

Creative Support Limited

# Creative Support - Manchester Services

## 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 – Manchester Services provides personal care and support to people with learning disabilities, living in their own tenancies. At the time of inspection, the service was supporting five people living in two properties.

People's experience of using this service:

People were supported safely and had appropriate risk assessment in place to reduce any risk. Staff members were knowledgeable of the risks people presented and could describe strategies reduce risk and ease anxieties.

Staff were recruited safely and were inducted into the service. Staff received regular supervision and training to enable to carry out their job role effectively.

People, their relatives and staff told us they would have no hesitation in report any concerns to the registered manager. Staff had received training in safeguarding vulnerable people from abuse and were confident the registered manager would act on any concern's raised.

People received a thorough assessment of their needs to ensure the service could meet their needs. People and their relatives felt involved in the assessment. Choices and preferences were captured and fed into care plans.

People were supported to manage their health needs and attended regular health surveillance appointments.

Healthy and nutritious diets were supported and people were encouraged to cook meals. Cultural diets were catered for.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Our observations were that people were well cared for and people were at ease with the staff team. Relatives told us, their relative was well cared for.

Staff were kind and respectful to people and knew people well. A consistent staff team supported people effectively.

Care plans were detailed and person-centred and involved people and their families. Care plans set goals for people to work towards and were regularly reviewed.

Complaints were listened and responded to in a timely manner. Relatives told us they have open lines of communication with the registered manager which enabled any concerns to be dealt with quickly.

The service effectively supported people at the end of life. Care planning to support people at the end of life captured peoples choices and preferences. The service liaised with health professionals to ensure people were pain free and well cared for.

The registered manager and the wider management team had good oversight of the service. Regular monitoring to monitor and improve the service was in place.

The staff team felt supported by the registered manager and were able to attend regular staff meetings.

The registered manager was supported by a wider management team who had the skills and knowledge to support people with complex conditions.

Rating at last inspection: The last inspection of this service was on 22 and 23 September 2016 and was rated good in all of our key questions. The report was published on 2 November 2016.

Why we inspected: This was a scheduled inspection as part of our inspection process.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our programme of inspection. If any concerning information is received, we may inspect sooner.

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

## 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 - Manchester Services

## **Detailed findings**

### Background to this inspection

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

**Inspection team:** The inspection team consisted of one inspector.

**Service and service type:** The service provides personal care and support to people in a "supported living setting", so they can live as independently as possible. Peoples care and housing are provided under a separate contractual agreement. The Care Quality Commission does not regulate premises used for supported living. This inspection looked at people's care and support.

The service had a manager registered with the Care Quality Commission. 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.

**Notice of inspection:** We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.' The inspection site visit was completed on the 2 April 2019, phone calls to staff and relatives were completed on 3 April 2019.

**What we did:** Before the inspection, we reviewed information we held about the service. This included statutory notifications which are important events about the service which a notifiable by law. We used information to inform our inspection, from the Provider Information Return (PIR). This is information from the provider on what they do well and any improvements they plan to make. We also contacted the local authority for their comments on the service.

We reviewed two people's care files and associated risk assessments and health and social care information. We reviewed three staff recruitment records, induction, training and supervision records. We checked the audits in place to monitor and improve the service and any compliments and complaints received. We visited one property with people's permission and observed interactions between staff and people. We spoke to two people receiving personal care and support and three relatives. We also spoke to the registered manager, the service manager, a supporting manager and three staff members.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe while being supported by the service. One relative told us, "Yes, [name is safe], well looked after." Another relative said, "Yes, I really feel [name] is safe, they try really hard with [name]."
- Staff had received training in safeguarding vulnerable people from abuse. Staff were able to describe signs of abuse and were confident they could raise concerns and the registered manager would act on them.
- The registered manager understood their responsibilities to report any concerns to the local authority and the Care Quality Commission. We saw any concerns had been reported in a timely manner.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were in place before the commencement of employment, to prevent unsuitable staff members from supporting vulnerable people.
- Rotas reflected a consistent number of staff on duty throughout the week. People received a mixture of one to one support and shared care. We saw people received support from regular staff members. Relatives confirmed, regular staff members were always working at the service.
- If people's needs changed, the registered manager approached the funding authority to review the support people needed.

Using medicines safely

- People were supported to receive their prescribed medicines safely.
- People received a thorough assessment to check what support they needed with managing their medicines. Where people were able to administer their own medicines, robust support strategies and risk assessments were in place. For people who needed assistance with managing their medicines, clear care planning was in place to support this with guidance for how people liked to receive the support.
- Staff received training to enable them to safely administer medicines. Regular checks on the competency of staff were in place. Staff told us they felt competent to administer medicines safely.
- Where people needed as required medicines such as paracetamol, clear protocols were in place to guide staff to when the medicine maybe needed.
- Medication records were fully completed. There were protocols in place for the safe receipt, storage, administration and disposal of medicines.

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Risk assessments explained how to reduce risks to keep people safe.
- Staff could describe safe ways to support people. People and their relatives had been involved in planning

for specific risks and had agreed safe strategies to manage the risk.

- Risk assessments were regularly reviewed and updated when there were changes. Staff monitored any changes in people which may change the level of risk. We saw any concerns were immediately reported to the registered manager.
- In an emergency, grab and run sheets were used to assist in helping and identifying people to emergency services. The sheets contained descriptive information of each person.
- Personal emergency evacuation plans were in place to support people to leave their home in an emergency.
- Regular safety checks were completed on the property, any concerns were reported immediately.

Preventing and controlling infection

- People were supported to keep their property clean and tidy. Staff were trained to understand infection control and how to reduce the spread of infection. We observed the staff supported people to keep communal areas such as the kitchens and bathrooms, clean.
- Relatives told us they found the properties to be clean and well maintained.

Learning lessons when things go wrong

- Accidents and incidents were clearly documented when they occurred.
- Accidents and incidents were reviewed by the registered manager. Any patterns and themes were reviewed to ensure people were kept safe.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received a full assessment of their needs to ensure the service could offer care and support to them. People and their relatives fully contributed to their assessment to ensure, likes, dislikes, preferences and needs were captured.
- The environment people lived in was continually assessed to ensure it remained suitable for their needs.

Staff support: induction, training, skills and experience

- New staff members received a thorough induction to the service and were able to shadow more experienced staff members while they got to know people and their needs.
- Induction for staff was recorded and in line with the Care Certificate. The Care Certificate is a set of standards, people working in social care should adhere to.
- Staff received appropriate training to enable them to carry out their role. Staff were competent and knowledgeable and felt the training assisted them in their job role. Training was updated as required. Where people required a specialist training to support them, this was delivered to staff promptly.
- Staff received regular supervision and appraisal from the registered manager.

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

- People were supported to receive a nutritional and balanced diet.
- People were involved in meal planning and food shopping and were encouraged to contribute to cooking.
- The staff were working to involve people they support in spending time together to enhance the meal time experience. A regular Sunday dinner had been introduced and a healthy take away night was being planned. People told us they hadn't usually ate meals together and they were enjoying the experience.
- If there were concerns with food or fluid intake, this was carefully monitored and reported to the appropriate health professional.
- People were supported to eat a culturally appropriate diet if that was their wish.

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

- The service worked alongside other professionals such as social workers, therapists and health professionals to ensure people remained well supported and healthy.
- Records of visits from other agencies were recorded in people's care files.

Adapting service, design, decoration to meet people's needs

- The properties had been developed in line with Registering the Right Support to enable people with

learning disabilities and autism could live an ordinary life as anyone else.

- The premises was suitable for the people living there. We saw the provider liaised with the landlord if there were any concerns with the properties.
- People could decorate their bedroom's as they wished and furnish the rooms with their own furniture, photographs and ornaments.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health services such a GP's and outpatient services when required.
- People and their relatives told us they can see a GP when they needed to. Staff supported people to appointments.
- People had health actions plans in place which identified what needed to be done to keep each person healthy. Appointments and outcomes were recorded in the plan. The plan also ensured people where offered to attend age appropriate appointments such as mammograms and bowel cancer checks.
- Where people required a unplanned visit to hospital, each person had a hospital information packs in place. Hospital information packs give guidance to hospital staff about the way people communicate, are supported and their personal choices and preferences.

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 with appropriate legal authority. 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.
- The service had applied to deprive a person of their liberty to keep them safe. Best interests decisions were recorded and outcomes fed into care plans. Staff we spoke with, were fully aware of the decisions and worked together with the person's family to keep them safe.
- Staff had received training in mental capacity and could describe what action to take should they feel a person lacked the capacity to make a decision.
- During the inspection, we observed people being offered choices and being encouraged to make day to day decision's on their choice of activities, what they ate and drank and where they spent time.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a person centred way by a caring staff team. Relatives told us staff were caring. Relative's told us, "They give [name] the right support. The staff are good." and "They [staff] are very good and have a nice rapport. The staff are just so nice and helpful." and "[Name] is well cared for, always well dressed and clean, they [staff] can't do enough."
- Staff clearly knew peoples needs and we observed friendly and kind interactions between everyone. Staff had been able to get to know people and build relationships. We observed as sense of ease between the staff and people being supported. The atmosphere was relaxed and people were smiling and looked comfortable in the care of staff throughout our visit.
- Staff could describe to us, the most suitable way to support people and understood why having routine and familiar staff was important to some people.
- Staff were aware of who wished to supported with a faith and culture. This was embedded into peoples care plans.

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

- People chose how to spend their day.
- Likes, dislike's, personal choices and preferences were captured in care plans. Where people wished to work with a staff member of a particular gender, this was recorded in the care plan.
- Relatives were encouraged to be involved and maintain relationships with people and were welcomed by the staff team. Relatives told us they felt welcome when visiting and always felt involved in the care of their relative.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respected peoples privacy. Staff knocked on doors and requested permission to enter.
- Staff referred to people by their chosen name. Interactions observed between staff and people being supported were dignified and respectful.
- People were encouraged to do as much as they could for themselves. Staff were supporting people respectfully to gain daily living skills such as cooking and cleaning.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- Care plans were detailed and person centred. People and their relatives were fully involved in care planning. Care plans identified the need and the outcome and what the plan will achieve. This meant people could plan goals to work towards, for example, managing money or gaining further independence skills.
- Holistic care plans were in place for supporting people living with autism, Care plans captured important routines and staff we spoke with, were able to describe people's routines' and why it was important to adhere to them.
- Detailed guidelines were in place for staff, for example, how a person liked their morning routine and like to be supported with personal care.
- Staff told us they had the time to read care plans when they are getting to know people. Where there were changes in care plans, staff told us they were always communicated to them.
- Where people may display anxiety, care plans documented what any behaviours may mean, which meant staff could respond in the correct way to reduce anxiety.
- Care plans were regularly reviewed. People and relatives were involved in the reviews at the person's place of choice. The review looked at how needs were being met and set any new goals, the person wished to achieve.
- People were supported with a range of activities which were documented within the care plan. Activities included dog walking, cycling, trampolining and were person centred. Relatives told us, people were always busy and had active social lives.

Improving care quality in response to complaints or concerns

- Complaints were responded to in a timely manner and outcomes were shared with the complainant.
- People told us they knew who to complain to and relatives also confirmed this. Relatives told us they were confident in raising any concerns with the registered manager and felt they would listened to and acted upon.
- Staff told us they have good relationships with people and their families and this reduced any concerns escalating at they could talk openly to each other.

End of life care and support

- People's needs and preferences were captured at the end of their life. The service worked with people and their relatives to complete, 'The perfect send off', which was information recorded on how people wished to be cared for and any special requirements such as religious requests or who they wished to be present when the time came. The document also confirmed should any requests be made for the funeral such as particular flowers or songs to be sung.

- The service worked with health professionals to support people to have a dignified and pain free death. Regular reviews of pain relief were completed by GP's and district nurses to ensure the person was well supported.
- Staff told us they felt supported to enable them to support people at the end of their life. They told us, they can talk to the registered manager or wider management team at any time.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had received many compliments thanking them for the care they provided to people. Relatives told us, they felt comfortable with the service supporting their relative as there was always someone to talk to if they had any questions or concerns.
- The registered manager was visible at the forefront of the service and every person and relative knew who they were. The registered manager knew people and their needs well and ensured they had oversight of how the service operated. They did this by seeking feedback daily from staff on people's health and wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a wider management team and it was clear throughout the inspection, the team had the skills to manage and support people with complex needs.
- Staff and relatives were very complimentary about the registered manager and the management team and felt they had clear and open lines of communication. One staff member told us, "Since [registered manager] has been here, its so much better, we have been brought together and we are supported to provide person-centred care, which is how it should be." A relative told us, " We have built a relationship with [registered manager], you will not get any criticism from me."
- The registered manager was newly registered with the Care Quality Commission(CQC) and understood the responsibilities of the registration. The management team had a clear vision of how the service would grow while supporting people in a person-centred way.
- All notifications from the service has been sent to CQC as required. The service was also displaying their last rating from CQC at their registered office.
- We reviewed

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

- Regular meetings were held with people and their relatives to obtain feedback. The registered manager told a new survey was being developed to gain further feedback to improve the service.
- Regular staff meetings were held for staff where ideas were shared and feedback given. Staff told us meetings were positive and records showed they were well attended.
- Regular management meetings were held with part of the wider organisation. This was useful for sharing best practise.
- The service worked with key organisations including the local authority and a host of health and social

care professionals. Information we received from the professionals was very positive.

#### Continuous learning and improving care

- There were effective monitoring processes in place to monitor the quality of the service.
- Regular audits were carried out to identify any short falls and actions were taken to improve on the findings. This regular audits of care files.
- The management team attended meetings with the local authority to learn and share information. They also attended an innovation group to share information and work together with others to ensure care services were providing high quality, safe care.