the company of staff. They were smiling and communicating happily, often with good humour. People who used Sheffield Services, without exception, made positive comments about staff and the service. A social care professional said, "It's a lovely service. Staff are very caring and compassionate".

People's choices in relation to their daily routines and activities were listened to and respected by staff. We saw that staff were allocated to support people on an individual basis and daily routines were centred around the person's preferences and needs. People were involved as much as they were able to be in making decisions about their care. People and their representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes.

Staff had a good understanding of people's individual communication needs. During the inspection we saw staff communicating effectively and appropriately with people. We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. Key information was presented in formats which made it easier for people to understand, such as using visual aids or simple language. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

When we spoke with staff they demonstrated a caring and compassionate manner and clearly understood how to deliver the personalised care and support people required. Staff knew how to treat people with dignity and respect. One staff member said, "There are a lot of hard-working staff, who go above and beyond".

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Is the service responsive?

Our findings

People's care records contained good information about the person's needs, any risks associated with their care and their preferences. Care plans were written in a person-centred way that gave staff clear guidance about how to support individual people. Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. Some people required defined routines to enable them to cope with their anxiety and we saw that care plans described in great detail how their support should be provided. For people who had more complex communication needs, we saw they had a communication care plan in place, which outlined their preferred method of communicating with staff, what certain behaviours, gestures or phrases meant and how staff should respond. We observed positive interactions throughout the inspection and it was evident staff knew people's individual communication needs well.

We saw people's care plans contained details of all professionals associated with a person's care and a log of professional advice or assessments. During the inspection we observed staff supported people to attend their GP appointments. The shows the service worked responsively with external health and social care professionals to ensure people's health needs were met.

The service had thought of ways to give people information they needed in a way they could understand, 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. During our visits to Sheffield Service's supported living locations we saw key information was displayed in easy read or pictorial formats to make it easier for people to understand and to help with their communication. For example, safeguarding procedures were also published in easy read formats and pictorial communication tables were available, to help people communicate with staff about issues of a safeguarding nature.

We found the service supported people to participate in person-centred activities and provided regular opportunities for social engagement, both within the supported living locations and the community. Staff confirmed, although activities were agreed with people ahead of time, people still had the choice and freedom to decide how they wanted to spend their time on the day. One staff member said, "I just want to leave everyday knowing they [people who used the service] had a meaningful day. Whatever they want to do I try to do it".

We saw that the provider had a policy, procedure and easy to understand information available about how to make a complaint. We saw that where complaints had been made the provider had responded to the complainant within their policy timescales and learnt lessons from complaints.

At the time of our inspection, the service was not supporting anyone who required end of life care. The service had systems in place to record people's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process. This is a key

means of improving care for people, enabling people to discuss and record their future health and care wishes, thus improving the likelihood of these wishes being known and respected at the end of their life.

Is the service well-led?

Our findings

The service was well-led. Staff at all levels were clear on their roles and responsibilities to monitor the performance of the service and the quality of care delivered. All staff felt communication was good and they were able to obtain updates and share their views via team meetings. The registered manager was a qualified social worker and had worked for the provider for 10 years. They had a good knowledge of the people that were using the service and how to meet their needs. All staff we spoke with said they felt well-supported and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively.

We saw policies and procedures were in place, which covered all aspects of the service. The provider employed a policy and information officer who was responsible for coordinating periodic reviews of all corporate policies to ensure their consistency and accuracy with respect to legislation and current practice across the organisation. The manager told us policies and procedures were stored online, to reduce waste and ensure all of the provider's services had immediate access to the most up to date policies and procedures. However, we found staff had limited access to a computer so they could not read the provider's most up to date policies and procedures. Hard copies of policies and procedures were held at each supported living location but in some cases, these were not the latest version. After the inspection the provider submitted evidence to show the policy index was now displayed at each supported living location, so if anyone wanted to see a specific policy, they could request this and the provider would facilitate access to the most up to date copy.

We found the service possessed a comprehensive set of auditing tools, which effectively monitored fundamental aspects of the service delivery. With the exception of medication audits and personal care observations, we saw audits were carried out regularly and any identified issues were acted on in a timely manner. These checks promoted consistency, quality and safety in the service provision.

During the inspection we met with members of the senior management team. We saw evidence of a clear vision and strategy to improve the service. We saw the provider carried out their own checks of the service and held regular meetings with the management team to ensure they had complete oversight of the service's performance. This allowed them to respond to areas of risk and provide resources, where appropriate, to help the service continuously improve.

The provider used a range of quality assurance methods to gather people's feedback about the service. People said they were encouraged to speak out at meetings and fill in surveys. We saw the provider carried out a satisfaction survey in Autumn 2018 with staff, people who used the service and their representatives. We saw feedback was mostly positive and the provider planned to publish the results in early 2019, along with remedial actions taken to address any negative feedback. This demonstrates the provider was able to question practices in order to improve the service.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to

CQC had been submitted and evidence gathered prior to the inspection confirmed this.