

Creative Support Limited

# Creative Support - Telford & Shropshire

## Inspection report

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30 November 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Creative Support – Telford & Shropshire is a supported living service providing personal care to 10 people living in their own homes within Telford and Shropshire. The service provides support to autistic people and people living with learning disabilities. People receive varying levels of support, some up to 24 hours per day.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

Staff did not always follow robust procedures in place to ensure medicines were managed safely. However, following one shortfall being identified during inspection, immediate action was taken by the registered manager to reduce the risk of reoccurrence. The principles of STOMP (stop over medicating people with learning difficulties) were applied when people were prescribed 'as required' medicines. People were supported by a sufficient number of staff to meet their needs safely.

### Right Care:

Staff understood how to protect people from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Risk assessments were in place to guide staff in how to manage risk to people and to ensure they received care in a way that mitigated that risk. Where appropriate, staff encouraged people to take positive risks.

### Right Culture:

The registered manager promoted a person-centred culture at the service that staff followed when supporting people to improve their quality of life. People were supported by staff who understood how to empower them and promote positive outcomes. The provider promoted a learning environment where actions were taken when needed to improve the quality of the service provided to people.

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

Rating at last inspection and update

This service was registered with us on 27 January 2020 and this was the first inspection at the new premises following a change of address. The last rating for the service at the previous premises was requires improvement (published 10 July 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about medicines administration and management. A decision was made for us to inspect and examine those risks.

This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Support – Telford & Shropshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Creative Support - Telford & Shropshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November 2022 and ended on 1 December 2022. We visited the location's office on 28 November 2022 and 30 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and since they had changed address. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a support co-ordinator and 3 care staff. We also spoke with 4 people who received support from the service and 3 relatives.

We looked at 4 people's care records and reviewed 5 people's medicines administration records (MARs). We also viewed three staff files and documentation related to the governance of the service.

The provider sent us further documentation we had requested following the site visit including training records, recruitment documents and audits.

# Is the service safe?

## Our findings

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

At our last inspection at the previous address, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to pass on information or follow the provider's procedures to ensure people were safe and protected from abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- A safeguarding policy was in place. The policy was accessible to staff and to people supported by the service in a format they could understand.
- Staff knew the types of abuse and understood when and how to escalate any safeguarding concerns. One staff member told us, "I have had safeguarding training. Neglect, sexual abuse, physical abuse, verbal abuse, financial abuse are all types of abuse. If I had a concern about a type of abuse, I would raise it with my line manager."
- People told us they felt safe. One person told us, "I feel safe. Staff keep me safe and healthy."
- Accidents and incidents were recorded by staff and accident and incident forms were reviewed by the registered manager. Action was taken to address any identified concerns to reduce the risk of reoccurrence.
- Safeguarding referrals were submitted appropriately when allegations of abuse were identified.

Using medicines safely

- People's medicines were not always managed safely. At the inspection, we found one instance where staff had not diligently undertaken medicines checks implemented by the registered manager. Where one person was prescribed paracetamol on an as required basis, there was a discrepancy between the tablets stored in their cabinet and the stock count recorded. This had not been identified despite records showing staff had counted and checked the medicines on receipt and on a daily basis thereafter. We found no evidence to indicate the person's medicines had not been administered as prescribed.
- The registered manager investigated this immediately and found the numbers indicated the pharmacy had supplied the incorrect number of tablets in each box. The registered manager took immediate action to address this including reminding staff of the procedure and arranging for all staff to redo their medicines competencies.
- People's medicines were stored safely in locked cabinets in their rooms.
- Clear protocols were in place to guide staff when to administer as required medicines to people. Staff

recorded the reasons for administration when as required medicines were given.

- As required medicines were administered in line with the STOMP (stop over medicating people with learning difficulties) principles.
- Body maps were in place to guide staff where to administer creams and these were followed.
- Where medicine errors occurred, the registered manager investigated and took action where necessary. For example, where staff members had made medicine errors, they were removed from medicines administration until they had redone their medicines competencies.

Learning lessons when things go wrong

- Staff did not always learn lessons when things went wrong. For example, where there had been medicines errors and the registered manager had implemented systems to reduce the risk of further occurrences, staff had failed to diligently follow these procedures and errors continued to occur.
- The registered manager has taken immediate action to speak with staff and put additional measures in place to ensure staff follow the procedures in place going forward.

Assessing risk, safety monitoring and management

- People had risk assessments in place and staff followed them.
- When an incident occurred or people's needs had changed, risk assessments were reviewed and updated immediately.
- Risk assessments encouraged positive risk taking where appropriate to ensure people's independence was not overly restricted. For example, where one person was at risk when cooking and using kitchen appliances, they were encouraged to prepare their own meals, but staff supported them in a way which reduced risk to them.
- Where one person became distressed, clear guidance was in place to inform staff of triggers for their behaviour and how to meet the person's needs and mitigate risk to them and others.
- Where people were at risk of falls, they had been supported with their consent to access assistive technology to reduce the risk and impact of any falls. One person told us that when they had fallen, staff responded as they wore a falls alarm which alerted staff to the fall.

Staffing and recruitment

- People were supported by staff who knew them well and understood how to meet their needs safely. One relative told us, "I couldn't get any better staff coming to look after my relative. They are definitely safe. They know them well."
- People were supported by a sufficient number of staff to meet their needs safely. One relative told us, "The staff are constant and that is the best thing in my relative's life. There are never any issues with no staff turning up."
- People were supported by staff who were recruited safely. Staff were not permitted to start employment until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were supported by staff who wore Personal Protective Equipment (PPE) in line with current guidance. We observed staff wearing face masks when providing support to people in their homes.
- People were encouraged and supported by staff to keep their homes clean and reduce the risk of spread of infection. One person told us staff encouraged them to Hoover and clean themselves.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection at the previous address, we rated this key question requires improvement. The rating for this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had not appropriately submitted statutory notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen at the service within a required timescale. This was a breach of regulation 18: Notification of other incidents (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager submitted notifications to the CQC of events that happened at the service as they are required to do.
- Checks of safeguarding referrals and CQC notifications were in place to ensure all necessary actions had been taken to ensure people were kept safe from abuse. For example, checklists were completed at each stage of the safeguarding process to ensure the provider was up to date regarding any investigations so action could be taken if needed.
- Although a medicine error had been identified which may have placed people at risk, systems in place were robust and the registered manager took action immediately once it had been identified that staff had failed to diligently undertake medicine stock counts for one person.
- Systems were in place to check the quality of the service and the registered manager was proactive in improving quality performance measures if needed. For example, daily checks of as required medicines had been implemented as a result of repeated concerns around medicine administration at one particular home.
- Staff understood their roles and responsibilities and were aware of responsibilities delegated to them. Staff had confidence in the registered manager and senior staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture at the service which was disseminated to staff. One staff member told us, "Everyone is really positive, I really enjoy this job, I couldn't imagine a better job than this."
- Staff were focused on promoting good outcomes for people. Staff felt respected and well supported.

- The registered manager knew people well and provided support to them when needed.
- The registered manager welcomed feedback and was passionate about improving the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when things went wrong.
- Where errors had been made, the registered manager shared this with the provider when needed and with people and their relatives.
- Staff respected the registered manager's honest approach. One staff member told us, "The registered manager wants nothing hidden and wants everything very clear."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had the opportunity to engage regarding the service. One staff member told us, "We have an open culture of communication here."
- Staff told us the registered manager listened to their ideas. One staff member told us, "We have a registered manager who is very open to change".
- When concerns were raised around medicines management at the inspection despite systems in place being robust, the registered manager involved staff to ensure they could input regarding why procedures had not been followed. This helped to encourage staff compliance and improve the service.
- Relatives told us the registered manager and senior staff were approachable and they were able to feedback if they needed to.

Continuous learning and improving care

- Concerns were investigated when they arose and learning was shared to try to improve the quality of care provided at the service.
- Where staff performance issues were identified, staff were spoken to and actions were taken to promote improvements in performance. For example, competency checks were undertaken and reasons for underperformance were explored.

Working in partnership with others

- Agencies working alongside the provider told us the registered manager was responsive and engaged positively with them.