

Creative Support Limited

# Creative Support - Morecambe Service (Learning Disability)

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This unannounced inspection took place on 04 and 09 May 2017.

Creative Support Morecambe Service (Learning Disability) supports people who have a learning disability or mental health needs in their own home. Support is provided through domiciliary care home visits and also through the provision of supported living services. At the time of the inspection visit the service was providing support to 57 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 13 January 2016. At this inspection the service was rated as Requires Improvement and we made a number of recommendations to ensure the fundamental standards were consistently met.

At this comprehensive inspection visit carried out on 04 and 09 May 2017, we found recommendations had been considered and improvements had been implemented. We found improvements had been made to the management and administration of medicines. Also, quality assurance checks had taken place within the outreach service.

People and relatives told us they were happy with the service provided by Creative Support. Staff were described as kind, caring and committed. Observations of interactions between staff and people who used the service demonstrated people were happy and content.

At the supported living services we visited we observed staff responded in a timely manner and people did not have to wait to have their needs met. We observed staff demonstrating patience with people and taking time to sit with them to offer companionship and comfort. People were given time to carry out tasks as a means to promote independence and were not rushed.

Staffing arrangements were personalised to fit around the needs of the people who used the service. People told us support from staff was flexible and varied to meet their needs. This enabled people to have active lives in their community. We saw evidence of people being supported to take part in work and activities of their choosing.

When people required support to communicate choices and decisions we saw evidence they were supported with easy read guidance, photographs and symbols. This promoted autonomy for people who used the service.

Detailed person centred care plans were in place for people. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required. Consent was gained wherever appropriate.

There was a focus on partnership working with families. Families told us they were involved where appropriate in managing people's care and support.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when health needs changed. We saw evidence good health was promoted throughout the service. Documentation regarding health needs of each person was comprehensive and concise.

We saw evidence of multidisciplinary working to ensure people's dietary needs were addressed and managed in a safe way.

People told us they felt safe whilst being supported by the service. Arrangements were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Suitable recruitment procedures were in place. Staff told us they were unable to commence work without suitable checks taking place.

We saw evidence staff had been provided with relevant training to enable them to carry out their role. Staff told us they received supervisions and appraisals as a means for self-development.

Staff had received training in The Mental Capacity Act 2005 and the associated Deprivation of Liberty Standards (DoLS.) We saw evidence these principles were put into practice when delivering care.

People were happy with the service provided and had no complaints. They told us they were confident any concerns raised would be dealt with efficiently and appropriately by management. We saw systems were in place for dealing with complaints.

The service had implemented a range of quality assurance systems to monitor the quality and effectiveness of the service provided.

Systems were in place to monitor and manage risk. Risks were reviewed on a monthly basis and a record was kept to show reviews had taken place.

Staff were positive about the way the service was managed. They told us the service was well-led and there was good communication.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures in place to ensure staff employed were of a suitable character.

Good practice guidelines were considered and implemented to ensure safe management of medicines.

The registered manager ensured there were appropriate numbers of suitably trained staff on duty to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

People received appropriate support with diet and nutrition when required.

Staff had access to ongoing training to meet the individual needs of people they supported.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

### Is the service caring?

Good ●

Staff were caring.

People and relatives were positive about the caring nature of staff.

Staff treated people with patience, warmth and compassion.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

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

**Good** ●

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded appropriately when people's needs changed.

People were happy with the service provided and had no complaints. Processes were in place should complaints be raised. We saw evidence these were treated seriously and action taken accordingly.

The service enabled people to be active citizens in their own communities, encouraging people to have active lives.

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

**Good** ●

The service was well led.

The registered manager had a good working relationship with the staff team. Staff, relatives and professionals all praised the skills of the registered manager.

Regular communication took place between the registered manager and staff as a means to improve service delivery.

# Creative Support - Morecambe Service (Learning Disability)

## **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 visit took place on 04 and 09 May 2017 and was unannounced. The inspection was carried out by an adult social care inspector and one 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.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

We contacted the local authority and we received no information of concern.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection plan.

We visited two supported living homes where support was provided by Creative Support – Morecambe Service (Learning Disability). We did this because we wanted to ensure people were supported in a safe environment which was responsive to their needs.

We spoke with eight people to obtain their views on what it was like to be supported by Creative Support

Morecambe Service (Learning Disability). When people had limited verbal communication because of their disability we observed interactions between staff and people to try and understand the experiences of people who used the service.

We spoke with nine relatives and two health care professionals to see if they were satisfied with the care provided. We received no information of concern.

Information was gathered from a variety of sources throughout the inspection process. We spoke with nine members of staff. This included the registered manager, the business support manager and seven staff who were responsible for providing care and support.

To gather information, we looked at a variety of records. This included care plan files relating to five people who used the service and recruitment records belonging to four staff members. We viewed other documentation which was relevant to the management of the service including training records, medicines administration records, meetings from management meetings and senior manager's audits.

## Is the service safe?

### Our findings

People told us they felt safe when they were being supported by the service. Feedback included, "I feel safe living here." And, "Oh yes, I feel safe here. I would tell the staff if I didn't feel safe."

Relatives told us they had confidence in the service provided, One relative said, "Having them (Creative Support) visit has allowed me to stop worrying all the time. They look after [my relative] well."

With the consent of people, we visited two supported living properties where support was provided by the service. Observations made during the inspection visit demonstrated people who lived at the home looked comfortable and relaxed in the environment. For example, we observed people smiling, laughing and joking in the presence of staff.

We looked at how medicines were managed by the service. We noted there had been a number of medicines errors throughout the service since the last inspection. The registered manager showed us evidence that action had been taken following medicines errors being raised. This had included systems for recording medicines and storage processes for medicines.

With consent, we reviewed processes for medicines storage and administration at one of the supported living homes. We noted good practice guidelines were considered and followed. When people had capacity we saw evidence that people were offered the choice of managing their own medicines. This was documented in care records and we were informed by one person this happened.

We were unable to observe any medicines being administered as part of the inspection visit as people did not require any medicines during the times of our visit. We looked at processes for handling and administering of medicines. Medicines audits took place when medicines were received and on a daily basis. This allowed the service to ensure there were no errors in administering of medicines the month previous. For medicines prescribed on an 'as required' (PRN) we saw that guidelines were clear and informative. Medication Administration Records (MAR's) clearly detailed what medicines had been given, at what time and the dosage. This allowed staff to monitor the amounts given and at what times.

Staff confirmed they were unable to administer medicines without completing training. They told us they had to undertake regular competency checks to demonstrate they were suitably skilled to give medicines.

We looked at how risks were managed to ensure people were kept safe. There was a variety of risk assessments to address and manage risk including risk assessments to manage behaviours which may challenge the service, malnutrition and falls. Staff told us they routinely monitored risks and updated risk assessments after incidents had occurred or people's needs changed. We saw evidence in care records this occurred.

We noted the service had a person centred approach to managing risk. This meant people were encouraged to take risks in a safe managed way to promote their autonomy and well-being. For example, although there

were associated risks for one person to carry out a sporting activity the staff had explored all options to reduce any risks to enable the person to complete the activity.

We looked at how safeguarding procedures were managed by the provider. We did this to ensure people were protected from any harm. Staff told us they had ready access to safeguarding procedures should they require any advice or guidance. They were able to describe the different forms of abuse and systems for reporting abuse. One staff member said, "I wouldn't hesitate in reporting it. There's a flowchart on the wall in the office which I could refer to if needed."

The service kept a record of all accidents and incidents. This allowed the service to assess all accidents and incidents to look for emerging patterns. Information relating to specific incidents for individuals was also shared with other agencies so that care plans and risk assessments for people could be reviewed and amended when necessary.

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times, to support people with their care needs. People told us they had no complaints about staffing levels. One person said, "Staff are always here when they say they will be. We have a board on our wall which shows staff on duty." People told us staff rotas were flexible and changed in response to changing needs. For example, one person had decided to change an activity they did during the week. The team leader of the home changed around the person's support to enable the person to carry out the activity.

We spoke with relatives about staffing levels. Three relatives told us their family members had recently had their commissioned hours reviewed by the Local Authority which had led to a decrease in the hours people received. Relatives said this had impacted upon people's lives but recognised this was not the fault of the service. One relative said, "They are doing the very best in a difficult situation. My (relative) gets shared care. They used to get one to one support. They try to give them a bit of one to one."

During the inspection visits we observed staff were not rushed and responded to people in a timely manner. For example, we saw one staff member sat with a person reading a magazine.

Relatives reported there had been a recent problem with recruitment and agency staff had been used. They said however this had not impacted upon care. One relative said, "They do their best to give [my relative] continuity with people they know. If they use bank staff, they use the same ones whenever they can. They try to avoid agencies."

The registered manager said some staff had left and they had faced some difficulties in recruiting new staff. They told us they have since recruited new staff and recruitment was ongoing. Staff members told us turnover was low and said they were happy with current staffing levels.

We looked at recruitment procedures in place to ensure people were supported by suitably qualified and experienced staff. We reviewed records relating to the four recently employed staff. At the last inspection visit we had made a recommendation that all gaps in employment were explored and recorded with new applicants. Records showed action had been taken; application forms had been amended and full employment checks had been carried out prior to staff commencing work. Two references were sought for each person, one of which was from their previous employer. This allowed the service to check people's suitability, knowledge and skills required for the role.

The registered manager requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing

personal care within health and social care. A staff member who had recently been recruited confirmed they were subject to all checks prior to commencing work. They said, "I wasn't allowed to work until my DBS came back. It took ages but they were very thorough."

## Is the service effective?

### Our findings

People who used the service told us they were supported to maintain good health. One person said, "I have never had it so good."

Relatives we spoke with praised the efficiency of the staff and the ways in which they supported their family members. Feedback included, "Staff know [my relative] well." And, "I am very happy with Creative Support. I have got the best Agency I could have. I am impressed by the staff training and monitoring." In addition, "We have peace of mind knowing he's being looked after properly."

We looked at care records relating to five people. We noted there was clear documentation which detailed all health professional involvement and outcomes of meetings with health professionals. People had regular appointments with health professionals including GP's, dentists and opticians. Individual care records showed health care needs were monitored and action was taken to ensure good health was maintained. For people living in the supported living service health action plans were in place for each person. Health action plans are person centred plans which show what support people need to stay healthy and record actions taken to maintain good health. People were encouraged to have annual health checks. Annual health checks are recommended for people with learning disabilities to ensure any health conditions do not go undetected.

Relatives told us they were informed when their family member's needs changed. One relative said, "The staff are good at communicating with us if [my relative] is ill." Another relative said, "They always contact a GP, or us, if they are concerned. He gets regular visits to the doctors and dentist."

Two health care professionals told us staff had a good knowledge of people and their needs. They said staff appropriately liaised with other health professionals when advice and guidance was required.

Staff worked in a person centred way to meet health needs. A member of staff told us a person did not like to engage with medical professionals. The person required medical support for a number of health conditions. Staff liaised with all health professionals so that all health care requirements could be carried out at one time whilst the person was in hospital. This prevented the person having to repeatedly visit the hospital. This showed us that staff were committed to ensuring the person's health conditions were suitably managed and positive outcomes were achieved.

We looked at how people's nutritional needs were met. People told us they were able to choose what they wanted to eat. One person said, "I write a shopping list and staff take me shopping for my food." We asked another person what would happen if staff cooked them something they didn't like. They said, "I would throw it away and make a sandwich." People told us staff supported them to cook their own meals. At both houses we visited we observed people being involved in making their own meals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records demonstrated the service had a sound understanding of the principles. Staff were able to describe how the Mental Capacity Act influenced their work. One staff member described how they had to have a best interests meeting for one person in relation to making a specific decision about a person's health condition.

We noted from individual care records some people had a number of restrictions placed upon their liberty to maintain their safety. We spoke with the registered manager about the Deprivation of Liberty Standards. (DoLS.) They confirmed applications to impose restrictions had been made to the Court of Protection.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. Staff praised the training provided. One staff member said, "The training is good. We can make suggestions about training. If we ask we can usually have it."

The business manager maintained a training matrix. We noted a variety of training was provided to staff including safeguarding of vulnerable adults, moving and handling, first aid; person centred planning and medicines awareness. Staff told us training was provided both in house by staff employed by the service, externally from other training providers and by e-learning.

Staff told us there was an induction process in place. Staff were also required to undertake shadowing of more established staff members to build relationships, experience and knowledge.

We spoke with three members of staff who had recently been employed to work within the service. They confirmed they were offered support and guidance at the start of their employment and were not permitted to work alone until they were deemed competent. One staff member said, "There was lots to learn. I shadowed for over a month." All three staff we spoke with said management were very supportive of them during the induction period. One staff member said, "They have been very supportive, they always make time for you."

We spoke to staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Staff confirmed they had regular supervisions with their line manager. We saw evidence these meetings occurred and discussions recorded. Staff said they could discuss any concerns they may have in between supervisions. One staff member said, "We can always ask for help. If ever we ask we are always greeted with, "Of course!""

## Is the service caring?

### Our findings

People told us staff were kind and caring. Feedback included, "The staff are very good." And, "The staff are brilliant." And, "Staff are good to us to alright. They look after us."

Relatives we spoke with praised the thoughtfulness and caring nature of staff. Two relatives said staff sometimes went above and beyond what was expected of them. One relative told us their family member's washing machine had broken so a staff member took the person's work uniform home and washed it for them. They returned it so the person could go to work."

Staff respected people's privacy. One person said, "When I am upset staff give me space." During the visits to people's homes we observed staff knocking on doors before entering.

One person being supported had a fear of visiting hospitals and staff in uniform. The staff team worked with the hospital so that staff did not wear their uniform when meeting with the person. This helped to allay fears and decrease anxieties for the person. This showed us staff were caring.

People who used the service told us independence and choice was always promoted by staff. One person praised the way in which the service promoted and respected people's choice. They said, "Staff don't bang on at us. That's a good thing."

People were encouraged to be involved in all aspects of their daily living, making choices about what they had to eat, daily routines, activities and how they received support. People who lived in supporting living properties told us they had house meetings on a regular basis. These were organised to ensure people had a say in the way in which the home was managed and run.

There was focus upon promoting independence. People and relatives told us people were encouraged to develop independence skills. One person said, "I get to make my own decisions. I am the main man now." One relative said, "[My relative] has become a lot more independent since receiving a service from Creative Support Morecambe Learning Disability service. They always create opportunities for [my relative.]"

We saw evidence in care records of people planning and attaining specific goals. One person told us, "I choose where I want to go on holiday every year and staff help me to go."

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. Communication was light hearted and warm. There was a pleasant atmosphere within the supported living properties.

Staff spoke fondly about the people they supported. When we asked staff about what was good about the service one staff member said, "It's a friendly place where we put people first. We always put people first." Another staff member said, "We see people every day. You can't help making bonds with people."

The service encouraged people to speak out and be heard. When people could not speak for themselves we found the service encouraged people to use advocates. Advocates are independent people who can offer support and guidance and help people to speak up for their rights. At the time of our inspection visit we met two people who had independent advocates.

## Is the service responsive?

### Our findings

People told us they received person centred support. One person said, "Staff are flexible, they are good like that. They come in handy."

Relatives told us the service provided was tailored to people's needs. Feedback included, "[My relative] is taken out for walks but if they don't want to go they could indicate by their behaviour and they will bring them back." Also, ""During the week they try different activities which they think would suit [my relative]. If not, they are dropped. The activities they are doing now suit them."

People were encouraged to have active lives and be involved in their own communities. On the first day of the inspection visit we visited two supported living homes. We observed people returning from daily activities. One person had been at work. One person told us, "We are always busy. Not usually in (the house.)" Another person told us they had been out for lunch and to their local shops for the day. One person showed us their vegetable and fruit patch within their garden. On the day of the inspection visit they were going to the main office to sell their produce. The person beamed with pride as they showed us what they had grown and was eager to take it to sell. Another person told us they had an allotment and went on a weekly basis to watch their local football team play. We viewed an activities planner on the wall of one homes and noted people's days were filled appropriately. People told us they chose what they wanted to do.

We looked at documentation relating to each person. People's interests were clearly detailed with the person's care plan. Care plans were detailed, up to date and addressed a number of areas including communication, health and wellbeing, medicines, nutrition, personal hygiene and safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relative's involvement wherever appropriate, within the care plans. Care plans were reviewed and updated.

There was a focus on providing person centred care. People and relatives told us they were regularly consulted with to ensure care was delivered according to need. Within the supported living service one person told us they had their person centred plan upon their computer. They said they regularly worked on the plan to update their goals and ambitions. This information was then fed back to staff so action could be taken to update care plans. Care plan reviews were also individualised and took place where people felt comfortable. People who used the service determined who attended the meetings and the focus of the meeting.

Care was delivered according to people's needs and preferences. One person said, "I go to bed and get up when I like."

One relative praised the way in which staff understood people's needs and behaviours. They told us, "The staff have to have special training as [my relative] can have challenging behaviours. They are trained to try to avoid incidents. The incidents are few and far between."

We spoke to a health professional who confirmed staff responded appropriately to people's needs and acted in line with people's care plans. They told us this had impacted greatly upon people, enabling them to live active lives in the community.

People who used the service told us they had no complaints. Feedback included, "I have no complaints. I could talk to [registered manager] if I wanted to." And, "I've no complaints. They are a good team and a good help to me." They told us they were able to raise concerns through house meetings and through client quality meetings. In order to ensure information was fully accessible the service provided people with a pictorial easy read guide to making complaints. This showed us the service was committed to listening to people and responding to complaints.

Relatives we spoke with confirmed they had no complaints with the service. One relative said, "I see the House Manager every week. I have communication that way. If I had any complaints I would talk to her. If she can sort it out she would. I can't praise her enough."

## Is the service well-led?

### Our findings

Relatives of people who used the service told us they considered the service to be well managed. Feedback included, "I would say the service is well led. I know the managers. They are approachable. I can speak to them." And, "I am more than happy with how things are managed." Also, "I have no worries at all. It is between very good and excellent."

Relatives told us communication within the service was good. They told us they had confidence in managers and said they could approach them at any time. Two relatives said they did not attend any meetings with management as they were happy with the service being provided. They said they would not be afraid to contact them however if they had concerns.

Staff praised the ways in which the service was managed. They described the senior management team as, 'approachable,' and 'knowledgeable.' One staff member said, "You know you are going to get it right if [registered manager] is guiding you." Staff described the registered manager as caring. Feedback included, "[Registered manager] cares. They really care. They keep us happy in the work environment and we are supported one hundred per cent." And, "[Registered manager] will ensure jobs are done. If there are needs they will help you out. They will go above and beyond what they need to do to help out."

Staff told us team work was good. They described a positive working environment where people were central to everything that took place. When asked to describe the culture of the service, one staff member said, "It's a friendly caring culture."

Staff said they had autonomy. They said this enabled them to create positive outcomes for people and created a positive culture. Staff spoke highly of their achievements and the achievements made by people who used the service. One staff member said, "I am very proud of what staff have achieved and learned and what [people who use the service] have achieved."

Staff said they had regular team meetings to discuss important aspects of care and share ideas. Staff were encouraged to contribute at team meetings and could add agenda items to discuss at the team meetings. This showed us that staff were encouraged to be involved in decision making and an open culture was encouraged.

The service had a range of quality assurance systems in place. These included health and safety audits, medication, and staff training and as well as checks on care documentation. Audits were carried out by staff within the home, the registered manager, and the area manager. The senior management team tried to ensure some audits took place through unannounced visits. Findings from audits carried out were reported back to the registered manager and other members of the senior management so change could be implemented.

We saw evidence consultation took place. People who used the service and relatives told us they were consulted with on an on-going basis. Feedback included, "They ask us what we think." And, "They have a

Drop-in three times a year for families. We also complete a questionnaire every year." Relatives were confident staff listened and acted professionally on any feedback provided.

People who used the service were encouraged to be involved in how the service was managed and run. People told us they were offered the opportunity to be involved in recruitment of staff if they wished. One relative confirmed this. They said, "Sometimes my daughter is on the interview panel (for staff)." Another person told us they had recently had a meeting to plan a social event for the service. They told us they always held an annual celebration and this was decided upon by people who used the service. This demonstrated the senior managers were eager to involve people in the organisation of the service.

We noted that positive staff performance was recognised and rewarded. During the inspection visit we saw that one team had been awarded a national internal quality award in February 2017 for their work in supporting a person with a safeguarding concern. Staff were recognised for their skills in empowering the person to manage the situation and for the ways in which they achieved positive outcomes for people. This showed us that staff's work was recognised and celebrated.

We spoke with the registered manager about their responsibilities. The registered manager was aware of their legal duties and told us they recognised the importance of keeping their own skills up to date. They told us they regularly updated their knowledge by attending external network meetings and keeping up to date with information and updates from the CQC.