

Creative Support Limited

# Creative Support Limited - Hartlepool Service

## Inspection report

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Date of inspection visit:  
20 February 2018

Date of publication:  
23 March 2018

## 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.

This service provides care and support to four 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.

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.

At the last inspection in December 2015, the service was rated Good. At this inspection we found the service remained Good.

Risks were well managed. People were encouraged to be independent and to take everyday risks. Risk assessments were in place to cover various aspects of people's daily lives, which included guidance for staff on how to manage identified risks.

Relatives told us they were happy with the service provided. Sufficient experienced and trained staff were deployed to ensure people's needs were met. The provider was in the process of recruiting new staff to maintain this. People were supported by staff that were trained to carry out their roles effectively. Staff received mandatory training as well as training which was tailored to the needs of those they supported. All staff received an induction and an on-going programme of supervision and appraisal. Staff felt supported.

Staff were knowledgeable about the people they supported, their likes and dislikes and interests.

Appropriate arrangements were in place for the safe administration and storage of medicines. We have made a recommendation about the recording of when required (PRN) medicines.

Systems were in place, and had been followed to reduce any risks of abuse and harm. Staff told us they would be confident to raise any concerns they had and they would be acted upon. An effective recruitment and selection process was in place. The provider carried out monthly health and safety checks to ensure people lived in a safe environment.

Accidents and incidents, although very few, were accurately recorded and reported and any lessons learned were shared with staff.

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 practice.

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role.

Relatives and people were involved in the planning of their care. Information was provided in easy read format to assist people in understanding the care available to them. The provider had an effective complaints procedure in place and relatives were aware of how to make a complaint.

People were supported in maintaining a healthy and balanced diet. People were involved in the preparation of meals. People were supported to maintain good health and had access to health and social external professionals.

Activities were developed around people's interests. People were supported to maintain relationships and access the local community.

Although staff felt supported by colleagues they said they felt undervalued by higher management and morale was just okay.

The provider understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. The service consulted with people, relatives and staff to capture their views about the service.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Creative Support Limited - Hartlepool Service

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 20 February 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector, a CQC pharmacy inspector and an expert by experience that made telephone calls to people and their relatives. 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 other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at two care records for people who used the service. We examined three sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

People who used the service were unable to communicate with us verbally. We spoke to two relatives over the telephone, the registered manager, service director, project manager and 2 staff members. We visited two services to check their medicine records. Due to staff living far away from the office we provided them with a questionnaire so they could provide their points of view. We received four questionnaires back.

# Is the service safe?

## Our findings

One staff member we spoke with said, "They [people who used the service] do what they want and we facilitate it in a safe way."

Relatives we spoke with said there was enough staff. One commented, "There wasn't enough staff in the beginning but it is getting better. They are getting out a bit more now. They need two staff. Sometimes there are two staff on, and sometimes just one. When there are two staff they go out." The service director followed this up stating, "When people are in their home they only require one member of staff, if they are going out we always make sure they have two members of staff on duty to support this."

Staff we spoke with said there were enough staff on duty but some were working long hours to make sure people who used the service could access activities of their choice. We asked the service director and the registered manager to look into how long staff were working. They investigated this as a priority. The service director checked the payroll and found some staff did work quite a lot of additional hours. Staff confirmed they voluntarily pick these hours up to cover annual leave. It was agreed that hours would be discussed at the next supervision meeting and to also take away the perception that if staff don't work the extra hours people would miss out on activities. The service director reiterated that this was not the case. The provider was in the process of recruiting more staff and we saw evidence of this on the inspection day.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone].

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location in which they had occurred, to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff.

The service clearly recognised the risks people may face in living their daily lives and receiving care. People had individual risk logs with control measures in place to reduce the risks. Each risk had an additional support and risk management plan. These were regularly reviewed which meant staff had current accurate information on how to keep people safe.

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

The provider had systems and processes in place for the safe management of medicines. People were

supported to access their medicines when they needed them. Medicines were stored securely and safely. The temperature of the room the medicines were stored in was taken daily and remained in safe limits. Improvements were needed to the records for when required medicines. Although the use of 'when required' medicines were low we recommended that actions were needed to make sure PRN records were up to date and included what the interval was to be between doses and whether the use of the PRN medicine had been effective. The registered manager sent up to date copies to show they had acted on this after the inspection.

The service had Infection control policies and procedures in place. All staff had completed infection control training and safe usage of hazardous substances both at induction and as part of their on-going training. Staff had personal protective equipment (PPE) provided such as hand gels, disposable gloves and aprons.

## Is the service effective?

### Our findings

Relatives we spoke with said they thought staff had the training they needed, one relative commented "Staff are trained to my knowledge. One member of staff has been with my [relative] many years and others have been with them quite a while."

Staff we spoke with said they received enough training and felt they had the right training to carry out their role. One staff member said, "Oh yes we get plenty of training."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff completed an induction programme that incorporated 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. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

The registered manager and project manager explained how they integrate new staff into the services. We were told that staff shadowed more experienced staff members and never worked alone for at least four months. Staff are introduced slowly to the people using the service and work short shifts at first so people get used to seeing them. The project manager said, "A few people who use the service need to get to know people first before accepting them, you can tell when they start to feel comfortable, for example one person will take your hand to show you something, they would not do that until they are comfortable."

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.

At the time of this inspection the service was only supporting one person who lacked capacity. From speaking with staff, and reviewing records of any decisions made in the person's 'best interests' we found the service was working within the principles of the MCA.

Care plans we looked at were signed by the person where they were able, to show they had consented to the care provided as well as consent to other things such as having their photograph taken.

People had a comprehensive communication support plan; describing how people communicated and preferred methods. Staff we spoke with had a good understanding about people's individual communications needs and how people used gestures and prompts to express themselves.

The service worked with health and social care external professionals such as occupation therapists and learning disability teams to ensure people were provided with the best possible care and support. Guidance obtained from external healthcare professionals was transferred and adopted into people's support plan;

this meant staff had current and relevant information to follow.

People were supported to meet their nutritional needs and healthy eating was encouraged. Each person bought their own food and arranged their own meals. Everyone in each setting enjoyed a communal Sunday lunch and we were told they were all having a competition to see who could make the best Yorkshire puddings.

Relatives we spoke with said, "From what I have seen the food is nice, they go out for meals and breakfasts, they are very well looked after." Another relative said, "The food is quite good as far as I know. The staff take them out so they can do their own shopping. My [relative] is on less fats as this was recommended by their doctor."

We were provided with information on how the premises were adapted to meet individual needs. For example, a privacy screen was in place which allowed people to see out of a window but people outside could not see in. This helped preserve people's dignity. For another person who had specific sensory needs, all furnishings were kept beige without bright colour. Staff were aware that objects in premises such as cups had to be very plain without colour and placed in a certain way in the cupboards. One staff member said, "This is something we have learnt over the years and we all do this automatically now." A relative we spoke with said, "The bungalow is lovely, I was involved in selecting it."

## Is the service caring?

### Our findings

Relatives we spoke with said, "My [relative] has a happy life, they are content and the staff are absolutely spot on." Another relative said, "My [relative] is well looked after."

The service had an easy read equality and diversity policy which all staff adhered to and staff had received training in this subject. Staff we spoke explained how they embed this into their daily working lives. One staff member said, "We treat everyone equally but tend to them differently." Another staff member said, "We provide individualised focussed care to meet the needs and requirements of the person." We saw evidence in care plans to show staff considered how people expressed themselves sexually. The provider had also developed an equality and diversity action plan with a calendar which highlighted important events for all faiths. The action plan also addressed whether care plans took into account people's diverse needs.

One relative we spoke with said, "The staff treat [my relative] like normal. It's the way they [staff] talk to them. They are not nasty. They treat them properly. If anything was wrong [my relative] would tell me. But they have been fine. There are no problems. They come to see me every fortnight for the day. I can tell by their movements that they wants to go back home." Another relative said, "The best thing is how the staff talk to [my relative] they don't make them a patient, they make them feel they belong there."

Staff we spoke with were interested in people's wellbeing and happiness. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in the persons care plan. One staff member said, "We know the people we care for really well, it is important to know what they like and more importantly what they don't like. One person we care for can show different behaviours when they are unwell, we know if we make a calm environment, such as turn the television off, turn off the lights is usually enough to support them."

People were included in the choice of what type of person they would like to support them. For example, one person had documented that they would like someone calm, friendly and were trained in Makaton. Makaton is a language programme using signs and symbols to help people to communicate. We saw staff were trained in this.

People were supported to be as independent as much as they wanted to be. Staff we spoke with said, "It is important to each individual person to be as independent as possible and we support this." Another staff member said, "We support people to live as independently as possible, we promote choice and support people to access facilities such as appointments and activities."

Relatives of people who used the service said staff promoted their privacy and dignity and always knocked on their doors before entering their rooms. Staff we spoke with said, "We, all staff, knock on people's doors and wait to be invited in." Another staff member said, "We always give people personal space when required."

The service had processes in place to ensure people were supported to gain access to advocacy services. At

the time of the inspection no one was using an advocate.

Regular reviews took place with the person reflecting on their achievements, goals and aspirations, and care plans and where changes were identified these were reflected in the person's care plans.

## Is the service responsive?

### Our findings

We saw evidence to show people and relatives were involved in the creating of their care plans. The service assessed people's care and support through monitoring and observation, monthly reviews with the person, reviews with social workers and other professionals, staff meetings and supervisions, health-related appointments and annual reviews. One relative we spoke with said, "I can ask the staff any questions I want. If my [relative] has been a bit agitated the staff will tell me. If they are not well the staff will ring me."

The service had extensive and comprehensive care records. A range of person centred planning tools were in place including what a good and a bad day looked like, what is important to me and relationship circles. This allowed staff to learn as much about the person as possible.

Care plans were individual to the person with specific plans created for each part of their life. One person who was sensitive to noise had a plan in place detailing how staff were to complete a handover. Due to this being a busy time, staff had a set routine so the person was not disturbed and there was very little noise.

People had plans in place which recorded their hopes, wishes and goals for the future. For example, one person wanted to enhance their daily living skills and be included in meal preparations another person enjoyed housework and wanted to continue to do this.

People were supported to participate in their preferred activities. Relatives we spoke with said, "[My relative] wouldn't be happy if it wasn't for the staff taking them out instead of them sitting in." And "My [relative] goes out shopping, to the pictures and out for dinner, I have just been down there to discuss a holiday for them." Another relative said, "My [relative] goes to different clubs and to the pictures."

People were involved in a range of activities of their choice. This included going out for dinner, bowls, shopping, cinema, discos and knitting. One staff member said, "We make sure people's needs are met by asking them what their wishes are." We saw key worker files which documented in picture style what activities people wanted to partake in. In one person's file they had discussed an upcoming birthday and there were pictures of what the person wanted to do, then there were pictures to show this had happened.

People were encouraged and supported to develop and maintain relationships with people that matter to them by having regular contact with friends and relatives including visiting people in the service and also on outings. For example, one person liked to meet up with friends at a club every Thursday. One relative said, "I ring [my relative] everyday, they are talking a lot better."

The service had not received any complaints since our last inspection. A comments, complaints and compliments procedure with an easy read version readily available. One relative we spoke with said, "If I wasn't happy I would say so. I know I could sit down with staff and sort it out but I've always been happy."

At the time of the inspection no one was receiving end of life care. We saw the service had an end of life policy and people, who wanted, had funeral plans in place.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given . For example, people received information in an easy read pictorial format.

## Is the service well-led?

### Our findings

The service had a registered manager who had been registered with the Care Quality Commission since November 2015. 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

There was a mixed feeling amongst staff about how supported and valued they felt. One staff member said, "The staff morale is just okay and I don't always feel valued." Another staff member said, "I feel valued from the service users but not higher up." Another staff member said, "I do feel valued, morale is picking up again and we support each other through stressful times." Half the staff did say they work extra-long hours to make sure people could access activities of their choice. We passed the comments onto the area manager and service director who said, "I have asked for a report in the first instance of how many hours people are working across the Hartlepool services and we will take from there. We need to work hard to ensure our staff feel valued and motivated." The service director followed this up and said, "I am sad that people [staff] don't feel valued by 'higher up' but we will seek to address that."

The service director completed an investigation to find out why staff morale was low. They also conducted meetings with all the staff to discuss morale and the hour's staff worked. They found that they needed to communicate more and put systems in place to address this.

Staff we spoke with told us they loved their jobs and the people that they worked with. Staff we spoke with said, "I love my job, I enjoy learning about my service users and seeing them get the best quality they deserve." Another staff member said, "This is a good service. I like the team and the service users."

A relative we spoke with said, "My [relative] has a good and happy life, everything is fine."

We saw there were effective systems in place to monitor the quality of the service. The registered manager and area manager completed regular audits in key areas including care and support plans, medication, health and safety, finance, staffing including supervision and training. The service used an audit system called CLEAR which stood for creatively learning using evidence which is accessible and relevant. Any actions taken were to improve the outcome for people using the service, one action was to look at staffing and the outcome was that people who used the service were more settled. We saw that before each audit began they looked at actions from the previous audit to make sure they had all been completed.

We asked staff what Creative Supports values were. One staff member said, "It is all about people being independent and having choice."

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.