

Creative Support Limited

# Creative Support - Gateshead Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Creative Support - Gateshead Service provides care and support in a 'supported living' setting, so that people can live as independently as possible. Care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living. At the time of the inspection personal care was provided to two people. This inspection looked at the personal care and support provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. For instance, people led meaningful lives that included control, choice, and independence. Support was person-centred support, appropriate and inclusive.

People were safeguarded from the risk of abuse. They felt safe and confident with staff who supported them. Staff understood safeguarding procedures and the provider had appropriate policies and systems in place.

People's care plans were detailed. Staff knew people well and helped them make plans to achieve their goals and aspirations. Outcomes were good but some person-centred care planning needed updating and there was a consensus of professional opinion that staff needed to support a person more proactively. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were patient and kind. People were involved in regular care planning reviews. Staff understood and acted on the best way to communicate with and involve people.

There was a positive culture at the service. Staff felt valued and spoke highly of their immediate management support.

There were comprehensive systems in place to assess, monitor and improve the quality of care being provided.

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

This service was rated good on 30 January 2018.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Creative Support - Gateshead Service

## **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 Care Act 2014.

### Inspection team

One inspector carried out this inspection.

### Service and service type

This service provides care and support to people living in a number of '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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be visiting and provide us with records for review as part of the inspection.

### What we did before the inspection

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 obliged to send us within required timescales.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person and two relatives about their experience of the care provided.

We reviewed a range of records. This included two people's care records. We spoke with four members of staff, including the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed five further members of staff for their feedback, as well as four further health and social care professionals. We reviewed training information, recruitment information, policies, newsletters, and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse and other harms. The registered manager took appropriate action where there were any concerns and staff understood their safeguarding duties well.
- People felt safe and trusted the staff who supported them. One person said, "I can let them know if I need more help at any time. I have a buzzer now that I can use anytime – that gives me confidence." Risk assessments were informed by a range of relevant information, such as people's clinical and social backgrounds. Staff demonstrated a good knowledge of these risks and the necessary actions they needed to take.
- Risk assessments were regularly reviewed and updated. Where risk assessments could have been more detailed with person-centred information regarding potential triggers, the registered manager was responsive to feedback.

Staffing and recruitment

- Staffing levels were safe. The registered manager ensured there were appropriate staffing levels to ensure people were safe but also to ensure they could pursue their own interests and maintain their wellbeing. This was in line with the provider's ethos.
- Staff were safely recruited, with appropriate pre-employment checks and thorough interviewing and refereeing processes in place. This helped ensure that only people who were suitable to work with vulnerable adults were employed.
- Staff had access to a 24/7 on call system for additional support.

Using medicines safely

- Medicines were safely administered. Staff were appropriately trained and their competencies checked.
- People received their medicines as prescribed. Medicines were reviewed regularly and there were clear support plans in place.
- Audits were regularly carried out by staff to make sure the quality and safety of medicines administration was maintained. The registered manager had introduced a bi-monthly medicines training forum, where staff could raise queries and the provider could share learning from any errors.

Preventing and controlling infection

- Staff helped people keep their homes tidy, safe and clean. People were well informed about the importance of infection prevention and control and took pride in helping maintain a clean and tidy home. People were supported to remain well informed regarding the pandemic and to help keep themselves safe.
- Staff had received appropriate training on infection prevention and control and used personal protective

equipment (PPE) when this was needed.

Learning lessons when things go wrong

- The provider had a range of systems in place to identify incident types and trends. There was a positive culture whereby incidents or errors were used as a means of learning.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and regularly reviewed. Staff worked with people, their relatives and other professionals to ensure people's needs were met.
- People's needs in relation to their social, family, religious and cultural backgrounds were all considered during the assessment and care planning process. One person told us, "I can't thank them enough. I'm better at home and they worked to put more support in so I could do that. I'm more confident, more relaxed, safer and happier."

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained. The registered manager recognised the value of face to face training and had recently ensured this could start again at the office. Staff told us they felt the training was "excellent" and they were reminded when they needed to complete mandatory refresher training.
- Staff were well-supported in their roles. There were regular supervisions, informal support and newsletters.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's dietary requirements and encouraged them to choose healthy options. Where diets had a link to people's other health needs staff were mindful of this. People were supported to maintain their own independence in relation to shopping and meals. One person with sensory needs had adapted kitchen and cookware to help them maintain higher levels of independence. For instance, a talking microwave.
- People's care plans gave staff clear information about people's preferences. Staff were aware of people's needs and preferences.
- People were supported to access healthcare services when needed to maintain their health and wellbeing. Links with clinicians were in place and people confirmed they accessed healthcare regularly. Hospital passports were in place and relevant assessments and documentation up to date.
- Staff worked with external health and social care professionals to ensure people's needs were met. Feedback from external professionals was mixed about how proactive staff were in relation to trying new strategies and liaising well with them. Good outcomes had been achieved but there was a consensus of professional opinion that the service could have supported a person more proactively and creatively.

We recommend the provider reviews care planning to ensure outcomes are proactively planned and supported.

Ensuring consent to care and treatment in line with law and guidance 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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and obtained in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected.

# 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 the last inspection this key question was rated as good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- The service had systems in place to ensure people's were planned for from a person-centred perspective. This included a new corporate overarching strategy on how person-centred care should flow through all aspects of care planning and delivery. Where we identified potential improvements in care planning documentation the registered manager was responsive to this.
- Staff valued people as individuals and respected their independence. They worked well together as a team and knew the strengths of each other and people they supported.
- The registered manager understood their responsibilities regarding the duty of candour. They had introduced specific learning forums to reflect on and learn from medicines errors. They had made appropriate notifications to CQC.

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

- There was a clear management structure in place. The registered manager was responsible for a number of local services. They maintained oversight of this service and delegated the bulk of management responsibilities to a project manager. Feedback regarding them from all staff spoken with, and relatives, was positive.
- Policies and procedures were up to date and informed by national best practice and relevant legislation. Likewise, the registered manager demonstrated a current knowledge of areas of best practice and developments in the sector, including recent CQC publications.

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

- People and relatives were able to give their feedback about their care and support in a variety of ways, such as regular reviews with staff and annual surveys.
- Staff were well supported in their roles by the project manager who had got to know them well since joining the service. Staff were supported to keep their training updated and felt the provider valued and prioritised training.
- The provider had appropriate systems in place to monitor, assess and improve the quality of service being provided. These were well understood by managers and regularly analysed.

Working in partnership with others

- Staff worked with other health and social care professionals, such as GPs, community nurses and social workers, to ensure people's health and wellbeing was maintained. The registered manager worked well with the housing provider.
- The registered manager networked externally to bring about improvements for people who used the service. For instance, one person had the use of a tablet following the registered manager's work with external organisations.