Creative Care and Support Limited

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Inspection report

Office 3, Shaw Lane Business Park
Shaw Lane
Barnsley
S70 6EH

Tel: 01226295308

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Creative Care and Support is a domiciliary care agency, providing personal care to people living in their own houses and flats in the community. We previously carried out an announced comprehensive inspection of this service on 11 and 19 January 2018; we rated the service Good. The service was not in breach of the Health and Social Care Act 2008 regulations at that time. After that inspection we received notification of a serious incident involving a person who used the service. This incident is being reviewed by the Care Quality Commission (CQC) in line with our specific incidents policy. Therefore, this inspection did not examine the circumstances of the specific incident.

The information received by CQC about the incident raised concerns about the way the service managed risk to people. This announced focused inspection of Creative Care and Support on 15 March 2018 included an examination of how those risks were managed. The team inspected the service against two of the five questions we ask about services: is the service safe, is the service well led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Care and Support on our website at www.cqc.org.uk.

The service had a registered manager in place. 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 service had a recently recruited a care co-ordinator and were recruiting a further two senior care staff. The registered manager said they had sufficient care staff employed but when we spoke to care staff they felt there were insufficient staff to cover staff absences. Recruitment processes were not robust. Gaps in employment were not explored and written references and criminal records checks were not always in place prior to staff commencing employment.

Systems were in place to ensure people received their medicines as prescribed. Staff completed medicines training but they had not always received an observational competency assessment prior to administering people's medicines.

Staff were aware of the different types of abuse and understood their individual responsibility in reporting any concerns to senior staff. Individual risk assessments were in people's care files; these were reviewed and updated at regular intervals.

We found, since the specific incident, lessons had been learned and improvements made to policies and procedures although at the time of the inspection not all field based staff appeared to be aware of this or

the subsequent changes to procedure for office staff.

There had been a recent introduction of management meetings to share relevant information. The business manager had systems in place to enable them to monitor when tasks needed to be completed and by whom. The registered manager told us they completed regular spot checks on the performance of the business manager but no formal record of this was kept.

The management team understood their role but there was no effective governance system to ensure delegated tasks were completed in a timely manner and to the required standard.

This is the first time the service has been rated Requires Improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 in relation to fit and proper person's employed and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Processes to recruit staff were not robust.

Staff did not always receive a medicines competency assessment prior to them administering people's medicines.

Lessons had been learned and changes made to procedures following a recent specific incident, however, at the time of the inspection not all staff were aware of this.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The system of quality management was ineffective, failing to identify or address areas requiring improvement.

Regular management meetings had been introduced to improve communication between office based staff.

The service had a registered manager in post, although, the day to day management of the service was delegated to the business manager.

Creative Care and Support Limited

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 15 March 2018 and was announced to the registered manager the day before our visit. This was to ensure the registered manager would be available to meet with us. The inspection team consisted of two adult social care inspectors.

The inspection was prompted by notification from the local authority of a serious incident involving a person who used the service. This incident is subject to further investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns regarding the management of risk and how the service responded to requests to cancel peoples scheduled calls. This inspection looked at those risks.

Prior to our inspection we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Inspection site activity started on 15 March 2018 and ended on 20 March 2018. We visited the office location on 15 March 2018 and spoke with the registered manager, business manager and care co-ordinator. We also reviewed two people's care plans, four records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. On 20 March 2018, we spoke with five care staff on the telephone.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection the registered manager told us they were recruiting care staff as they were short staffed. At the time of this inspection the staff team was made up of the registered manager, business manager, a care co-ordinator, a senior carer and care staff. The business manager told us a new care co-ordinator had commenced employment in early 2018 but they had left the service after three weeks by mutual agreement. The staff member who had stepped up from their role as senior care to the position of care co-ordinator had only been in their current post since the end of February 2018. The business manager said the service still had two vacant senior care positions which they were still recruiting for. The registered manager told us; although the recruitment of care staff was a continual process the service had adequate numbers of staff employed to the number of hour's care they provided for people. They told us agency staff were not used to cover shortfalls.

Staff we spoke with did not feel there were sufficient staff in place to cover staff absences and they felt pressured to cover extra calls. Staff said, "Sometimes there is a lot of pressure on full time staff, especially if you are a car driver", another staff member told us new staff were recruited but added, staff felt under pressure and then left. And; "Sometimes we are short staffed, we are ok at present." This demonstrated the judgement of the registered manager was not supported by the care staff.

We found the recruitment process was not robust in three of the four staff personnel files we reviewed.

We saw a number of unexplained gaps in the employment history for one staff member. Their application form recorded a period of employment ending in 2013, followed by a period of employment between April and November 2014, their next recorded employment commenced in June 2016. We asked the business manager about these gaps, although they told us this had been explored at interview, there was no record of this. We saw two references had been obtained for this staff member, which, although positive, were verbal and not written and only one was dated prior to the commencement of their employment. In a second file we reviewed the staff member had commenced work on 11 October 2017 but their references had not been received until 15 and 16 November 2017. A third staff members file contained two reference's which had been obtained prior to the commencement of their employment but only one of them was a written reference. The registered manager's recruitment policy recorded 'In no circumstances offer a post to a candidate unless; At least 2 satisfactory written employer references have been received for that candidate, including one from the last employer'.

Disclosure and baring Service (DBS) is a national agency that holds information about criminal records. We saw these checks were completed but they were not always in place prior to staff commencing employment. We saw the DBS for the staff member who had commenced work on 11 October 2017 was not received until 9 November 2017. The care co-coordinator who had been in post for three weeks prior to their departure had not had a DBS in place prior to them commencing employment. The registered manager told us this was because they were office based and were not delivering personal care. However, during the period of their employment they had access to people and staffs records including key safe access codes and bank details. Therefore, staff were working in positions of trust with vulnerable people without the

necessary checks being completed.

Following the inspection the business manager updated us regarding changes made to improve the recruitment process. However, at the time of the inspection, these examples demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure recruitment procedures were operated effectively.

We found there was not always a formal process for documenting induction.

The current care co-coordinator had commenced in post on 26 February 2018. When they began employment as a senior care worker they had completed an induction and the care certificate; the Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers. We found no formal records to evidence how or when they had received an induction into their new role, although they were able to explain to us how they had been supported with the transition. In the personnel file for a staff member whose employment had commenced on 15 February 2018 there was no evidence they had received a role specific induction or any formal field based observation of their performance. The business manager told us, "I have had four or five discussions with [name of staff]", but there was no record of the content or outcome of these discussions. Induction, supervision and observational performance assessments are important to ensure staff have the necessary skills and abilities; they also enable the registered manager to be assured staffs' work meets the expectations of their role.

Medication systems were in place to ensure people received their medication as prescribed. We saw staff who administered medication had received training to understand the systems and processes. Staff we spoke with were able to explain the systems however, we identified staff did not always receive observational competency assessments prior to commencing administering medications. Medication competencies were observed at spot checks and the business manager told us these were at least yearly, but were not always carried out prior to staff administering medication. We discussed this with the registered manager who told us this would be rectified and all staff would have an observation competency assessment before they commenced administering medication.

The registered manager told us personal protective equipment (PPE), for example, gloves and aprons were kept at the office and staff collected supplies as they needed them. Staff told us PPE was readily available and when we asked one of the care workers they were able to tell us the situations in which they would use aprons and gloves. This showed the service was taking steps to ensure the people and staff were protected from the risk of infection.

Care staff were aware of the different types of abuse and understood their responsibility in keeping people safe. When we asked if people were safe, one care worker said, "Yes certainly, we make sure they are ok", another staff member said, "Yes, when I am on my run, my people are safe." Each of the care workers we spoke with told us they would report any concerns to the office, care staff were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing.

The office based staff were clear about the action they should take if they were concerned a person was at risk of harm or abuse. The care co-ordinator told us the registered manager, business manager and themselves had each refreshed their safeguarding training following the recent specific incident and all staff employed at the service refresh their safeguarding training at regular intervals whilst employed at Creative Care and Support.

Both of the care files we reviewed contained personalised risk assessments. A generic risk assessment

reviewed people's home environment, for example, access, security, electrical safety and pets. Where people required equipment to enable staff to transfer them safely we saw a detailed risk assessment had been provided by an occupational therapist. This gave staff clear instruction in how to apply and use the equipment safely, therefore, reducing the risk of harm or injury to both the person and staff. We saw evidence in both files the risk assessments had recently been reviewed. This helped to ensure risk assessments were reflective of people's current care and support needs.

One of the staff members we spoke with told us they were concerned the moving and handling equipment in place for a person they supported was no longer suitable, they told us this had been raised with the office but no action had been taken. Following the inspection we telephoned the business manager to ask them about this, from their responses we were satisfied steps were being taken to address staffs concerns.

We asked the business manager how they would prioritise peoples care needs in the event of adverse weather conditions or an acute staffing shortfall. They showed us a matrix, each person's name was highlighted either red, amber or green, the business manager told us this indicated each person's level of priority for receiving care in the event of an emergency. We saw this information was kept in a file which was retained by the senior staff member 'on call'. This demonstrated senior staff were able to easily prioritise peoples care needs if required.

We asked the registered manager about the response they expected from staff in the event a person was not at home or failed to answer the door when they arrived for a scheduled call. They said staff should report any concerns to the office immediately, the office staff or on-call would then take appropriate action to confirm the person's whereabouts, for example, contacting a family member. When we spoke with care staff they echoed what the registered manager had told us; staff comments included; "I would ring the on-call, I would check the house if had access or look through the windows", "I would wait until I got hold of the person or the office, we wouldn't just leave" and "If there was no response, I would phone the on-call, their safety is important." This demonstrated staff knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

There was a clear procedure in place to reduce the risk of missed calls. Where people received support from a single staff member, staff were instructed to telephone the office at each call to confirm they had attended.. This was recorded on a spreadsheet to enable oversight and identify if a call had been missed.

In the event of an accident or incident it is important to review and investigate; subsequent learning then needs to be shared within the organisation to reduce future risk. The registered manager told us they had recently reviewed the procedure for office based staff to follow in the event they were notified that a person wished to cancel their calls. They explained in the previous weeks some scheduled calls had been cancelled, for example, due to a hospital admission or a period of respite care, this had given them the opportunity to test the effectiveness of the procedure. They said although the new procedure had worked well, further improvements had been made due to potential weaknesses being identified. They told us how they had worked with the local authority to ensure updated policies and procedures were more robust, including the delegation of time specific tasks to designated staff.

We asked how this learning had been shared. The business manager showed us amendments had been made to the organisations handbook, which was provided to people who used the service, to ensure they were aware of the protocol and changes to a document used by office staff to assess staff's performance, to ensure staff were aware and received regular reminders. The registered manager told us as staff collected their rota from the office each Friday, information regarding the incident and changes to relevant policies and procedures had been shared with them and we saw evidence staff had signed to confirm receipt of the

amendments. However, when we spoke with care staff although they were clear about reporting any information pertaining to cancellation of calls promptly to the office, they did not all appear aware of the recent incident which had initiated changes to procedure. Although the changes to procedure had not affected the process care staff followed, it is important lessons learned from safety incidents are shared promptly with all the staff team to ensure they are effective. We spoke with the registered manager regarding this, after the inspection. Shortly after our conversation the registered manager emailed us with the action they planned to take.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection staff we spoke with told us they felt valued and supported, although they felt improvements could be made. At this inspection staff spoke positively about the support they received from office staff in regard to the people they supported, telling us they received frequent texts to notify them of key information relating to their role and the people they supported. However; two staff said they did not feel valued and felt under pressure to pick up extra calls, one said, "When the pressure is on we cop for it." The other staff member said, "Communication could be better, there isn't enough."

From our discussions with both the registered manager and the business manager it was evident they wanted to ensure the service continually improved to ensure a high quality service and business sustainability. There were a number of systems in place to facilitate improvements; this included feedback from staff, service users and their families and commissioners of the service. For example, changes had recently been made to policy and procedure following a recent review by the local authority.

At our last inspection changes were being made to the management structure, including the appointment of a new care co-ordinator. At this inspection we found a new care co-ordinator was in post although the candidate initially recruited was no longer with the service. This change, along with the two vacant senior care posts and the on-going investigation into the recent specific incident had impacted on the continuation of the improvements commenced when we last inspected. For example, the business manager told us the programme of updating peoples care plans was behind schedule.

The business manager told us the registered manager and office based staff held a brief daily meeting, either by telephone or face to face. They said this enabled sharing of relevant information regarding people who used the service and staff; although there was no formal record of either the content or required actions from these meetings. They said a monthly management meeting had been implemented since the last inspection. We saw minutes of the first meeting, dated 12 March 2018, topics included the management structure, new polices and the care co-ordinators role.

The business manager had a number of systems in place to ensure office based tasks were completed. For example, they had a matrix recording frequency of specific tasks, when they were due and the timeframe for completion. There was also a system to ensure relevant records were returned to the office from people's homes, in a timely manner. Each returned document was checked by either the business manager or care co-ordinator in order to identify any shortfalls. This showed there was a system in place to monitor people's daily logs and medicine administration records.

We asked how the office based staff's performance was monitored. The registered manager told us they completed a variety of spot checks on the work completed by the business manager but these were not recorded. They said identified actions were followed up through the monthly management meetings which had been implemented after the last inspection.

The registered manager, business manager and care co-ordinator were clear about the vision and values of

the service and verbalised a desire for people to receive a high quality service. They understood their duties and responsibilities, however, as evidenced within this report not all delegated tasks had been completed to ensure regulatory compliance and to ensure the safety and well-being of people who used the service. For example, we found recruitment processes were not robust and staff had not always received an assessment of their competency to administer peoples medicines prior to them administering medicines to people. Current systems of quality management had been ineffective as they had failed to identify or address these shortfalls. These findings demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore, this condition of registration was met. Although, they were not actively involved in the day to day operational running of the service and the majority of management tasks were delegated to the business manager.

Since the previous inspection the registered manager had engaged the services of an external consultancy to assist them in reviewing systems and processes alongside improving current systems of governance.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen at the service. The registered manager of the service had informed the CQC of the required events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems of quality management were insufficient to ensure people received safe care and support.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively.