

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Creative Support - Whitby Service

The Penthouse, The Colluseum, Victoria Place,
Whitby, YO21 1EZ

Date of Inspection: 14 February 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Creative Support Limited
Registered Manager	Ms. Tracey Ann Bell
Overview of the service	Creative Support (The Penthouse) Whitby is a supported living home that is registered for personal care. There is accommodation for eight people with learning disabilities and the home is staffed 24 hours a day. The Penthouse is situated on the top floors of a large building called The Coliseum in the centre of Whitby. It is very close to local amenities and there is a bus station next door.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 February 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service and talked with staff.

What people told us and what we found

We carried out an unannounced scheduled inspection at Creative Support Whitby (The Penthouse) to look at various areas of the service delivered. We found that the service had numerous ways of gaining consent from people before carrying out any care or support.

We looked at the care and welfare of people who used the service and found there to be an excellent standard of support being delivered. People who used the service were very happy with their support. One person told us "I really like living here". Another person told us "Its spiffing here!" Care plan documentation was detailed and up to date.

We found that there were robust safeguarding procedures in place and staff knowledge was very good. People told us they felt safe. We looked at staff records and spoke with staff. We found that the organisation carried out the appropriate checks when employing people and that staffing levels were appropriate for the people who used the service and their level of need.

We found that the service had robust systems in place for checking the quality of the service being provided. People who used the service were asked for their input frequently and this was used to manage the direction of the service. Management carried out regular checks on all aspects of the service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

During our inspection we looked at the documentation that was in people's files regarding consent. We saw that all the files we looked at contained a large amount of consent forms which included consent to disclosure of medical and other information, key holder permissions, use of photographs, copies of monthly summaries to be sent to designated family members, entering of people's rooms for the purpose of inspection or maintenance and being checked by staff during the night. All four files that we looked at had all of these forms signed by the individual. All of these had been completed within the last year.

We spoke with staff about the importance of gaining consent and ways that this was done in the service. Staff were able to explain clearly why it was important to make sure the people understood their choices and decisions before being supported and gave examples of how they did that in daily practice. When we spoke with people who used the service they told us that staff always asked permission before carrying out any support, always explained what was going to happen and always took time to make sure that they understood and were happy with what was happening. One person told us "I remember signing all the forms and staff always ask and explain things".

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

As part of the inspection we looked at the documentation held by the service for each individual. We looked at three care plan files and daily record files. The files contained a large amount of very detailed information about the people who used the service and this was appropriate and well organised. A section of client information included preferences, medication, and allergies. Each file contained a person centred plan that included sections such as 'what is important to me', 'who is in my life', 'important people', 'what you need to know to support me', 'how I make decisions', 'what kind of person I would like to support me' and 'my needs and skills'. The assessments and plan were very holistic and the role of the person themselves was very evident. Other areas included social needs, mental health, relationships and religious/cultural needs and preferences. All the documentation was written in the person's own words and each was individualised to the person. The files also contained a range of risk assessments that were specific to the person. Some examples included falls, self neglect, sexual behaviour, exploitation and crossing the road alone. These were regularly reviewed and updated and all those we looked at had been rewritten within the last year.

We observed the interactions between people who used the service and staff and saw these were relaxed, informal and friendly. People appeared happy and contented and when we spoke with people they reported being extremely satisfied with the support they received. One person told us "I really like living here. They are good people and they listen to me. I make my own choices and decisions". Another person told us "Its spiffing here. I really like it. This is a good place to live". All the people we spoke with confirmed that they had been involved in writing their care plans, that they were involved in any reviews, and that they had copies of their plans themselves for reference.

When we spoke with staff they told us that they felt that the quality of care was very good and that they were enabled to ensure that each person led the kind of life that they wished to. They also told us that they were given time to read care plans and staff communication was very good which meant all staff were aware of any changes that might have occurred with each individual. One staff member told us "Its great because people get to make their own choices and decisions and we then ensure that any risks are minimised". Another

staff member told us "There is a real promotion of independence and we are always working with people to develop their independent living skills".

As well as care plan files the service kept daily records of what every one had been doing and how they were. They also kept a current update file which contained copies of any paperwork that had been changed, added or updated recently. This included changes to people's care, changes to policies, risk assessments and risk protocols, practices within the home and updates that were required within people's files following management audits. This meant that staff were able to identify and read recent information easily to keep fully up to date with what was happening in the service. As well as this the service had a communication book and carried out handovers between every shift to communicate information to staff.

There were also several documents and folders specifically for people who used the service. These included an easy read version of all the policies used within the home, and an activities file that people could choose future activities from to take part in.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

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.

We looked at the documentation the service held regarding safeguarding people from abuse. The service had a corporate policy that had last been updated in May 2012 and all staff had signed to say that they had read and understood the policy. The policy included a clear procedure for staff to follow which was detailed and robust. There were also corporate forms for completion and a follow up log that was completed when any incidents or reports had been recorded which showed the service's response and any changes made to practice or learning from incidents. There was also a whistle blowing policy for staff to follow if any abuse was suspected or found. These files were kept in the office and all staff had access to these.

The service also had copies of the local authority's policy and the 'No Secrets' policy for staff to refer to if needed. The contact details for the Care Quality Commission and the local authority safeguarding team were also present on the documentation. In addition to this there was an easy read version available for people who used the service entitled 'Keeping Safe' which gave information about what things to be aware of and how to report anything. There was also information available for people who used the service and staff regarding hate crime.

We spoke with people who used the service about feeling safe and they told us that they always felt safe and protected within the service. One person told us "The staff are great and I always feel safe. I would be able to let them know if anything was wrong". Another person told us "If I have any issues the staff will always help me and I am able to confide in them if I need to".

We looked at documentation regarding guardianship orders and court of protection judgements that were in place and saw that due process had been followed and all appropriate documentation was in place. There was evidence that the service had sought input from other professionals and the legal responsibilities had been met.

We spoke with the manager about staff training around safeguarding. We saw that all staff had completed safeguarding training within the last 18 months. We also saw evidence of 'safeguarding supervisions' where the manager looked at each staff members knowledge of the policy, checked that training was up to date, ensured that the staff member knew where to locate contact details for outside agencies, discussed practices employed in the home and discussed an further training needs the person might have. This was completed with every member of staff annually and all of these were up to date. Staff also completed a safeguarding workbook and we saw evidence that all staff had completed these within the last year. When we spoke with staff they exhibited excellent knowledge around types and signs of abuse and they were clear on their responsibilities and how to take action in any given situation.

We looked at financial records for people who used the service and saw that all transactions were recorded and monitored. Receipts were retained and given to family members where appropriate. There were varying degrees of support given with finances and this was based on each individuals needs. All these records were fully completed, correct and up to date. This ensured that the risk of financial abuse within the service was minimised.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

We looked at staff files for three members of staff. Within these files there was evidence that pre-employment checks had been carried out. Information such as application forms, references and criminal records bureau checks (CRB) were held centrally at the head office for the organisation. These were sent through to us during the inspection via email and were in place for all staff. The head office representative confirmed that the organisation had a policy of waiting for all these documents to be received before employment commenced. When we spoke with staff and the manager they confirmed that these checks were received before they started working in the service.

The manager explained that she shortlisted prospective employees and did this through the application forms which were received in to the service directly and then forwarded to the human resources department following formal interviews. All new staff were subject to a three month probationary period. She also explained that if references highlighted any potential issues then the staff member would be placed on a 12 week extended probationary period that included intensive supervision every week

The files we looked at contained personal details of the employee, a probationary period document, supervision and appraisal documents and a training and development record. These were all fully completed. Staff were also given a competency handbook which covered induction training and subjected staff to supervisions and observations as part of their first six months in employment in the service.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We looked at the rotas for the service as part of our visit. We saw that there had been no sick or unauthorised leave within the service in the last three months. The service was staffed at different levels depending on the needs of the people who used the service and their timetables of activities. There were occasions where 1-1 support was provided where needed and extra cover was also provided to enable people to be supported to appointments or specific activities.

The manager explained that sickness and annual leave were covered within the staff team and that the service did not use agency cover at any time. There were also bank staff that were available to provide emergency or short notice cover.

We spoke with people who used the service who told us that there was always enough staff available to support them with anything they needed and that staff were able to work with them at an appropriate pace. One person told us "There is always someone to support me when I need it. They are always courteous and polite".

When we spoke with staff they told us that they felt that staffing levels were very good and that people were always happy to cover sickness or leave when needed. One staff member told us "It's a really good team and we all work well together". The manager reported that there were not frequent incidents of sickness and there had been no problems with covering shifts and extra work.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

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 received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service had robust and effective quality assurance systems in place.

We spoke with people who used the service about their involvement in feedback and development of the service. One person told us "I have been asked lots of times if I am happy and I go to tenant meetings to talk about the house". Another person told us "I am always asked what I think and I know that they listen to me because sometimes things change when I have requested it".

We saw copies of questionnaires that people who used the service had completed as well as satisfaction surveys that had been completed by families and friends. The most recent satisfaction survey had been sent out in January 2013 and five responses had already been received. The results of these were due to be analysed when more had been returned. The survey covered topics such as the environment, staff, staff understanding of people's needs, provision of activities, satisfaction with support and the complaints procedure. The most recent survey carried out with people who used the service had been carried out in January 2013 and there had been seven responses received back. This survey covered accommodation needs, décor and furnishings, staff understanding needs, involvement in planning, key worker systems, quality of life, working with other agencies, feeling comfortable to open up, making complaints and any other comments or suggestions to improve the service. All the responses we saw had been completed by people themselves and were very positive.

The service also carried out regular tenant meetings with the last one being held the week before our visit. These occurred every month or more if requested by people themselves. They covered a variety of subjects which were selected by the people who used the service. Some examples of discussions included upcoming activities, the bathroom furnishings, likes and dislikes, personalised support, holidays, the tenant's handbooks and highlights of the month. Any actions needed following the meeting were then reported to the manager who took action and recorded this appropriately.

The manager told us about some of the other quality assurance checks that were carried

out within the home and showed us evidence of where these were recorded. These included monthly checks of rooms, care plan audits, nightly safety checks, and six monthly environmental checks which covered windows, medication, lone working and hot water.

We also saw evidence of weekly checks of fire alarms, and door guards, monthly checks of lighting and fire extinguishers, twice daily checks of finances and twice weekly audits of medication and medication records. The manager also monitored supervision and training to ensure that these were kept up to date. There were separate checks for infection control, environmental safety and control of substances hazardous to health (COSHH). All of these checks were up to date and had been carried out on a regular basis.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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