

Creative Care (Leicester) Limited

Creative Care (Leicester)

Inspection report

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21 October 2022

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Creative Care (Leicester) is registered as a domiciliary care agency who provide care and support to people living in supported living properties. 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. At the time of inspection seven people received personal care support in supported living settings. People's experience of using this service and what we found

Right Support:

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.

People received care and support to maintain an environment that suited their needs and preferences.

Staff supported people to make decisions following best practice. People were supported to carry out their daily living activities and pursue their hobbies and interests.

Staff supported people to access health and social care services. Staff supported people with their medicines safely and in their preferred way.

Right Care:

People received care that was person-centred, and dignity, privacy and human rights were promoted. Staff communicated with people in ways that met their individual needs.

People received kind and compassionate care. Staff understood and responded to people's individual needs. They protected and respected people's privacy and dignity.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service employed skilled staff to meet people's needs and keep them safe.

People's care plans reflected their needs and wishes and promoted their wellbeing. Risks that people may

face were appropriately managed.

Right Culture: The ethos, values, attitudes and behaviours of the registered manager and staff team ensured people lead confident, inclusive and empowered lives.

People received good quality care and support because trained staff and specialists could meet their needs and wishes.

People and those important to them, including social care professionals, were involved in planning their care. The registered manager and the staff team ensured people received support based on best practice, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 31 July 2020 and this is the first inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Creative Care (Leicester)

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

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 18 October 2022 and ended on 21 October 2022. We visited the location's office and people's homes on 18 October 2022. We made phone calls to relatives of people using the service on 21 October 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 met and spoke with four people who used the service. We also spoke with three relatives of people who used the service. We spoke with a number of health and social care professionals who work with people that use the service, including social workers and nurses. We spoke with four staff members, the registered manager, and the deputy manager.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safely supported by staff. One relative told us, "[Name] gets safe support. They are coping well with the staff and the support they get."
- Staff had a good understanding of what to do to ensure people were safe. Policies on safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management

- Detailed risk assessments were completed around the risks present in people's lives. Some of the people using the service had complex care needs around keeping them safe, and assessments contained sufficient detail to instruct staff. This included detailed and appropriate actions and interventions staff should take to support people with any distressed emotions they may be experiencing.
- Staff we spoke with had a good knowledge of the people they were supporting, and understood what signs to look out for when people were unhappy, or needed support to help manage their emotions. Staff told us they were confident in this area.
- Relatives we spoke with were all confident that people received safe, structured support from trained staff, and that risks were minimised.

Staffing and recruitment

- There were sufficient staffing levels within the service to manage people's needs safely. Most people using the service had a specified staff member or members assigned to them. We saw that correct ratios of staffing were being used, and staff we spoke with said this was consistent.
- There was contingency planning in place to ensure that extra staff support could be readably available as and when required.
- Staff were recruited safely. This included ID checks, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely by staff who were trained to do so. Where medicines were required to be administered on an as required basis, or covertly, we saw that suitable protocols and permissions had been put in place and adhered to.
- Medicines administration records (MAR) were used accurately to document any medicines that were administered. Records were reviewed and monitored by management to ensure any errors were found and acted upon.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place and being used to record any accidents or incidents. This included analysis of any events, to ensure that lessons were learned. Staff we spoke with told us they regularly discussed any incidents that occurred, to identify potential causes, and reduce the likelihood of recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received thorough assessments of their needs before the service started providing care to them. This often included several meetings between management staff and people and their families, with transitional visits in to their new supported living environments. The registered manager told us the service needed to ensure that a person's needs could be met, and staffing could be adequately assigned to them, before any support was agreed.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to support them effectively and safely. Staff told us they received training they needed to meet people's needs, which included strategies to support people who may display distressed emotions.
- Staff told us they had a robust induction period when starting work, which allowed them to get to know people, the specifics of the support they required, and how other staff worked alongside people.
- Training records showed that staff had undertaken a variety of training subjects to ensure they could work safely and effectively with people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given the support they required from staff to purchase and prepare foods they liked. Staff were aware of any dietary requirements and preferences that people had, and promoted healthy lifestyles.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the healthcare support they required. A relative told us, "[Name] had a health issue and had to go to the hospital. The staff were quick and responsive. They stayed with [name] all the time at the hospital and kept them calm, in a very difficult situation."
- Staff were proactive in their support around people's health, and ensured that appropriate healthcare was sought promptly when required. We saw records which showed a range of different referrals and involvement from other health and social care professionals.
- Care plans outlined people's health care needs clearly.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was supporting some people who lacked capacity to keep themselves safe at all times. Where this was the case, we saw that appropriate legal authorisations had been gained, and staff worked in the least restrictive way possible.
- Relatives we spoke with understood the restrictions that were in place for their relatives, and were comfortable that staff were supporting them in the best and safest way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received support from staff who were kind and caring. One relative told us, "The staff have got a lot of patience. I can sleep at night because I know it's the best place that [name] can be. I take my hat off to the carers, they do a great job."
- Our observations on the day of inspection, were that staff were interacting with people in a kind manner, and understood the people they were working with. We saw respectful interactions between staff and people, including positive and encouraging words towards people for their achievements.
- Care plans we saw were written in a professional and positive manner, and reflected people's personalities, as well as the care tasks that were required.

Supporting people to express their views and be involved in making decisions about their care

- Where possible, people were given the support they required to be involved in decision making about their own care. Where they were not able to, professionals and family members were consulted.
- Staff understood the importance of involving people in decisions about their care where possible, and this was documented in care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. This included the service ensuring that one person's property and outside areas were shielded from view as best possible for the person's own privacy requirements.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care that was personalised to them. One outside social care professional told us, "I have to say that the service has made amazing progress with [name]. They are always trying to implement new ideas to improve [name's] quality of life and have made some real achievements. They have been able to encourage [name] to go out in the vehicle to the local shopping centre. [Name] will also come up to the office from their bungalow a couple of times a day."
- Staff had a good knowledge of the individuals they were supporting, and treated people as individuals. One staff member said, "You have to be careful to be consistent with people, the routines are very important to some people."
- We observed staff working with people in a person centred way. Staff were able to explain what people's interests were, and what goals they had in place to achieve with people. Staff took pride in supporting people towards their goals. One staff member said, "We have achieved a lot with [name]. they did not speak at all at first, but we devised a consistent approach with them to encourage their speech which we knew they could achieve. [Name] is now very comfortable with us and speaks freely."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service provided information to people in a format that was accessible to them. For example, pictorial versions of guides, and complaints procedures.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place which enabled complaints to be recorded and dealt with formally. We saw that when complaints were made, a detailed record was kept and actions were taken to address issues promptly.
- Family members we spoke with understood the complaints procedure, and told us they were comfortable to use it if required.

End of life care and support

- At the time of inspection, nobody within the service required any end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff team were positive and proactive, and were enthusiastic about improving people's lives. One social care professional that worked alongside the service told us, "[Name] improved when they moved there. The staff are proactive seeking outside support. I think highly of them. [Names] support needs are highly complex, and no other provider has been able to manage them. Creative Care are doing well. [Name] would be in a hospital setting if it wasn't for Creative Care."
- Relatives we spoke with were positive about the support their relatives received, and told us that positive outcomes were achieved. One relative said, "[Name] is achieving a lot. The staff are very good."

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 and the provider understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and what was expected of them. Staff felt supported by the management team. One staff member said, "I get good support from management. It is a well run place to work. Staff can speak freely." Another staff member said, "I have had great support with my learning and qualifications from the registered manager. The managers will come out and support as well when required."
- The registered manager understood their role and the needs of their staff team. Staff were clear about their responsibilities, and who to report to if they had concerns.
- Quality assurance systems and checks were in place to maintain oversight of the service and drive improvements as required. The managers completed a range of audits to make sure the service was meeting people's needs.

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

- People and staff were all able to feedback on the service formally and informally. We saw that questionnaires were used to record people's and staff opinion on the service.
- Team meetings were held for staff and people using the service, to discuss various subjects and provide

any updates. Staff we spoke with said they felt able to freely feedback to managers at any time.

Working in partnership with others

- We received multiple positive accounts from a variety of outside health and social care professionals involved in people's care, about the support provided. One professional told us, "They [staff and management] will keep professionals and family members updated and advocate the complex needs of [name] to professionals."