

Chestnuts (Arnesby) Limited

Creative Care

Inspection report

15 Queens Park Way
Leicester
Leicestershire
LE2 9RQ

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25 October 2017
26 October 2017

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 25 and 26 October 2017 and was announced.

Creative Care is registered to provide personal care and support for people with mental health needs and/or a learning disability or autistic spectrum disorder. At the time of our inspection there were eleven people using the service. People using the service resided within supported living accommodation.

Creative Care had 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.

The overall rating of good, which was awarded following the CQC's previous inspection of 20 October 2015, was displayed. Creative Care has retained its overall rating of good. We found the service following this inspection, to the key question is the service responsive? To be outstanding.

People's safety and welfare was promoted, which was confirmed by the completed surveys sent out by CQC. Safety and welfare was promoted through comprehensive assessments and on-going review of potential risks to people. Where risks had been identified measures had been put into place to reduce the likelihood of risk and were recorded within people's records and understood and implemented by staff.

Staff upon their recruitment had their application and references validated and were checked as to their suitability to work with people, which enabled the registered manager to make an informed decision as to their employment. Staff underwent a period of induction and training, which included them being introduced to people whose care and support they would provide.

Staff understood the importance of seeking people's consent prior to providing care and support. Where restrictions had been placed on people as detailed in Court of Protection Orders, these were clearly understood by staff. Staff were aware of people's rights to make decisions and were able to tell us how they encouraged people to express their opinions on their care and support. Staff were proactive in liaising with health care professionals and followed advice and guidance as detailed within people's care plans. People received support with the planning, preparation and cooking of meals where needed to ensure people's nutritional needs were met.

People's needs were comprehensively assessed and care plans gave clear guidance on how people were to be supported. Care was highly personalised so that each person's support reflected their preferences. We saw that people were at the centre of their care and found clear evidence that their care and support was planned with them and not for them.

Staff fully understood and were committed to providing the care and support reflective of people's

preferences. People were positive about the attitude and care of staff, stating they received support and care from a consistent group of staff. This was confirmed by the surveys completed by people using the service.

The care and support people received was very individualised and person centred, taking into account people's specific needs. This enabled staff to provide a responsive service to support people reflective of their individual circumstances. Changes to people's needs were planned for and fully documented and evidenced partnership working with external agencies. Information on how to raise a concern or complaint along with contact details for external agencies was made available to people when they commenced using the service.

The open and inclusive approach adopted by the registered manager, meant people using the service, staff and those employed by external services, such as health and social care were confident and liaised with the registered manager and staff about the service provided. This was reflected in people's comments and the information we obtained by speaking to staff and the reviewing the surveys sent out by CQC.

The commitment to the continual development of the service and its aim to continually improve the quality of care it provided meant the provider continued to invest and identify areas for further development and improvement.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People's care and support was highly personalised and responsive to their specific and individual needs. Staff from the service went above and beyond to provide people with support when they most needed it. Staff worked with a range of external agencies to provide responsive care.

People's views about the service were actively sought. They had regular and differing opportunities to influence the service, which included contact details of external agencies should they wish to raise a concern or make a complaint.

Is the service well-led?

Good ●

The service remained well-led.

Creative Care

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 checked 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 25 & 26 October 2017. Both days were announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to meet with us.

The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete 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. The provider returned the completed PIR.

Prior to our inspection we sent out surveys to seek people's views. We sent out six surveys to people who used the service, of which three were returned. We sent 10 surveys to staff of which none were returned. We sent eight surveys to family members of those using the service of which none were returned. We sent 20 surveys to community professionals of which two were returned.

Prior to the inspection we looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We contacted commissioners for social care, responsible for funding some of the people that use the service and asked them for their views.

We sought the experience of five people who used the service by meeting and speaking with them in their

home.

We spoke with the registered manager, deputy manager, senior support worker and three support workers.

During the inspection visit we looked at the care records of three people who used the service. These records included care plans, risk assessments and daily records; we also looked at records for two people who had a Court of Protection Order in place. We looked at recruitment and training records for four members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, staff training records and a range of policies and procedures.

Is the service safe?

Our findings

People were provided with information about the services of Creative Care, when they started using the service, which included contact details of external organisations, should people suspect or experience abuse that they wished to report abuse. People's comments within the CQC surveys that were returned reflected complete confidence that people felt safe from abuse or harm from care staff. Staff had receiving training on safeguarding. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it.

People we spoke with were fully aware of all aspects of their care and the management of potential risks and talked to us about the practical measures taken by staff to keep them safe. One person said, "I'm safe because they help you with things when I go out." Another person told us they and the person they shared a house with felt safe as staff observed them when completing household tasks, which presented a potential risk. "I like to cook. We need supervision when we cook and iron."

People shared with us how potential risks were managed when their mental health declined, without placing unnecessary restrictions on them. For example, to ensure a person's independence was promoted; measures to remove items which posed known risks to them were only removed when required. People's records included comprehensive risk assessments which were regularly reviewed with those receiving a service. The survey completed by a community professional, included an additional comment. They stated how a person's safety and well-being had been promoted through a range of risk assessments and management plans to support the person's move into the community.

To promote people's safety the provider had a 24 hour on-call system, the staff member on-call had access to information, which meant any event could be safely managed. This included information as to people's needs and contact details for those involved in their care, such as their doctor or family member. Unforeseen events to the maintenance of people's homes were also planned for, as the on-call member of staff had contact details for services, for example plumbers or electricians.

The provider had a business continuity and disaster recovery plan covering potential local and national situations and events, such as a power failure, flood or fire. This, if activated would mean the provider, registered manager and staff would take measures that would enable them to provide continued support and care to people to keep them safe

People's safety looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. There were sufficient staff with suitable skills and knowledge to meet people's needs. The number of staff required to meet people's needs was kept under constant review. A high number of staff were provided to support some people's needs and their lifestyles, to ensure they were safe and their needs could be met safely both at home and when accessing the wider community.

People were aware of the medicine they were prescribed and in some instances people spoke to us about

their medicine and how they managed all aspects of the medicine themselves. People's records included information as to any medicines they were prescribed. People's independence was promoted, with some people having full responsibility for their medicines. Whilst others received support by staff, where this was required. Staff received training on the safe handling of medicine, and had their competency to manage medicine assessed by the deputy manager.

Is the service effective?

Our findings

The registered manager ensured staff were provided with a comprehensive induction and on-going training. Development opportunities for staff were managed through supervision. Assessments to determine staff's competence to provide effective care through observed practice took place, which was confirmed by staff and records we viewed.

A majority of staff had attained a vocational qualification in care, which meant people were supported by knowledgeable staff. A member of staff told us how training in the subject 'personality disorder' had provided them with an insight as to how a person who they supported was affected by their diagnosis in their day to day life. They said this had helped them to understand how the support they provided had a positive impact on the person by improving the person's well-being.

People's comments within the CQC surveys reflected fully that people received care and support from consistent staff, who arrived on time and had the necessary skills and knowledge to meet their needs.

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 and applications must be made to the Court of Protection. We found there to be two Court of Protection orders in place with an additional one having being applied for. People we spoke with were aware of the restrictions placed on them as a result of these and we saw staff implementing these to ensure people received safe and effective care.

People had care plans which detailed the support they required with regards to eating and drinking. People were supported to undertake grocery shopping, prepare and cook meals. One person spoke of their dietary requirements, and how they enjoyed eating with staff in their home. Where people had specific dietary requirements with regards to on-going health related conditions such as diabetes, we found staff provided support to maintain a diet to promote the person's health. A person we spoke with showed us their grocery shopping list, which was made up of pictures of grocery items that they used to identify items when at the supermarket. They told us they sat down each week with a member of staff, to plan their shopping and menu.

We found people's health care needs were met and that people were involved in decisions about the support they needed. People had in place care plans to promote and maintain their health, which included information as to the role of staff in supporting people to make and attend health care appointments. Our discussions with staff, found staff were involved in a wide range of meetings and discussions with health care professionals. These included meetings where best interest decisions were made where people had

been assessed as not having the capacity to make informed decisions. People we spoke with were aware of issues which affected their health, which included diabetes and epilepsy and told us what these conditions meant to them and how staff supported them.

Is the service caring?

Our findings

People spoke positively about all the staff. One person said, "I don't look at them as carers. I look at most of them as friends." When sitting with a person, they pointed to a member of staff and said, "This lady is brilliant, she listens to problems and it's sorted." All those we spoke with were very positive about the registered manager and deputy manager; they told us they were very supportive and approachable. We saw first-hand how members of the management team interacted with those using the service; these included responding to people's concerns about their care. These were immediately dealt with to reduce anxiety and concern, for example reassuring a person that a tumble dryer would be bought for them when they moved home. People shared with us information about specific events which the management team had supported them with. These included a day trip to London for one person accompanied by the registered manager.

People's comments within the CQC surveys reflected fully that people were introduced to staff before they provided their care and support and that they were happy with the service they received.

People were supported by a consistent group of staff; some people had been involved in the selection of staff by choosing staff who they had common interests in and who they felt comfortable with. The registered manager and deputy manager had removed staff from supporting people, where people had identified that they didn't want particular staff involved in their care. This showed that the registered manager supported people in making decisions about their care to promote the best possible outcomes for them.

We asked people whether their views were sought. Two people told us they were being supported to move home, we saw the plans that were in place which included people's decisions about décor and furnishings and the support being provided by staff. People we spoke with were fully informed as to the content of their care plans, and confirmed these were regularly reviewed and updated.

People's privacy and dignity was respected by staff who understood that they were supporting people within their own homes and that their role was to provide support with regards to their lifestyle choices. People told us they made decisions about their day to day lives, and that staff supported them with their decisions. For example, one person told us they were going out later that day to pay their bills, and staff were going with them. People's comments within the CQC surveys that were returned reflected staff fully respected their privacy and dignity.

To enable some people in the making of decisions about their care, pictures and symbols were used for example pictures for menu planning, daily and weekly planners which detailed activities, including household chores, paying bills and shopping. Accessible information such as tenancy agreements and information about the service was provided in easy read and large print.

A member of the management team carried out 'observed practice' with regards to staff, which meant staff were observed providing support to people and received feedback as to their approach. This included whether they had appropriately considered people's equality and diversity and their rights and choices in all

aspects of the support they had provided.

Is the service responsive?

Our findings

People received exceptional person centred care from staff who promoted each person's well-being, in terms of their physical, mental and emotional well-being. Care plans were in place which extensively detailed the support people required to maximise their independence and choice and where appropriate the management of behaviour that may challenge. A community professional who had completed the CQC survey, provided a positive comment as to how the registered manager and staff had supported an individual to move into the community. They went on to say that the management team had clear behavioural management strategies and had worked with them and their team to ensure the best approach for the person.

The service provided to people was extremely personalised and responsive and focussed on making people's quality of life as positive as possible. All staff were fully engaged in this process. We saw a number of examples as to how this had been implemented.

We found staff understood the needs of different people and delivered care and support in a way that met their needs and promoted equality. People we spoke with said staff understood their needs. We were made aware of a number of examples where the support and care provided by staff had been highly focused and responsive to people's individual needs and circumstances. We found a number of examples of where staff went the extra mile to support people.

We found people's care and support was planned proactively and in partnership with them, and in some instances as part of a wider support network, which included health and social care professionals. The circumstances of some people, meant people's care and support was flexible, to ensure the support they received was tailored and responded to their specific needs. For example, a person sometimes declined care and support as they wished to have their home to themselves so that they could socialise with friends, without the presence of staff.

A person talked to us about how the registered manager and deputy manager had visited them to talk with them about their needs. They went on to say that over a period of weeks, a number of staff had visited them, before they moved into their new home, where staff from Creative Care would be supporting them. They told us they had identified which staff they wanted to support them, as they wanted staff that enjoyed walking, and doing arts and crafts as these interests were important to them, and wanted staff who enjoyed walking to walk with them.

People's plans of care, in some instances included 'communication passports', which provided information as to how the person communicated. Where people did not have verbal communication skills, people's behaviours, facial expressions and gestures were detailed and information about what these meant and what the person was attempting to convey. This enabled staff to provide support and respond to people's requests.

People were supported by staff to maintain contact with family and friends. People we spoke with told us

how staff accompanied them when visiting family members, who required continuous support. To promote people's equality and diversity, staff who were able to speak alternative languages, where required, accompanied people when visiting family to promote good communication and people's well-being.

People's comments within the CQC surveys reflected fully that people were involved in decision making about their care and support and if requested the service would involve people important to them, such as family members.

People we spoke with told us they would have no hesitation in speaking with staff, or a member of the management team if they had any concerns. A person told us how they raised minor issues of concern for them with the registered manager, and said these were always dealt with quickly. For example, they told us they were worried about the furnishings of their forthcoming move into an apartment, and that having spoken with the registered manager, were confident that all would be in place, prior to their move.

The complaints procedure was available in easy read format and included contact details for external organisation. The provider had not received any complaints or concerns within the last year.

People's comments within the CQC surveys that were returned reflected fully that people knew how to make a complaint and that the service, and staff responded well to concerns or complaints they raised. This was also confirmed by the survey completed by a community professional.

Is the service well-led?

Our findings

People were empowered to have a say about the running of the service. Feedback was recognised as an essential part of quality assurance through visits and phone calls. They took place at different times during people's experience of the service. Spot checks on staff practice also provided an opportunity for people to talk with managerial staff about their experience of care.

People told us how they were supported by the registered manager when they had been provided with the opportunity to move into alternative supported living accommodation. They told us how staff had provided practical support in choosing furnishings and fittings, and packing their belongings.

People's comments within the CQC surveys reflected fully that people knew how to contact the service and that their views about the quality of the service were sought. They stated information provided by the service was clear and easy to understand. The survey completed by a community professional recorded that the service was managed well and continuously strived to improve the quality of care and support they provided for people.

Staff had a good understanding as to their role and what was expected of them. Staff told us they enjoyed their work and felt they made a positive difference to people's lives. Staff meetings were regularly held which provided an opportunity for the management team and staff to discuss the day to day running of the service. Meetings in some instances included all members of staff of Creative Care. Meetings were also held with staff specific to the people they supported, to ensure staff worked consistently and were able to respond to and support people's changing needs to ensure good quality care was provided.

There was strong leadership with a clear set of values which ran through the service. The people using the service and staff were equally valued. There was a commitment to providing high quality care and an energy to help the service improve and develop to match the changing needs of adults within social care. The registered manager worked with key organisations to support care provision, and develop the service to provide good quality care within the community. The Provider Information Return and discussions with the registered manager evidenced planned development of the service over the next 12 months, which included the expansion of the service.

The provider and registered manager met their legal obligations. This included conditions of their registration of CQC and displaying the rating awarded by CQC following the previous inspection. They also met the expectations of external agencies, which included agencies who they contracted with in the provision of people's care.

The provider had a contract with an external company who provided 24 hour advice with regards to health and safety matters and employment law. The contract meant that the provider was made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes. All policies and procedures were regularly reviewed.