

Creative Support Limited

# Creative Support - Whinn Dale Extra Care Service

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Creative Support – Whinn Dale is a service providing support for people in their own homes. service was supporting around 30 people at the time of the inspection.

People using the service lived in a large community of individual flats.

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

People's relatives spoke positively about their experience of receiving care from this provider. One said: "[My relative] is in very safe hands there, the staff know [my relative's] every need." Another said: "There's nothing to worry about here, [my relative] is in the best place. When we saw it we said we'd love to move in!"

The registered manager carried out regular audits of the service, and these identified where there were any shortfalls so that there was continuous improvement. Most of the staff we spoke with told us the management team were accessible and supportive, although this was not borne out by all staff.

Where incidents had occurred, the provider had made the legally required notifications to CQC.

Medicines were managed safely, with regular reviews of people's medication taking place, as well as management audits.

The provider took steps to involve people in their care, and we saw evidence of this within people's care records.

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. Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented.

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

### Rating at last inspection

This service was registered with us in April 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with CQC's inspection programme.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below .

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well-led findings below.

**Good** ●

# Creative Support - Whinn Dale Extra Care Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

Inspection activity started on 18 August 2022 and ended on 31 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, six members of staff and six people's relatives or friends

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff we asked told they received regular refreshers regarding this.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful. Some staff raised concerns about wanting additional PPE, however, the registered manager shared with us their risk assessments showing that this equipment was not required.
- Staff told us they had access to regular testing for COVID-19 during the ongoing pandemic.

### Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained.
- Staff told us they felt confident when managing people's medication, and spoke with knowledge about the skills required.

### Systems and processes to safeguard people from the risk of abuse

- People's relatives said they thought the service was safe, and told us they had no concerns in this regard. One said they had "no qualms at all" about the safety of the service.
- Staff knew the procedures for reporting any concerns they had and records showed they had received training relating to safeguarding.
- Where suspected safeguarding incidents had occurred, the provider had made the appropriate notifications to CQC.

### Assessing risk, safety monitoring and management

- Risks, such as falls, malnutrition and personal safety were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place. These were tailored to people's individual needs.
- The registered manager kept records of risk and safety incidents so they could maintain an oversight of where people were vulnerable to risk.

### Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work, and staff told us the induction process equipped them well to undertake their roles.
- Some staff told us they felt the service was short-staffed, although a senior member of staff told us recruitment was under way to address this.

### Learning lessons when things go wrong

- Staff told us they would report any incidents or accidents directly to the registered manager or a member of the management team, although one said they weren't always confident things would be addressed.
- Records showed changes were implemented following incidents or accidents.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests, although some staff did not exhibit a good knowledge of this area. The registered manager assured us that they would address this shortfall by way of additional training or through supervisions.
- The registered manager ensured all legal requirements in relation to the MCA were adhered to.

Staff support: induction, training, skills and experience

- Staff told us they had received relevant training, and said it was effective and plentiful.
- Most staff we spoke with told us they found the support they received to be good, although this was not every staff member's experience. The registered manager gave us examples of what they did to support staff, but acknowledged morale could be low due to the industry-wide difficulties with recruitment.
- The provider's training records showed a wide range of training was offered across relevant areas.

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

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Records showed the management team monitored care to ensure it was in line with current guidance.

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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.

- People's care records showed where staff were required to provide them with food and drink, it reflected their expressed personal preferences. Staff we spoke with understood people's food preferences well.

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance and gave us examples of when they had done so, for example when working with district nurses, or when having to contact emergency medical services.
- Where external professionals were involved in people's care, the provider worked in partnership with them to ensure people's needs were met.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had been involved in their care, and relatives said this was important to them.
- People's views and decisions about care were incorporated in their initial assessments, and staff told us they worked hard to promote this.

Ensuring people are well treated and supported; equality and diversity

- People's relatives told us staff treated them well. One said: "They are really nice, and always respectful." Another said: "They are very kind, all of them."
- Care assessments we checked showed information about people's cultural needs.
- Staff told us it was important to them to treat people with respect. One said: "It's really important we treat people with dignity."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them.
- Care records contained information about how people's privacy and dignity should be upheld.
- Relatives told us staff supported people to be independent, with one telling us their relative's independence had increased since moving to the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

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.

- The provider had copies of information for service users in a large print, easy read format. The registered manager told us the provider kept information in a wide range of formats to meet people's needs as required, including braille and other languages.
- Staff told us they understood people's individual communication needs, and said this was key to providing good care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held information about people's preferences, and was highly detailed.
- Staff told us they checked people's preferences each time they provided care. One staff member said: "People can change their minds, anyone can, so we always check they're happy."
- Relatives told us staff promoted choice, and gave us examples to support this.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear, although they did not describe the appropriate steps for complainants to take when they had exhausted the internal complaints procedure.
- People's relatives told us they would feel confident to complain if they needed to, and staff we asked said they knew how to handle complaints appropriately.

# 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.

This is the first inspection for this newly registered service. 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; Continuous learning and improving care

- Some staff told us they felt risks were not appropriately managed due to insufficient staffing numbers. In response to this the registered manager set out the steps they were taking to improve recruitment, including a local promotion campaign.
- We checked care notes, and found they were clear and evidenced the care provided to people.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.
- Staff told us they understood their roles, and knew what was expected of them. However some told us they did not feel supported by managers.

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

- People's relatives told us their care met their needs, and said managers within the service were approachable.
- Staff told us that on the whole they found the culture supportive, although some said this was not their experience. The registered manager said they operated an "open door" policy and gave examples of what they had done to support staff, including gifts of appreciation for hard work.
- The registered manager exhibited a good understanding of their responsibilities in relation to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some staff told us they did not always feel supported by management; they gave examples to support this. However, other staff gave a contradicting picture and described management as very supportive. Records of supervision and appraisal showed staff had regular opportunities to discuss their wellbeing and performance with managers.
- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care. We saw surveys people had completed which showed they were satisfied with their care.