

Creative Support Limited

Creative Support - Stockton Homecare & Middlesbrough Services

Inspection report

2 Innovation Court
Yarm Road
Stockton-on-Tees
Cleveland
TS18 3DA

Date of inspection visit:
20 February 2018

Date of publication:
20 March 2018

Tel: 01642661890
Website: www.creativesupport.co.uk

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 20 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to assist with our inspection.

At the last inspection in February 2016 the service was rated Good. At this inspection we found the service remained Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and people with mental health conditions. The service also provides care and support to people living in three '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. At the time of our inspection 22 people were receiving personal care from the service.

There were two registered managers in place. One registered manager was responsible for the domiciliary care agency part of the service and the other registered manager for the 'supported living' part. 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.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Accidents and incidents were monitored to see if lessons could be learned to improve people's safety. Medicines were managed safely. People were safeguarded from abuse. People were usually supported by stable staffing teams and support workers they knew. The provider's recruitment processes minimised the risk of unsuitable staff being employed. Policies and procedures were in place to promote infection control.

Staff completed a wide range of mandatory training and were supported with regular supervisions and appraisals. 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 supported this. People received support with managing food and nutrition and to access external professionals to monitor and promote their health.

People described staff as kind and caring and spoke positively about the support they provided. Relatives also spoke positively about the support staff provided. People and their relatives said staff treated people with dignity and respect. People's independence was promoted. Policies and procedures were in place to support people to access advocacy services where needed.

Care was based on people's personalised needs and preferences. Policies and procedures were in place to investigate, respond to and learn from complaints. People were supported to access end of life care where needed.

Staff spoke positively about the culture and values of the service and most said it was well-led. People and their relatives knew the names of the registered managers and said they were approachable and easy to contact. The provider and registered managers carried out a number of quality assurance audits to monitor and improve standards at the service. Feedback was sought from people and staff. The registered managers had informed CQC of significant events in a timely way by submitting the required notifications.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Creative Support - Stockton Homecare & Middlesbrough 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 20 February 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to assist with our inspection.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Creative Support - Stockton Homecare & Middlesbrough Services.

During the inspection we spoke with two people who used the service and five relatives of people using the service. We looked at three care plans, three medicine administration records (MARs) and handover sheets. We spoke with four members of staff, including a director from the provider, the registered manager, an area manager and a support co-ordinator. Before our inspection we sent questionnaires to support workers asking them for feedback on the service, and received 11 responses. We looked at two staff files, which included recruitment records. We also looked at records concerning the day to day running of the service.

Is the service safe?

Our findings

People and their relatives told us staff at the service kept people safe. One person we spoke with said, "I feel safe, they never rush me." Another person told us, "I feel safe, of course I do."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Risk assessments focused on how people could be kept safe in light of their individual support needs. For example, one person's assessments considered how their specific health condition impacted on their ability to ensure they drank enough fluids, and how staff could support them with this. Assessments were regularly reviewed to ensure they reflected people's current levels of risk.

Accidents and incidents were monitored to see if lessons could be learned to improve people's safety. For example, following one incident where a person displayed behaviours that can challenge their care plan was reviewed and guidance to staff updated.

Medicines were managed safely. People told us they received their medicines when they wanted and needed them. One person told us, "I get my tablets on time." Staff had medicines training and had access to the provider's medication policy. People receiving support with medicines each had a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. MARs we reviewed had been completed without gaps or errors and appropriate records had been made where people had not received their medicines. We did see that where people were given 'as and when required' (PRN) medicines this was recorded twice, on the front and back of the MAR. This led to lots of paperwork being generated that duplicated information. We told the provider about this, who said they would review how PRN medicines were recorded.

People were safeguarded from abuse. Staff had access to a safeguarding policy and staff we spoke with said they would not hesitate to raise any concerns they had. One member of staff told us, 'I would feel confident but have not had to do this yet.' Records confirmed that where issues had been raised they had been dealt with in line with the provider's policy.

People were usually supported by stable staffing teams and support workers they knew. One relative told us, "We get a monthly rota. We know who's coming each day." Some people said staff sometimes changed. The provider had already identified that staffing was an issue and was taking active steps to recruit more staff. The provider said, "Staffing is a major issue. We have four waiting to start, and have had all kinds of incentives to recruit more. It's looking better, though we can't seem to recruit seniors." During the inspection 11 applicants had arranged to attend for job interviews but only two attended. An action plan was in place to try to increase recruitment. Most staff we spoke with said there were enough staff employed to support people safely. One member of staff told us, 'We are actively looking to recruit more staff. When we use agency we use regular staff to promote continuity.'

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants had to set out their employment history, provide written references and undergo a Disclosure and Barring

Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions or matters recorded that may prevent them from working in a care setting.

Policies and procedures were in place to promote infection control. Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons. One person we spoke with said, "They wear gloves."

Is the service effective?

Our findings

People and their relatives said staff had the knowledge and skills needed to provide people with support. One relative told us, "It gives me peace of mind knowing the carers are competent."

Staff completed a wide range of mandatory training. Mandatory training is the training and updates the provider deems necessary to support people safely. Mandatory training included emergency first aid, introductions to learning disabilities and mental health and food hygiene. Staff with little or no care experience had to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training was monitored and planned on a chart. This showed that training was either up to date or planned. Training was regularly refreshed to ensure it reflected current best practice and guidance. Staff spoke positively about the training they received. One member of staff told us, 'I've had all relevant and required training and it is refreshed regularly.'

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were open forums at which staff were encouraged to raise any support needs they had. One member of staff told us, "My line manager is very supportive. We have regular meetings."

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. We checked whether the service was working within the principles of the MCA. Care plans contained details of how people could be supported to make decisions, even when a lack of mental capacity meant they could not decide everything for themselves. For example, one person's plan set out the best time of day for them to decide things and how choices should be presented to them. One person told us, "They (staff) ask permission."

Some people received support with managing food and nutrition. Where this was the case their dietary needs and preferences were recorded in their care plans. People spoke positively about the nutritional support they received from staff. One person told us, "They do help me with my meals. I get up on a morning, I make coffee, they help me with my food." Another person we spoke with said, "At tea time they do nice meals - pasta, spag bol, mashed potato. I like the food."

People were supported to access external professionals to monitor and promote their health. Care plans contained evidence of working with professionals such as community nurses, dentists, consultant psychiatrists and GPs. Staff were able to tell us how they worked with external professionals who were visiting people. One member of staff told us, 'There's a daily visit from the nurse to monitor [named person's] blood sugars.'

Is the service caring?

Our findings

People described staff as kind and caring and spoke positively about the support they provided. One person told us, "I like talking to them. They are brilliant. The new ones and all the old ones, they are always good. I get on with everyone." Another person we spoke with said, "They are chatty, we talk about everything in general. They spend time with me."

Relatives also spoke positively about the support staff provided. They said staff had warm and friendly but professional relationships with people, and described how this improved people's quality of life. One relative we spoke with said, "They are caring and engage with [named person]. Very good." Another relative told us, "Most are nice. [Named person] likes chatting, sitting, talking to them." A third relative we spoke with said, "They are always lovely with her, no complaints. All the time they are showering she is jabbering away to them. They talk to her."

People and their relatives said staff treated people with dignity and respect. When we asked one person if staff helped to maintain their dignity they responded, "Yes, of course they do." Staff feedback demonstrated that they recognised and promoted people's diverse needs and strove to treat people equally and with respect. One member of staff told us, 'I treat everyone as equals but respect that they are not all the same. I respect their dignity and privacy and adapt care to fit their diversity.' Another member of staff told us they supported people with a variety of different religious beliefs and that they tailored the support they provided as a result. Care plans contained evidence of staff working to ensure people's religious, cultural and sexual preferences were respected.

People's independence was promoted, and they were supported to maintain and enhance their independent living skills. When they started using the service a 'Pathway to Independence' plan was drawn up. This set out people's personal goals and how they wanted staff to help them achieve these. When people achieved a goal this was celebrated and they received an 'I've reached my goal!' certificate to mark their achievement. For example, one person had set themselves a goal of deep cleaning their home and there was a certificate in place to show this had been achieved. A relative we spoke with told us how staff had supported a person to restart a hobby they had previously enjoyed by working with them to build up their confidence.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to support people to access advocacy services where these might be needed. The service had also listened to family members as natural advocates for people to learn about people who used the service. Relatives had been actively involved in the service to ensure people received the appropriate care and treatment.

Is the service responsive?

Our findings

People told us staff provided them with the support they wanted and needed. One person told us, "They know what they are doing." Another person we spoke with said, "I am doing well with them."

Before people started using the service and assessment of their support needs was carried out. This involved speaking with people and their relatives and seeking feedback from any other professionals involved in their care. The assessment also sought to identify people's preferences and priorities for their care so that person-centred care plans could be produced. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one person's care plan had identified that they sometimes struggled to cope with change and set out in detail how staff could support them with this. Care plans were based on people's specific support needs, and covered areas including personal care, nutrition, mental and physical health and managing the symptoms of any health conditions they had.

Care plans and documentation relating to people's care was made available in an easy read format where needed to ensure that people were able to access information about themselves and the support they received.

Staff told us care plans contained all of the information they needed to learn about people and the support they wanted and needed. One member of staff told us, 'It is all documented in detail in a care plan.'

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. 'Core group' meetings were held that drew together people and relatives, staff and external professionals to help ensure all of the latest information on people was available when reviewing their care. One person we spoke with said care plans were changed if their support needs changed. They said, "Yes, I've seen the care plan. If anything happens they would write it down."

Policies and procedures were in place to investigate, respond to and learn from complaints. When people started using the service they were given a copy of the provider's complaints policy. This set out how issues could be raised and the procedure for investigating them. Where complaints had been raised records confirmed that they had been investigated and outcomes shared with the people involved. People and their relatives told us they knew how to complain to the service and would be confident to do so. One person told us, "(I would) ring the office, mostly, the manager. I would contact the office if I needed to."

At the time of our inspection nobody who used the service was receiving end of life care. Policies and procedures were in place to arrange this where necessary, and care plans contained evidence of discussions between people and staff over their wishes and preferences in this area.

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service and most said it was well-led. One member of staff told us, 'There is always room for improvement but the service runs well.' Some staff said improvements to the service could be made if staffing was increased. The provider and registered manager had identified this as an issue and were taking active steps to increase recruitment.

We asked staff if they felt they could approach the registered managers with any issues they had. One member of staff told us, 'Yes, most definitely.' Another member of staff said, 'I have raised issues and I was listened to and the issue was resolved.'

People and their relatives knew the names of the registered managers and said they were approachable and easy to contact. One person told us, "I know the manager, it's good." A relative we spoke with said, "[The registered manager] comes out occasionally, they know everything that's going on."

The provider and registered managers carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included checks of care plans, medicines, finances, supervisions and appraisals and a 'monthly manager check list'. Where issues were identified we saw records of remedial action being taken. For example, a medicine audit had identified that medicine stock checks were not always being completed to ensure people had access to their medicines when needed. New documentation was introduced to make it easier for staff to see when stocks should be checked.

Feedback was sought from people through day to day conversations with staff, care plan reviews and an annual questionnaire. This had last been completed in March 2017, and questionnaires had been produced in an easy read format to try to maximise the number of responses received. We looked at the results of this survey and saw they contained positive feedback on the service. For example, one person had written, 'Staff help me and help me to go out for special days.' Feedback was sought from staff at regular team meetings, which were also used to share the latest information on people's support needs and answer any questions staff had.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.