

Chestnuts (Arnesby) Limited

Creative Care

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 20 October 2015 and was announced.

Creative Care is registered to provide personal care and support for people. At the time of our inspection there were five people using the service who resided within 2 individual properties referred to as 'supported living'.

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.

Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the provider, management team or to relevant external agencies.

Potential risks to people within their home and the wider community have been assessed and measures put into place to minimise risk to the person and the staff

Summary of findings

providing support. Risk assessments supported people's safety, without compromising their independence and right to make choices and decisions about their daily lives. People's choices and decisions were recorded within their care records.

There were sufficient numbers of staff employed who had undergone a robust recruitment process and had received training to enable them to meet people's needs in a timely manner.

People were prompted to take their medication or had their medication administered by staff where their plan of care had identified that the person required support. We found people's medicines were managed well.

Staff told us that they were regularly supervised and had their work appraised, which meant they had the opportunity to speak with the registered manager about the effectiveness of their work and discuss how improvements could be made for the benefit of those using the service, through training and their on-going development. Staff told us that staff meetings were held and good communication with the staff team meant they were able to provide effective care to people.

People's plans of care reflected the support they required and the areas of their lives where support was not required, this ensured people received effective care which recognised and promoted their independence.

Plans of care identified if the person required support in order that they maintained a balanced diet. People were supported with grocery shopping, meal preparation and cooking. Where full support was required this was provided by staff.

People's health and welfare needs were met, which included providing support by liaising with health and social care professionals, where this was an identified need.

People were supported by a small group of staff which provided people with consistency and enabled them to

develop positive relationships built on trust and familiarity. In some instances people had been involved in the recruitment of staff and had chosen who they wanted to provide their care.

Information had been made available on the range of services Creative Care provided and how to raise concerns in an 'easy read format', this helped to promote people's understanding and promote their rights and choices.

People's needs had been assessed by a representative of the local authority, which identified the support people required and the hours over which the support was to be provided. We found however that some assessments had been reviewed which had reduced the number of hours and level of support required. The revised assessments did not in all instances provide clear information as to the current level of support the person required. This meant that people were in some instances receiving support that the provider was not commissioned to provide, which meant they received support above and beyond their assessed need.

People's plans of care were written from their perspective and provided staff with information as to the care and support they required, which included support with personal care, management of household chores and their daily lives, such as managing health and social care appointments. In addition people's plans of care reflected accessing the wider community for activities and recreation.

People had the opportunity to comment on the service they received and to make decisions about their lives. Staff had confidence that they could speak with the registered manager and that any issues would be addressed.

A social care professional advised us that in their view the service was very good and that they found the registered manager and staff to be knowledgeable and that they provided person centred care to those using the service.

Summary of findings

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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge. Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had an understanding of the Mental Capacity Act 2005 and how it applied to people in their own homes.

People were provided with support to meet their dietary requirements.

People were supported to access and liaise with the health care professionals where needed.

Good



Is the service caring?

The service was caring.

People were supported by a small and consistent group of staff.

People or their relatives were involved in the development and reviewing of plans of care which recorded their involvement and decisions.

People were supported by staff who were committed to the promotion of people's rights and who listened too and respected people.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to receiving a service; however reviewed assessments did not always clearly reflect the person's revised needs and the hours allocated to meet their needs. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People had access to information advising them how they could raise concerns. People's views were sought and their comments listened to.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices within an inclusive and empowering environment.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of those who used the service.

Good



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 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 the 20 October 2015 and was announced. The inspection was carried out by one inspector.

The provider was given 48 hours' notice because the location provides a service for people within their own home and we wanted the provider to have the opportunity to advise people who use the service.

The registered manager told us that people living in one property had given permission for us to visit them, however when we arrived they told staff they no longer wished to speak with us. The people living in the second property were not available to speak with on the day of our inspection; however one person left us some written information which they wished to share.

We asked the registered manager to contact people's relatives where appropriate to see if they wished to speak with the inspector about the service provided. The registered manager contacted people's relatives. The registered manager spoke with two of them who advised they did not wish to speak directly with us but stated they had no concerns regarding Creative Care.

We spoke with the registered manager, deputy manager and a support worker.

We spoke with a social care professional and asked them for their views about the service provided.

We reviewed the information that the provider had sent to us, which included notifications of significant events that affect the health and safety of people who used the service.

We looked at the records of the two people who used the service, which included their plans of care, risk assessments and records about the care they received. We also looked at the recruitment files of four staff, a range of policies and procedures, maintenance records of the building, quality assurance audits and the minutes of staff meetings.

Is the service safe?

Our findings

The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding as part of their induction so they knew how to protect people. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies.

Staff we spoke with told us how they supported people individually to stay safe. They told us that where people's behaviour became challenging they had an agreed plan of care to support the person, which promoted the person's safety. Staff told us how they also promoted people's safety when supporting them to prepare and cook meals. People's records included assessments where potential risks had been identified. There was clear guidance provided to staff as to how those risks were to be managed to reduce the potential risk whilst promoting people's independence and choices.

People's homes had been risk assessed to ensure that the care and support people required was provided within an

environment that was safe for people and staff, and that any potential risks were minimised. Areas of consideration included trip hazards, slippery surfaces, pets and the security of the property.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked at the service, which meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them. People were in some instances involved in the recruitment of staff.

We found there were sufficient staff to meet people's needs and keep them safe. People in some instances received 24 hour support, whilst others received support for an allocated number of hours each day dependent upon their needs. People were provided with the support as required by the person's assessment, which included support with personal care, daily living activities and accessing community resources.

People in some instances managed and administered their own medicines whilst staff supported others. We looked at the medication and medication records of one person who used the service and found that their medication had been stored and administered safely. This meant people's health was supported by the safe administration of medication.

Is the service effective?

Our findings

A member of staff told us about the training they had received; they told us that the training enabled them to meet the needs of people. Staff records included information about the training they had undertaken. Training topics reflected health and safety awareness, the management and recording of information and training specific to the needs of people using the service. Staff were supported with their professional development which included the undertaking of vocational qualifications in management and supporting people with a learning disability.

A social care professional told us that they found staff training to be of a high standard and that the knowledge of the staff to be exceptional.

A member of staff we spoke with told us they were regularly supervised and appraised by the registered manager, which included one to one meetings that focused on their personal development and the needs of people using the service. Records showed that staff received regular supervision. Minutes of staff meetings showed that staff were updated as to training available. Minutes also showed that staff discussed the needs of people using the service and discussed any changes which needed to be introduced to ensure people received support and care that met their needs.

Care records showed that the principles of the Mental Capacity Act Code of Practice had been used when assessing people's ability to make decisions. We found one person had a Court of Protection order in place, which had been granted by the appropriate authority to ensure that the person received the care and support they required.

People were supported with grocery shopping, the preparation and cooking of meals where support was required and as detailed within the plan of care. This ensured people received support whilst their independence was encouraged and supported.

One person's records indicated they required a soft diet. A Speech and Language Therapist (SALT) had been contacted who had assessed the person's needs and had provided a plan of care for the staff to follow. Plans of care reflected the support the person received to ensure they maintained a healthy diet.

Staff supported people to liaise with health care professionals by making and attending appointments with them when this had been identified as an area the person required support with. People's records contained information about their health which included a summary of the outcome of appointments that had been written by a member of staff and any information required in order that the person's health was monitored to ensure the care provided was effective.

Is the service caring?

Our findings

People were supported by a consistent group of staff made up of eight employees, some of whom supported people who had been involved in their recruitment. This meant people received support from people they had met and considered suitable to provide their care and whom they felt comfortable with.

Staff we spoke with told us that in the main they worked with the same people as this promoted consistency of care. Staff told us this was of particular importance to one person they supported as the person themselves was able to indicate which member of staff they wanted to receive support from at any particular time. This was important to the person as it helped them to develop caring relationships based on their individual need and preferences.

Information has been produced in an 'easy read' format, using pictorial symbols and large print to help promote people's understanding of important issues. This included the 'service user guide' which detailed what people may expect from Creative Care with regards to the services it provides.

We asked the provider to contact the relatives of people who used the service to see if they wanted to share their views about the service. The provider told us that people's relatives had declined but that they had said they were happy with the service provided and that they did not have any concerns.

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 their lifestyle choices. Staff told us that they encouraged people to decide what they wished to wear each day where support was required. They also told us that people were encouraged to make decisions about what time they get up and went to bed, what they ate for their meals and their access to the wider community.

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

We spoke with a social care professional who had commissioned the services of Creative Care. They told us that the person who received a service had settled well and that they had no concerns. They went on to tell us that the person's independence and confidence had improved.

People's needs had been assessed by a representative of the local authority and then shared with the provider to see whether Creative Care could provide the care and support the person required.

In some instances people's needs had been re-assessed and the number of hours of support had been reduced without detailing what support the person continued to need and the time required to provide the identified support. That meant that the provider was unclear as to the level of support the person required. We found that the registered manager and staff ensured the person's needs continued to be met whilst they sought clarification from the person who had reassessed the person's needs.

The assessments had been used to develop plans of care. We found people's plans of care were comprehensive and in some instances went above and beyond what the person's assessed needs had identified. This meant that people were in some instances receiving additional support for which the service had not been commissioned to provide and may not in some instances have been in the best interests of the person as staff took on tasks that the person themselves had been identified as being able to undertake themselves. This was because the initial or reviewed assessments were not always sufficiently detailed or had been reviewed.

Discussions with staff and the records we looked at showed that people using the service were supported to maintain and develop relationships with their relatives and friends. People's relatives were encouraged to be part of people's everyday lives.

People's records included information as to their views, with reference to their strengths and levels of independence and were used to further promote people's independence through accessing community services independently or with support. People's access to the wider community was through the use of public transport or private transport dependent upon the person. Records showed that people took part in activities which included social events, such as bingo and rock climbing.

People's records showed that they were encouraged to undertake household chores, which included tidying their home, shopping and cooking, which meant people's independence was promoted.

People's plans of care 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.

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.

Is the service well-led?

Our findings

People who used the service had the opportunity to complete surveys which sought their views about the service they received, which were in easy read format incorporating symbols for easier reference. We looked at these and found people's responses to questions had been positive. Surveys asked people for their views with regards activities, access and support to health care appointments and the attitude and approach of staff.

Staff told us that they were supported by the registered manager who had a visible presence and who was approachable.

A social care professional told us that in their view the registered manager was 'always prepared to go the extra mile' in ensuring the service people received was 'person centred'. They went on to say that in their view the registered manager expected high standards from the staff and were proactive in ensuring staff met those.

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. We found that meetings were used to reflect upon people's care which included incidents where people's behaviour had challenged staff. Minutes showed that these discussions led to the reviewing of people's plans of care to minimise the likelihood of incidents reoccurring.

Staff meetings evidenced that they were used by the registered manager to remind staff of their attitude, values and behaviour when supporting people to ensure that the service people received was based on their needs and the promotion of their rights and choices.

A member of staff told us that they were supervised and had an appraisal, which was carried out by the registered manager and that this enabled them to identify areas for their personal development.

Staff had contact with the relatives of some of the people who used the service, which provided an opportunity for people's relatives to comment on the service. Records showed people were in some instances supported by their relatives and was a measure as to how the service ensured it provided quality care.

The provider had a business contingency plan which detailed what action they and staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed.

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 had been reviewed in 2015.