

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

Creative Support Limited- Hartlepool Service

2 Innovation Court, Yarm Road, Stockton On Tees
, TS18 3DA

Date of Inspections: 17 May 2013
15 May 2013

Date of Publication: June
2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ 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 Hartlepool Services provide domiciliary services for people with learning disabilities and mental health needs.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 15 May 2013 and 17 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We decided to visit the people who used the service on an evening to gain a wider view of the service provided. This was part of an out of normal hours pilot project being undertaken in the North East region.

During the inspection we went to both the office base and people's homes. Many of the people had limited communication skills so we also spent time observing interactions between the staff and them. The places we visited had set up 24 hour care packages and each person had their own core team of staff. We found the staff teams had received the necessary training they needed to ensure they delivered effective care for each individual.

The people we spoke with who could share their opinions told us that they found the care packages met their needs; thought the staff were excellent at their jobs; and felt their lifestyle was enhanced because they received individualised care. People told us that they liked having tailor made care packages and felt this enhanced their lives.

We found that the provider had effectively monitored the service and when issues were raised, successfully implemented and sustained a range of improvements that made sure the service met the needs of the people.

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

Respecting and involving people who use services ✓ Met this standard

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

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

We spoke with staff providing the care in different people's homes about how they supported people. They outlined in detail the actions staff had taken to ensure they agreed with their plan of care. They all had a detailed knowledge of people's needs and ability to make informed choices. We observed that staff used positive risk taking practices and supported people to lead ordinary lives.

Throughout the visits, we found that staff treated people with respect and supported them in a friendly, engaging manner. We found that staff were very courteous; actively listened to what people said and effectively communicated with each individual. The people we spoke with told us that the staff respected their choices and assisted them to lead fulfilling lifestyles. People felt having the core staff team and their care packages made sure that they could continue to be as independent as possible.

One person who used the service told us. "I help write all of my records and agree to everything written in them. I also picked the core team of staff who work with me and am a service user representative."

We looked at 10% of the care records and found that care records always showed that people were asked to make decisions about their care and treatment. People's diversity, values and human rights were respected.

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

We noted that people either lived in their own flats or shared communal housing and had individualised care packages tailored to meet their needs. We visited people during the evening in their accommodation. Whilst at their homes we observed how staff worked with the people who used the service. We found that staff consistently supported people to undertake and lead independent lifestyles.

We saw that staff continually engaged people in meaningful conversations about their day and feelings. We found that the staff on duty during our visits understood how to work with people and were attentive to people's needs. Throughout the visit we saw that all staff worked as a team and there was a lot of friendly banter.

People told us that they liked the care packages they had and found the level of support met their needs. They also felt that the staff were effective at supporting them to use the skills they needed to live independently. One person said, "The staff are great and I have a core team who make sure I'm alright."

We spoke with the care staff on duty and the manager. They could confidently outline people's care needs. We found the care records were very informative and up to date. We saw that the staff had evaluated each person's care records on a monthly basis. Staff were very confident that as people's needs changed they could rapidly involve the right healthcare professional in reviewing the care being provided.

From our review of three care records and discussions with the staff, we confirmed that a wide range of healthcare professionals provided support. We found the care records provided a wide range of information about how peoples' care needs were to be met. From discussions with the staff and our observations, we confirmed that the individuals were effectively supported to meet their care needs.

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

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.

Reasons for our judgement

The people who used the service told us that they found the staff respected and valued them. They felt that they were cared for appropriately and were safe. People told us that they felt confident that staff would make sure they would remain safe.

We spoke with staff on duty 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 that concerned them. These staff were able to tell us what would constitute an incident of abuse and said they would have no hesitation in 'whistle blowing' (telling someone) if they saw or heard anything inappropriate.

All the staff we spoke with told us that they had recently been on refresher safeguarding training and found this to be very informative. The staff told us that policies were discussed with all staff during supervision sessions and staff meetings to ensure that all were familiar with their obligations around safeguarding.

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.

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

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.

Reasons for our judgement

The staff we spoke with in different people's houses told us that they were receiving regular supervision, which they found useful. They also told us that they attended regular staff meetings, which they said were informative and assisted them to consistently explore their practices. The staff told us that within the last twelve months they had an appraisal and regular supervision sessions. This was confirmed by our review of the supervision matrix and the four staff files. Staff told us that the manager was approachable and that they could talk to her about any concerns they had and felt that they would be dealt with.

Staff told us that a range of training was available to them and that they attended mandatory training on a yearly basis. The manager said the provider organised the training schedule to ensure staff received regular refresher training for all the mandatory courses and courses on meeting the specific care needs of people who used the service. We found that all staff were receiving this training.

We found that care staff were supported to complete National Vocational Qualification (NVQ) awards, as well as additional courses such as working with individuals who had autism spectrum disorders. We also spoke with two staff who provided training on the use of physical interventions and found they had their required yearly refresher training. These staff outlined how the course they delivered was accredited and that they only taught staff the level of detail they needed to work with the person whose care package they supported. Thus some staff only learnt about de-escalation techniques whilst others learnt particular holds. We saw that the type of physical intervention a person needed was detailed in their care plan and found the core staff team knew what techniques were appropriate for the person they supported.

We found that staff received appropriate professional development.

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 receive.

Reasons for our judgement

The manager showed us the systems they used to monitor the service and a range of documents they completed, which we found covered all areas of their practice. The staff within people's houses told us that each week different aspects of service were checked and issues regarding practice were shared with them via emails and supervisions. We were told that external audits were regularly completed by independent consultants and these covered all aspects of the service provision. We saw reports and action plans produced by these auditors and found staff actively put measures in place to address any issues.

The people who used the service told us that there was a service user representative group and this provided a forum for individuals to discuss potential improvements. We were also told that regular surveys were completed with the people and staff, which the manager found useful at highlighting how they could continue to develop the service.

The manager also told us that processes were in place to routinely check staff competency and the records we checked confirmed this occurred. We found that the manager and staff fully understood the quality assurance processes, identified areas for improvement and took action to ensure they continually developed their practices. We found that there was a comprehensive system in place and that where gaps were found in practice, action was taken to ensure improvements were made.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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