

Review of compliance

Creative Support Limited Creative Support – Durham Services	
Region:	North East
Location address:	Innovation Court Yarn Road Stockton-on-Tees Teeside TS18 3DA
Type of service:	Domiciliary care service Supported living service
Date of Publication:	August 2012
Overview of the service:	Creative Support Durham Services provides domiciliary services for people with learning disabilities and mental health needs. It is registered for the regulated activities of personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Creative Support – Durham Services was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 19 July 2012, carried out a visit on 24 July 2012, carried out a visit on 27 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

The service provides support to a group of people across the Durham area and this involves assisting people who live in four communal houses as well as others who live in their own flats. A number of the people require Creative Support staff to support them with psycho-social aspects of their lives and do not need assistance with personal care. The people who received a personal care service either lived in their own flats; in a communal house; or in their own house. The services where people required personal care services were spread across four locations. Most of the people who used these Creative Support services lacked capacity and their tenancies had been agreed via the Mental Capacity Act use of Court of Protection procedures. We visited people in two of these four services and met seven people during the inspection. As this was a routine visit we were looking at what the care was like; and what people thought about the staff.

All the people we met had limited verbal communication skills and were not able to tell us in detail what they thought of the service. However, they indicated that they were happy in their homes and with the staff. From our observation of staff interactions with people we found the staff clearly understood what people wanted. Staff constantly sought people's views and permission around all aspects of the service they were delivering. Staff understood exactly how much support each individual needed and we saw that they worked in ways which empowered people to take control of their care and lead ordinary lives.

What we found about the standards we reviewed and how well Creative Support – Durham Services was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected. Their views and experiences were taken into account when decisions were made about the way the care was provided and delivered.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Throughout the inspection, we found that staff at each house treated people with respect and supported them in a friendly, engaging manner. Our observations showed that staff actively empowered people to make choices about every aspect of their lives.

Other evidence

During our inspection, we spoke with seven staff who worked at the two services and the manager. These staff knew a great deal about the people they were supporting and were able to tell us about likes and dislikes, preferences and information about individual's lives. The staff told us how they enabled people to make decisions about what support they received. Staff described how they interpreted people's behaviour and looked out for signs that they were not happy with a certain aspect of the care. The manager told us that they actively involved people who used the service in developing the business plans, quality assurance processes and recruitment. He told us about one of the people who had been encouraged to act as the main spokesperson for the people who lived in the same service.

We reviewed 15% of the care records for people who used the services we visited. We consistently found evidence that people had been supported to contribute their views to the development of their care plans and outlined their goals. We found that, where

needed, people were supported by advocates. Staff were seen to treat people with respect, compassion and dignity at all times.

Some of the people who used the service lacked capacity to make their own decisions and we found that the staff were very aware of the actions they needed to take. We asked five staff to tell us what they did around making 'best interest' decisions. All these staff were able to clearly describe the 'best interest' process; outline the legal basis that the placing authority had used to enable people who lacked capacity obtain tenancies and their role within this work. We reviewed the training matrix and a selection staff files in each house and found that staff had received the appropriate Mental Capacity Act 2005, Mental Health Act plus equality and diversity training. People's diversity, values and human rights were respected.

Our judgement

The provider was meeting this standard. People's privacy, dignity and independence were respected. Their views and experiences were taken into account when decisions were made about the way the care was provided and delivered.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Throughout the inspection we saw that staff consistently supported people in a sensitive and empathetic manner. We saw that staff used a range of techniques to support people who used the service and determine how best to assist people.

Other evidence

We reviewed 15% of the care records for people who used in the services we visited and found these were very informative and up to date. We saw that the staff had evaluated each person's care records on a monthly basis. The seven staff and manager told us they regularly checked whether the plans remained accurate and completed evaluations on a monthly basis. Appropriate risk assessments and care plans were in place and these set out actions staff needed to take. The staff told us that they always sought the person's confirmation that they were happy with the plan of care.

From the review of 15% of the care files and discussion with the seven staff, we confirmed that a wide range of healthcare professionals provided support. Staff were confident that as people's needs changed they could rapidly involve the right healthcare professional in reviewing the individual's care. They told us how they ensured referrals were made to the appropriate healthcare professional. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

We spoke with four staff from across the two services and the manager about safeguarding of vulnerable adults. They were all aware of the different types of abuse and said they were confident they would be able to identify the signs of abuse in people who used the service. The staff told us they would know what to do if they saw any behaviour which concerned them. The other staff we spoke with were able to tell us what would be considered an incident of abuse and said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate. The manager understood when notifications would need to be made to the local authority safeguarding team and the CQC.

We looked at the training matrix, a selection of staff files in each service and spoke with the seven staff about personal development. We found that all staff had completed initial safeguarding training and then yearly refresher training. From what we witnessed and were told we found that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the

possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

The seven staff we spoke with told us that they were receiving regular supervision and had an appraisal, which they found useful. They also told us that they attended regular staff meetings, which were helpful and assisted them to explore their practices. Each service kept supervision records and we were shown information to confirm that people received regular supervision. Each staff member told us that the person who completed their supervision was approachable, that they could talk to them about any concerns and felt that they would be dealt with.

The staff told us that training was available to them and that they attended mandatory training. The manager said the training schedule was organised centrally and the administrator alerted all the team leaders and staff members when they needed to complete training. The staff confirmed that this occurred and said they found there were a number of alerts made so were confident that they would never miss required training sessions. The training records and those maintained centrally showed that everyone attended refresher training in a timely fashion. Staff showed us information to demonstrate that plans were in place to make sure they completed the training. From our review of the evidence we found that care staff were supported to complete National Vocational Qualification (NVQ) level 2 and level 3. We also found that over the previous year staff had completed a variety of additional training around meeting people's specific care needs. We found that staff received appropriate professional development.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

The staff in each service showed us a range of documents they completed around quality assurance, which we found covered all areas of practice. We found that people who used the service, their representatives and staff were asked for their views about their care and these were acted on. Four staff told us that the team had regular meetings and these were used to discuss how people had been and how the service could be improved. They told us that in the supervision sessions they discussed the quality assurance systems and any gaps in practice they had identified. The staff also told us that a quality manager routinely checked of practices in their services and monitored systems to ensure they remained effective. All the records we reviewed confirmed that staff took action to make any required changes in a prompt manner. We found that the staff and manager fully understood the quality assurance processes, identified areas for improvement and took action to ensure they continually developed their practices.

Our judgement

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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