Creative Support Limited

Creative Support - Simonside Court

Inspection report

11 Simonside Court
Edhill Avenue
South Shields
Tyne and Wear
NE34 9FB

Tel: 01914279148
Website: www.creativesupport.co.uk

Date of inspection visit:
08 March 2016
10 March 2016

Date of publication:
13 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 March 2016 and was announced. A second day of inspection took place on 10 March 2016 and was also announced. We gave the registered provider '48 hours' notice of the inspection because the service is small and we needed to be sure that people and staff would be in. The service was last inspected on 25 April 2014 and met the regulations we inspected against at that time.

Creative Support – Simonside Court is a supported living service that provides care and support for up to 18 people in their own homes including 24 hour care. This includes care and support for people with a learning disability or autistic spectrum disorder. At the time of the inspection 16 people were using the service.

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

People said they were happy with the support they received and felt safe. Staff showed a good understanding of safeguarding adults and were confident of how to keep people safe.

Risk assessments were in place for people when required with clear links to care and support plans. General risk assessments regarding the premises and environment were available.

The registered provider had systems in place to check the premises and equipment were safe for people to use. This included portable appliance testing (PAT) checks, a fire risk assessment, a legionella risk assessment and an up to date electrical safety certificate. The registered provider also had personal emergency evacuation plans (PEEP) in place for every person that detailed support they needed in case of a fire.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. Staffing levels were consistent with people's needs.

Accidents and incidents were recorded with details of any action taken to deal with the issue.

Most staff training was up to date. A plan had been developed to ensure any overdue training was completed. Staff received regular supervisions, both standard and focussed. Staff also received annual appraisals.

The registered manager and project manager had a good understanding of the Mental Capacity Act 2005

(MCA) and best interest decisions were evident within care files.

The service provided personalised support to each individual. Staff demonstrated a good knowledge of each person and knew how to support them in a way that met their specific needs.

People had access to a range of health professionals when required, including GP's, dentists, opticians, speech and language therapists and specialist nurses

The service supported people to access a variety of activities that aimed to improve their independent living skills and embrace their hobbies and interests.

People knew how to raise concerns if they were unhappy and were aware of different avenues they could use to express their thoughts about the service.

The registered provider had quality assurance arrangements in place to regularly assess the quality and safety of the service provided, and were effective in identifying issues and required improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe with the service they received.

Staffing levels were consistent, although some support was provided by returning agency staff.

People had appropriate risk assessments in place that linked to care plans.

Staff recruitment processes were robust to ensure staff where safe and experienced.

Is the service effective?

Good

The service was effective.

Staff had up to date training, regular supervisions and annual appraisals.

People had appropriate Mental Capacity Act 2005 assessments in place where necessary, along with best interest assessments.

People had access to healthcare professionals as they needed them.

Is the service caring?

Good

The service was caring.

People told us the service was caring and staff were supportive.

Throughout the inspection we observed staff treated people with dignity and respect and interaction was warm and friendly.

People were actively involved with an independent advocacy service.

Is the service responsive?

Good

The service was responsive.

People and staff told us there was a good range of activities available for people both in the service and the community.

Care and support people received was personalised and tailored to reflect the individual needs of each person.

The registered manager had a procedure in place for dealing with complaints. People knew how to complain and told us they felt comfortable raising any issues or concerns with the service.

Is the service well-led?

Good

The service was well-led.

Staff attended regular staff meetings and contributed to the improvement of the service.

The registered manager operated an open door policy. Staff felt comfortable to go to management with any queries.

The registered provider completed regular audits on the service provided and were effective in identifying issues and required improvements.

Creative Support - Simonside Court

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 10 of March 2016 were announced. We gave the registered provider '48 hours' notice of the inspection because the service is small and we needed to be sure that people and staff would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

During the inspection we spoke with 10 people. We also spoke with the registered manager, the project manager, the senior support worker and one support worker. We looked at three people's care records and five people's medicine records. We reviewed four staff files, including records of the recruitment process. We reviewed supervision and training records as well as records relating to the management of the service. We also completed observations around the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. They said if they were worried about things they could speak with staff members. One person said, "I feel safe." Another person told us, "There's a person here who shouts and swears; I feel a little scared but staff are here so it's ok." People told us they could phone staff from their bungalows if they needed them and knew there were staff available on the night time as well. Staff confirmed they also felt people were safe.

Staff showed a good understanding of safeguarding adults and knew how to report concerns. They were able to describe potential warning signs such as people telling them they weren't happy or becoming distant and withdrawn. Staff said if they were concerned about a person they would report it straight away. We viewed the registered provider's safeguarding log which confirmed concerns had been reported to the local authority safeguarding team and investigated in line with the agreed procedure.

A number of permanent staff had left Simonside Court over a period of time and the service was using agency staff to ensure staffing levels remained consistent. The registered manager told us, "We have a bank register of five staff we use for cover. We also use agency staff to cover but we always get the same staff back. We consider people's needs and preferences and are gender specific (in relation to staff cover)."

The project manager explained that there had been a number of staff leave the service for other career opportunities and others were on temporary leave including maternity and sickness. The project manager told us they had recruited a number of new staff including a temporary member of staff to cover maternity leave. The project manager said, "I think we're back on steady ground now with staff."

During our inspection we noted a member of agency staff was providing support to a person. People we spoke with told us they didn't like support being provided by agency staff because they didn't know them and felt a little uncomfortable. One person said, "I prefer our staff to wash my hair." Another person said, "I don't like agency staff because it's too many new faces which doesn't help my autism."

There were enough staff on duty to meet people's assessed needs. People told us staff were around if they needed them. One person said "There's not always staff around when you press the pendant because they're in other bungalows but they are around and close by so you don't wait long." Another person said, "There's always staff here." Staff felt staffing levels were appropriate. Staff rotas demonstrated staffing levels were consistent and were planned in line with people's activities and outings.

Records in staff files demonstrated staff were recruited with the right skills and experience. Recruitment checks had been completed before new staff started working with vulnerable people. These included checks on their identity, health, reference checks and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

Risks to people's safety and health were assessed, reviewed and updated when required. All identified risks had associated management plans which detailed how people should be supported to manage those risks.

For example, a person was assessed as being at risk of choking had an eating support plan in place with what foods staff were to discourage the person from buying. The GP was involved and had given recommendations for which foods the person was to avoid. The registered manager informed us that the person was able to access the community independently and could purchase and consume food while away from the service. But they worked with the person to educate them on the risks involved to reduce the risk of the person eating the wrong foods and choking.

In addition to people's individual risk assessments there were a range of generic risk assessments in place. These related to the premises and the environment. For example, fire evacuation and accessing the communal kitchen. All risk assessments had been reviewed on a regular basis and were relevant to the service.

Fire evacuation procedures were on display throughout the home in easy read pictorial format. People had previously received fire training from fire officers and we saw fire instructions for people that had been signed and dated when discussed with each person. Each person had a personal emergency evacuation plan (PEEP) in place. They included information about each person's levels of understanding, learning disability, physical needs and support they required to evacuate the service safely.

The registered manager told us people receive training in different areas, for example, health and safety. The registered manager said, "I was worried about lights at Christmas so we got the fire service to come in. They showed a video and talked about the dangers. It was really good."

The registered provider carried out regular health and safety checks. Weekly fire alarm tests were carried out and included checks to ensure fire doors closed at the sound of the alarm. Any faults identified during the weekly tests were recorded and subsequent action taken. Fire drills were carried out on a regular basis within the service. Fire drill records showed details of the people and staff members included in the drill, the time taken to evacuate to the assembly point and the reasons for any people who were unaccounted for. For instance, if a person was out in the community.

Records confirmed medicines were managed safely. We viewed the medicine administration records (MARs) for five people. All records were completed accurately, with staff signatures to confirm medicines had been administered at the prescribed dosage and frequency. Competency checks were completed regularly to ensure staff administering medicines were safe and experienced to do so.

Regular audits were completed by the project manager which helped identify any medicines errors. One medicine error had been identified during a weekly audit which resulted in one person missing their medicine. The medicine error was investigated, reported to the local authority safeguarding and medical advice was sought from the person's GP. The error resulted in disciplinary action taken in line with the registered provider's disciplinary procedure. There were also two instances where staff signatures were missing. This had been reported to the registered manager and disciplinary action taken with the staff members involved.

People had up to date medicines support plans in place which described the specific support each person required with taking their medicines. They included a list of each medicine taken, what they were taken for and who they were prescribed by. Support plans also provided guidance for staff about any 'when required' medicines people had been prescribed. These support plans helped staff to understand how to administer people's medicines safely.

Records of accidents and incidents were recorded in appropriate detail. Records included details of those

involved, where the incident had occurred, what had happened and what the outcome was. For example, police intervention. Incident and accident records corresponded with the incident and accident log.

Good

Is the service effective?

Our findings

People told us they felt supported and cared for by staff who were skilled and experienced to do so.

Records showed staff training was up to date in most cases. The registered manager informed us that where training was overdue, they had developed a training plan to ensure staff completed this. We noted staff had up to date training in Safeguarding, First Aid, Health and Safety, learning disabilities, food hygiene and equality and diversity.

Staff told us they received regular supervisions. Records showed that staff received a minimum of four supervisions per year but this frequency increased depending on the needs of staff. Supervisions were a mix of agenda based and focussed. Agenda based covered a whole range of areas including introduction, update, review and evaluate, evaluation of previously agreed tasks and targets, review of caseload (if relevant) and current significant work issues. Work planning and workload management, personal development and training. Focussed supervisions covered things like safeguarding and dignity.

In between supervision sessions there were recorded discussions in a range of areas, for example, role objectives, observed practice and documents. Management observed staff supporting people with meal planning or medicines. Any areas of improvement were recorded as well as comments from staff and were revisited in future supervisions.

Staff took part in dignity challenges which included the project manager observing their interactions with staff and assessing how people's dignity was considered and maintained by staff during support provided.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Appraisal discussions covered their role, training received, objectives, any performance issues and future learning and development. Appraisals informed staff member's personal development plans. Records showed that appraisals were up to date for all staff and were completed annually.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager and the project manager had a good understanding of their role in supporting people with decision making. They could describe to us when the MCA applied to a person and the support people needed to make decisions. People's care records contained MCA assessments and best interest decisions where appropriate. For example, due to their complex issues, one person was at risk of overeating by eating all of their weekly food shopping at once. Therefore it was agreed to be in their best

interests to have a locked cupboard in their kitchen.

The registered manager informed us they had completed an MCA assessment for a person in relation to managing their finances as the person's Asperger's meant they focussed their spending on technology without budgeting for food.

Two people were assessed as being vulnerable when out in the community without staff support, therefore they carried trackers with them. The trackers were linked to a call care system which allowed the registered manager to track where they were if they didn't return to the service at expected times. This meant people were enabled to be independent but the service could still have safety measures in place due to their vulnerability.

People had annual health checks and had access to health professionals when required. During our inspection one person told us, "I'm going to the doctors with [staff member]." Another person told us, "I changed my doctors to the one just down the road because it's easier to get to when I'm poorly." Records confirmed people had regular input from a range of health professionals including GP's, dentists, opticians, speech and language therapists and specialist nurses.

People were supported to meet their nutritional needs. One person said, "Staff help me prepare all my meals." The registered manager told us people ate their meals in their own homes independently. Staff supported people to plan their weekly menus and budgets, shop for their food and prepare meals as and when required, in line with individual care plans. Staff also did some food preparation activities with people in the communal kitchen. We saw people had weekly menu plans on their fridge and in their kitchens as a guide of what to eat and meal ideas.

People told us they all got together once per month to make and enjoy Sunday lunch together in the communal kitchen and dining room. They told us they decided between them what meat and vegetables they wanted then they would decide who was going to shop for the food, who was going to prepare it and who was going to clear everything away afterwards. They told us sometimes some people don't want to take part but that was fine, they just didn't contribute to the shopping or preparation.

During the inspection we saw the service had policies such as health and safety, complaints, service user involvement, privacy and personal space in audio and dvd format for people to access.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received at the service. One person said, "I like living here, I have friends here too." Another person said, "(Staff) are all really friendly and helpful." Another person we spoke told us, "I like living here, I get on with most people." During our inspection we saw people smiling, laughing and responding positively to staff and each other which confirmed what people had told us.

We observed staff members treated people with respect. We saw staff always knocked on doors asked permission from people to enter their bungalows. Staff talked to people in a friendly, familiar manner and called people by their preferred name. Staff we spoke with understood the importance of treating people with dignity and respect.

Staff supported people to meet their individual preferences. One person said, "[Staff member] does everything for me. I'm going to get my shopping at Morrisons (with the staff member)." Another person told us, "Staff support me to go to the bank." People's individual bungalows were personalised to their particular preferences and interests. One person showed us their bedroom. They told us it had just been redecorated and they had chosen the wallpaper, curtains and light shade. They told us, "I can listen to music if I want to or watch TV and DVDs (showing us their radio, television and DVD collection). We observed items of personal interest in people's living rooms such as photos, cuddly toys and a fish tank.

People had monthly discussions with their key workers. We viewed one person's daily notes and saw records of chats between the person and their key workers discussing a range of issues including future activities of interest. For example, to see the new superman film.

People were supported to be as independent as possible. One person said, "Staff help me with shopping, I'm going shopping this morning. I go shopping every Thursday to Asda and I take my trolley with me. I usually write a shopping list with staff (before going shopping)." Another person told us, "They (staff) wash and dry my hair." People told us staff helped them to make their meals. People accessed the local community independently. During our inspection we went to the local shops with two people. They used their fobs to leave the premises and to gain access securely. One person told us they were "going to the library and then to McDonald's." Two people who shared a bungalow had been on holiday together last year and were planning where to go together this year. Care records showed some people were involved in volunteering opportunities, such as volunteering as a guide in a museum. People enjoyed the company of other people in the communal areas and when they attended activities in the community together.

People were supported to maintain contact with friends and family members outside of the service. One person said, "We see [family member] a lot." People were supported by staff to visit another person from the service who was in hospital following a recent illness. When people returned from the hospital they updated other people on the wellbeing of the person in hospital. We observed staff members asking how the hospital visit had went and how the person was, showing genuine compassion and concern for the individual.

Independent advocates from 'Your Voice Counts' were regularly involved to support people when making

decisions about their care and the service. During the inspection we saw advocacy contact information available on communal noticeboards as well as their quarterly newsletter. Advocates assisted people to completed annual surveys for the service. They also created dvds with people in relation to hate crime and supported living services.

During the inspection we observed the communal garden people had access to. We noted a memorial bench that had been put in place in dedication to a person who had previously lived at the service. There was a greenhouse that people could use and the registered manager told us there were two people in particular who used it to grow vegetables and plants.

People told us there used to be a swing in the communal garden but it had broken and had not been replaced. People also told us the picnic benches were old and wobbly so weren't able to be used any longer. We spoke to the registered manager and the project manager about this and they informed us they were aware of the condition of the seating in the garden. They told us they were planning to speak with the organisation about some funding for new garden facilities. Once funding had been secured management planned to obtain new garden furniture in consultation with people who used the service.

Good

Is the service responsive?

Our findings

People's needs were assessed shortly after admission to the service. The assessment was used to gather personal information about people to help staff better understand their needs. This included life history, people's next of kin and any cultural or religious beliefs. The assessment also included daily living skills, physical health, sensory needs, self-care, nutrition, medicines and the person's interests, goals and aspirations. For example, one person's aspirations were to gain more independent living skills, enjoy a social life and to see an Elvis tribute act.

People had personalised care plans in place to guide staff as to how they wanted their care provided. Care plans included details about people's specific preferences and wishes. For example, one person's personal hygiene care plan stated they specifically wanted female staff to support them to wash their hair. Another example related to a person who had preferred to be nude in private. The service arranged for special window covers to be in place in their bungalow to ensure they had privacy and felt comfortable. Care plans were reviewed regularly to ensure they kept up to date with people's needs.

The registered provider completed monthly reviews to monitor the outcomes of people's goals. Reviews recorded people's development and their comments, for example, one person attended and passed an interview for voluntary work. The registered provider also held achievement awards for people such as an achievement in wellbeing for attending a number of dental appointments successfully.

The service had a range of activities for people to take part in. One person said, "I'm going to see X Factor on Thursday, I'm really excited, I'm making a poster to take." Another person told us, "I go to twisting ducks (a drama group) with [named two other people]. I also go to a band academy, we're doing a new album and going into a sound room. We wrote a song called 'give us a job,' we sell cd's we make." Other activities included a mix of life skills, hobbies and interests. These included local discos every week, arts and crafts, summer fetes, barbecues and college courses. The service supported people to attend multicultural activities. For example, one person was supported to attend a gay pride event in Newcastle and opened the event by singing a song.

The project manager informed us they were looking at new activities for when the weather gets warmer to support people to access the local community. Ideas included walking groups and ghost tours. The project manager also explained they wanted to encourage people to engage with the local community also. For example, creating flower baskets at older people's homes. The project manager explained they were going to pull together a list of activities available in the community or that could be carried out within the service. This list would then be presented at one of the 'tenant's meetings' for people's consideration to choose what they were interested in taking part.

People knew how to raise concerns if they were unhappy about their care or the service. When speaking to a group of people one person said, "We feel confident to complain if we're not happy." Another person told us, "I go to [senior support worker] and they always sort things." People also told us they used their 'Tenant Meetings' to raise any concerns about the service.

During our inspection people told us they had worked together to create rules for using the communal lounge including keeping it tidy and people's behaviour towards each other. People also created a traffic light system to be used when the rules were not being followed. The system was used as a warning system and indication of when the communal lounge was open. For example, yellow was the first warning, orange was the second warning and red meant the lounge was closed. People told us they weren't happy with the traffic light system. They felt it didn't work and resulted in some people being penalised for other people's actions as everyone would have to leave the communal lounge if people presented behaviours that challenge. One person said, "I think tenants forget what the rules are, there's so many."

We spoke to the registered manager about the rules relating to the use of the communal lounge.
The registered manager told us the rules needed were implemented because some people were spending a lot of time in the communal area and weren't engaging in their support and development plans. The registered manager told us that the rules were put in place by the people who use the service. We asked people if they had raised these issues with management. They told us they hadn't but were going to raise them as a group at the next 'Tenant Meeting'.

We viewed the registered provider's complaints log which contained four complaints about the service in the last 12 months. We saw the complaints were recorded, investigated and outcomes were fed back to complainants and other relevant parties. One complaint received from a relative related to their family member's bungalow and food being stored that was out of date. The registered manager arranged for new items to be purchased and addressed staff regarding the person's support needs. A copy of the registered provider's complaint procedure was made available for people to view and was available in easy read format.

People held regular 'tenant meetings' to discuss the service including activities, rules and support they receive. They arranged with an independent advocacy worker for them to chair the meetings and take minutes. Minutes were available for people and were displayed in a notice board in the communal area in an easy read format. People told us they were in control of the meetings and they allowed management to attend for a short time at the beginning to feedback actions they had taken from previous meetings.

Good

Is the service well-led?

Our findings

People told us they liked the project manager at the service. One person said, "[Project manager] is good." Another person said, "I think they're nice." We observed the new project manager interacting and chatting with people. The project manager told a small group of people "I am going to arrange a coffee evening so I can meet your family members." One person asked if the project manager would be attending their 'tenant meeting'. The registered manager told them they would if people wanted that. One person said "yes" and another person said "they usually come for a bit then leave."

The home had an established registered manager who had been in post since 1 October 2010. They were proactive in meeting their responsibilities in relation to submitting statutory notifications to the Commission.

The registered manager told us they operated an open door policy at the service to enable and encourage staff to approach either themselves, the project manager or the senior support co-ordinator with any requests for support or to raise any issues or concerns. Throughout the inspection we observed staff entering the two offices and speaking to senior staff regarding the service and requesting advice and guidance.

The service regularly sought views from people and their relatives in relation to the quality of the service. The last surveys were sent out in May 2015 and feedback fed into the development of the business plan for the service. The main themes related to activities and cleanliness of some people's bungalows. The registered manager explained that people have different levels of support needs specific to them as individuals. Some people only received a small number of support hours per week so they would need to change their support timetables depending on what activities they wanted support with. In terms of cleanliness of people's bungalows, the registered manager informed us they provided support to the levels deemed appropriate in people's individual support plans. However, they told us they had provided additional support when necessary. For example, one person hadn't maintained their bedroom within a shared bungalow, so staff intervened and cleaned the person's bedroom, with their consent. Additional support, in terms of verbal prompts and encouragement were provided to the person following this and the situation was being monitored.

Staff had the opportunity to give their views through attending regular staff meetings. During the inspection we observed a staff meeting taking place and noted a number of staff members taking part in discussions. We also viewed minutes from staff meetings. We saw areas discussed included issues with the service, updates relating to people and records.

The registered provider kept a log of compliments received. One compliment received by a person who used the service said, 'I would like to thank [staff member] because when there is something bothering me that I would like sorting out, [staff member] goes out of their way to make sure the problem's sorted, e.g. when I wanted a new hoover. Spoke to [staff member] and we were able to get one the same week.' Another compliment received was in the form of a thank you card from another person that said, 'To all staff at

Simonside Court. I love being here and you are caring and helpful with stuff.'

The registered manager completed audits on the quality of the service. These included safeguarding, medication, incidents and staff training. In addition to these checks, the project manager had to complete a monthly service performance audit which included documentation, weekly planning, holistic assessments and support plans being outcome focussed. The registered manager reviewed the audits and fed back to the project manager with an action plan of tasks to complete in order to improve service delivery. Actions and improvements of service delivery were reviewed on a monthly basis.