

Creative Living Care Services

# Creative Living Care Services

## Inspection report

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20 July 2018  
23 July 2018

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We undertook an announced focused inspection of Creative Living Care Services ("Creative Living") on 20 and 23 July 2018. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection between 30 January and 21 February 2018 had been made.

At the previous inspection mentioned above, we found repeated concerns in respect of how the service was ensuring the risks associated with people's care was being assessed and planned. We served a Warning Notice which told the provider what they had to put right by the 29 June 2018. On this focused inspection the team inspected the service in respect of the Warning Notice only and did not inspect whether the service was effective, caring, responsive and well-led. We also did not review the rest of the safe section.

The ratings from the previous comprehensive inspection are not affected by this inspection. Therefore, the rating for all Key Questions will remain until the next comprehensive inspection. This means the service remains requires improvement overall and in the Key Questions of being safe, effective, responsive and well-led. Caring was rated as Good.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It currently provides personal care to 15 older adults.

A registered manager was employed to manage the service locally. 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.

We found improvements had been made in respect of the provider and registered manager ensuring they assessed and acted to reduce the likelihood a person could come to harm when their staff were giving personal care. The risk assessment process had been reviewed involving more people and their representative, but not everyone said this was taking place. We have recommended the provider sources reputable guidance on how to involve and record how people are active or represented in their own risk assessments.

Our full findings and the previous inspection report can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 remains requires improvement.

People had risk assessments in place to monitor and reduce the possibility of them coming to harm.

There were other concerns in this key question at the last inspection which will be reviewed on our next comprehensive inspection.

**Requires Improvement** ●

# Creative Living Care Services

## **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.

We undertook an announced focused inspection of Creative Living Care Services ("Creative Living") on 20 and 23 July 2018. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection between 30 January and 5 February 2018 had been made. On this focused inspection the team inspected the service against one of the five questions we ask about services: is the service safe?

The inspection was announced three days before because the service is small and we needed to be sure the registered manager and staff would be available.

We visited the office location on 20 July 2018 when we reviewed eight people's care records. We also spoke with the registered manager and the nominated individual. We spoke with four people and four staff over the telephone on the 23 July 2018.

The inspection was completed by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

# Is the service safe?

## Our findings

At our previous inspection between 30 January and 21 February 2018 we found repeated concerns that people's needs were not being recorded and risk assessed. Staff did not have the necessary information available to them so they could identify when a person was unwell. For example, staff were not provided with the information to understand if someone's blood sugars were too high or too Low. Staff were also not reading people's risk assessments. It was not recorded how a person's blood sugar machine was being maintained. This meant people were at risk of unsafe care. We served a warning notice as part of our enforcement policy. This told the provider and registered manager what they needed to put right by the 29 June 2018. This focused inspection was only to look at the issue within the warning notice. There were other concerns in this key question at the last inspection which will be reviewed on our next comprehensive inspection.

On this focused inspection we found improvements had been made in respect of people's care records and how their risks were being assessed. People's risk assessments had a clear link with their care plans and provided staff with the information they needed.

The conditions of the warning notice were met. People living with certain health conditions and diagnosis, such as being at risk of falls, diabetes and dementia, were now having their needs considered and assessed. However, some people said they were involved in reviewing their risk assessments with staff. Others less so. For example, one person said, "It's a holistic approach with everyone chipping in" and another, "My care plan was reviewed recently but I don't recollect any discussion or conversation with me [on risk]". A further person said, "I have no recollection of anybody doing a risk assessment but there is a note on helping me to bed".

We recommend the provider source reputable guidance on how to involve and record people are active or represented in their own risk assessments.

A staff member said, "For diabetic clients we also check their blood sugar level is within the range specified, check that they are maintaining a good diet; drinking regularly. We also watch for any general signs that the client may be unwell such as being hypo or hyper. For clients on blood thinning agents we have a separate sheet and a body map and if there are any bruising on the body, call for the doctor".

For people who lack the capacity to consent, their chosen representative was consulted and involved in the risk assessment process. A family member told us the staff were good at identifying changes adding, "If the carers notice blisters on mum's feet they will contact the district nurse".

Staff told us they were aware of people's risk assessments and were kept up to date of changes in respect of people's health needs. One staff member said, "All people have had their risk assessments updated, all are unique [to them] and all have different levels of risk" and another, "We did a half day training focusing on identifying risk. If I believe any of my clients are at a bigger [increased] risk I will contact occupational therapy or adult social care [for their help]".

Staff had information available to them to refer to if they were concerned a person's diabetes could be causing a concern. A family member said, "The staff regularly monitor mums blood sugar level; the carers know the upper and lower limits for the range". A staff member said, "I think we are now keeping people safer than before because we have more information [to help us]. I am happy with the information and the additional paperwork".

We spoke with the registered manager about the need to understand how all people's health needs and diagnosis were affecting them during reviews of their care. In this way, they would know whether a risk assessment and further staff training was needed to keep the person and their staff safe.

It had been agreed that the family would ensure a person's blood monitoring machine was safely maintained. However, this had not been recorded in the person's care records. The registered manager advised they would ensure this was recorded so the information was available to everyone who needed it. The registered manager has advised post the inspection that this has been added to the person's care records.