Creative Care Services Limited

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Inspection report

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Date of inspection visit:
25 May 2016
26 May 2016
27 May 2016

Date of publication:
24 June 2016

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?	Requires Improvement

Summary of findings

Overall summary

The unannounced inspection took place on the 25, 26 and 27 May 2016.

Creative Care Services predominantly provides community support for 20 people who have mental health and/or learning difficulties of varying degrees. Personal care is also provided if required.

The service is required to and did have a registered manager. 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 needed to improve their quality assurance systems. Systems were in the process of being developed and a Quality Assurance Manager had been recruited to achieve robust quality monitoring of the service. Although systems were in place to make sure that people's views were gathered, analysis and action plans were not in place to make effective use of people's views.

Staff delivered support effectively. People's safety was ensured and care was provided in a way that intended to promote people's independence and wellbeing. A robust recruitment process was in place and staff were employed upon completion of appropriate checks. Qualified staff supported people satisfactorily with the administration of their medications and prompted people to maintain their own health.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). The registered manager knew how to apply such measures appropriately.

Staff supported people to attend healthcare services when required. Staff also worked with a range of external services, such as social workers, and GPs, to implement care and support plans.

People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. Staff were respectful and caring towards people ensuring privacy and dignity was valued. People were supported to carry out their own interests and aspirations independently or achieve them with the support of staff, if requested.

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.

People felt safe being supported in the community. Risk assessments and support plans were implemented to ensure peoples safety.

People were prompted or supported to take their medications safely. Management responded to discrepancies immediately.

Appropriate checks had been carried out making the recruitment process effective in recruiting suitable staff.

Is the service effective?

Good

The service was effective.

People were supported to attend healthcare appointments.

Staff were supported to advance their training, which enabled them to apply knowledge to support people effectively.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and respectfully.

Staff knew people well and positive relationships had been created between them.

Is the service responsive?

Good

The service was responsive.

People were supported in the community to undertake activities of interest to them which enhanced their health and wellbeing.

Support plans contained all relevant information needed to meet people's needs.

People's needs were responded to in a person centred way.

Complaints were responded to in line with service policy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been a lack of leadership within the service. Effective quality assurance systems were in the process of being developed and implemented.

There were systems in place to seek the views of people who used the service however systems were being developed in order for them to be fully effective.

Staff felt supported within their roles and guidance was provided to promote a high standard of care for people.

Creative Care Services Ltd

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 inspected Creative Care Services on the 25, 26 and 27 May 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with six people, four relatives, four members of staff, the deputy manager, registered manager and social workers. We observed interactions between staff and people. We looked at management records including samples of rotas, five people's individual support plans, risk assessments and daily records of care and support given. We looked at six staff recruitment and support files, training records and quality assurance information. We also reviewed audits of one person's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I feel safe when I spend time with them [staff]." Relatives consistently told us that they knew their relatives were safe when support was being provided by staff from Creative Care Services.

Staff knew how to protect people from harm and keep people safe. Staff told us what they could do to protect people and how people may be at risk of different types of harm or abuse. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services and gave examples of when this had occurred. The registered manager and deputy manager told us that safeguarding was part of the staff mandatory training and was also discussed during the recruitment process. One member of staff whose training records confirmed had undertaken Safeguarding of Vulnerable Adults training told us, "You have to be aware if people's moods are changing, I noticed a negative change in someone I support and I spoke to [registered manager], we raised a safeguarding and things were put in place to help." The registered manager and staff had a good understanding of their responsibility to safeguard people. The registered manager had attended a safeguarding for managers training course to support staff effectively when dealing with safeguarding concerns. We spoke to a social worker who told us, "The registered manager has raised safeguarding concerns appropriately and worked well with me to put support in place for people."

Staff had the information they needed to support people safely. Staff told us that they are updated if changes are made to people's support and they update senior staff and management if they identify a change in support is needed. One staff member told us they felt confident that they provided the support people needed, as they supported the same people regularly and knew each individual well. People were aware of their initial support plans produced. However, two people and two relatives reported to us that copies of support plans were not kept at their houses. Two people told us that they weren't concerned as they were always supported by the same team of staff allocated to them and felt these staff knew how to support them safely. One person told us, "I threw it out I don't like clutter." The registered manager told us they would ensure relevant documentation would be replaced in people's homes where necessary.

Two senior staff were responsible for updating support plans and risk assessments. Support plans had current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. Risk assessments and practical approaches to keep people safe had been discussed with people and their relatives and documented in support records to allow staff to manage risks appropriately. For example, in one person's support file we saw risk assessments enabling the person to manage their finances with potential risks. This documentation displayed how to support and protect the person whilst their freedom was respected to make their own choices. In turn, we saw other risk assessments covering areas such as; epilepsy, supporting people to access the community safely, moving and handling, and assistance with Motability vehicle.

Staff were trained in first aid. If there was an emergency staff knew to call the emergency services. One member of staff also told us how they had been given advanced training to administer specific medication

to support a person if they had an epileptic seizure.

There were sufficient staff employed to keep people safe. The registered manager showed us documentation which demonstrated how they had ensured sufficient staff were employed to meet people's needs. Two people told us of occasions where community support had been cancelled or agency staff used for their relatives support due to staff illness. The registered manager had identified this and told us they had recruited extra staff who predominantly worked at 'Vibe'; Creative Care Services community centre. However these staff would be available to support people in the community at short notice if the need arose. One person told us, "We always meet new staff with someone we already know, so we don't have strangers arrive at our house." The registered manager told us that they are in the process of recruiting additional staff for various roles to make the service more effectual.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One staff member told us, "I was recommended to work here by a friend who already had a position. I had an interview and provided references from my previous employer." Another staff member told us, "Some of the people we support are staff member's family, so I know they [management] literally wouldn't employ anyone who they weren't happy with looking after their own family." We looked at documentation which demonstrated disciplinary procedures were followed effectively.

Medication management in the service was safe and where needed management response to concerns was robust and appropriate. The majority of people and relatives told us they self-medicated or required prompting by staff which was indicated in people's support plans. One person required medication to be administered by staff who had received training in medication administration and management. Trained staff recorded people's administered medication on charts which were audited by senior staff. We were satisfied that the senior staff and registered manager responded appropriately to errors to ensure people's medications were always managed safely.

Good

Is the service effective?

Our findings

Staff supervision was taking place and staff told us they felt supported and spoke with senior staff and the registered manager frequently. One member of staff told us, "I feel supported by [registered manager's name] and the senior staff work out in the community with us so we always feel supported." We discussed with the manager that although staff felt supported and meetings were taking place, the records did not always reflect this. The registered manager remarked that inconsistent documentation of supervision and appraisals had been identified but the process of completing supervision every two months or sooner if required to ensure best practice had begun.

Staff were supported to obtain the knowledge and skills to provide continuous good care. People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also being supported to advance to higher levels of qualifications and the registered manager confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff.

Staff received an induction into the service before starting work. The induction allowed new staff to get to know their role and the people they were supporting. One member of staff said, "When I started here I shadowed the staff who were supporting the people I would also be supporting. The shadowing period was different depending on what kind and how much support each person needed." Another person told us, "I feel I was given enough time to learn people's needs by reading their personal plans, meeting them and understanding how I would support them in the community. We were given continuity in the people we support which made the induction process smooth." The registered manager told us that the induction incorporated mandatory training and their objective is, "For each member of staff to be more skilled than they were twelve months ago." They were also in the process of implementing a new database which allowed improved monitoring of staff training.

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. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. A social worker told us, "The service support people well and staff have a good knowledge base." This told us people's rights were protected.

People were supported with their dietary needs. Staff helped people to maintain their independence by supporting food shopping and increasing their social skills in order to eat within the community and with friends. One person told us, "When I was unwell [staff member's name] cooked batches of food for me to make sure I ate every day. I'm independent again now."

People were supported to attend healthcare appointments. We saw in people's daily diary notes where staff

had taken people to healthcare appointments. One relative told us, "They have taken [relatives name] to appointments when I haven't been able to." Another person told us, "They have helped me attend appointments and I have gone from using a wheelchair to going down the gym."

Good

Is the service caring?

Our findings

Staff had positive relationships with people who were supported to be as independent as they chose to be. People told us they liked the staff who supported them. One person told us, "[Staff member's name] is never late. He helps me with cleaning and hoovering and then we hang out together down the pub." People with more complex needs told us that they always had the same team of people that supported them. Staff told us that if one person went sick another member of that team would be able to support people safely and effectively as they all liaised with each other via phone and daily diaries. One member of staff told us, "We don't duplicate activities or tasks as we can read what has been done the visit before. That way we can make sure we do what the person wants and needs."

The registered manager and staff supported people to express their views. Relatives and people told us that the registered manager and staff listened to their needs and made adjustments if need be. One relative told us how they had requested not to be supported by staff younger than the person who needed support. This request was accommodated consistently. A social worker also told us how issues had been raised about the personality compatibility of a staff member and a person being supported, prompt action was taken which rectified the situation. This demonstrated how decisions made by people were being honoured.

People and staff were really relaxed in each other's company. One person told us how they had communication difficulties but knew that they could ring one particular staff member who understood them over the phone. The staff member told us how they translated between emergency health professionals and the person. The person told us, "I know I can call [staff member's name] direct, she will always help me." We observed interactions between staff members and people who used the service and there was free flowing conversation and exchanges about how people planned to spend their day together. One person and their allocated staff member were visiting the sea life centre together on the day of inspection and appeared happy in each other's company. This demonstrated how the service placed importance on the encouragement of personal well-being and personal preferences.

Staff respected people's privacy whilst ensuring their safety, health and wellbeing. People and relatives told us that staff who supported them treated them and their homes respectfully. We observed one staff member that discussed with a person whether they would like them to sit in a meeting with them or they would rather the staff member wait outside.

Staff knew people well, their personal histories and support needs. A member of staff told us that one person had needed support moving from their home to more suitable accommodation. The registered manager told us how advocacy services were arranged for the person in order for their voice to be represented effectively. We spoke to this person who was clearly very happy with the outcome of the situation and the help she had received from the service who assisted her to move to a home where she felt safe.

People were supported and encouraged to maintain relationships with their friends and family, this included facilitating respite for family, whether it be for a single day/night or a holiday.

Good

Is the service responsive?

Our findings

Staff supported people to maintain their independence and choice was listened to by staff. This ensured people's individual preferences were supported, such as personal interests and which staff members they wished to spend their time with. Select staff members had been chosen and taught Makaton in order to increase the number of staff available who supported one person with communication difficulties. This demonstrated the importance the service placed on communicating effectively with people with more complex needs. A social worker told us, "The service caters for complex disabilities and provides a good supportive service."

Before people used the service their needs were assessed, by the registered manager and another member of staff. Documents we saw from the pre assessment process indicated that thought had been put into which staff members would be compatible with the person who required community support. Dates that potential staff members had been introduced to the person had been recorded to assess compatibility. People and their relatives told us they had been spoken with to ensure the service was suitable for their needs. One person expressed that, "The last company that supported me didn't help me at all. I have anxiety and needed help getting out on the bus, meeting people and even getting out the house some days. [Staff member's name] has helped me so much. Now they are helping me find a job."

People's care and support needs were well understood by the service. This was reflected in detailed support plans and individual risk assessments specific to the individual. One relative told us, "I have contacted the manager before when I have had to make a change to [person's name] needs. They dealt with the change immediately." One staff member told us how they had identified a change in need to one person's medication regime. Discussions were had between appropriate parties to ensure the change was made safely. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their health was deteriorating. The staff we spoke with had also worked at the service a considerable length of time so knew people's histories and health needs well.

People had a varied number of hours a week with a support worker dependent on their needs. The majority of people told us they lived independently or with their families and only required support going out into the community and the prompting of daily activities. One person told us, "We go to the cinema, or shopping, it's fun." Another person told us, "They [staff] support me at the gym so I can improve my health." One member of staff told us how they supported people with more complex needs to attend sensory impairment venues, such as Hydrotherapy centres or 'Boing' Therapeutic Trampolining. Specific staff had also been insured to drive one person's Motability Car so the person was supported to access varied destinations with ease.

People were supported to be as independent as possible and avoid social isolation. During the inspection one person was being supported on a vacation to a country cottage. We spoke to another person who had been supported to enjoy their vacation on a cruise. The person spoke joyfully when they recalled memories with the member of staff. "I had a wonderful time [staff member's name]; I've already booked my next cruise." The service also ran a community centre based at the offices of Creative Care Services. It was

located on the ground floor with good access for people living with disabilities. The 'Vibe' community centre provided an environment where people can use technology, make friends, socialise, cook, play games and more. People who used Creative Care Services had direct access to the facilities provided by 'Vibe'. Festive parties were also held at the 'Vibe' helping to avoid social isolation.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and to direct complaints to management. Complaints were documented and dealt with in line with the policy enabling the registered manager to learn from people's experiences.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager informed us that for the previous year it had been necessary to delegate much of the workload to the senior staff. As a result people reported that direct communication with the registered manager had reduced and hadn't gone unnoticed. One person reported, "I'm not sure which of the staff is responsible for what, although there is always someone available to talk to if you need anything." The registered manager informed us that they wanted to make people and relatives aware their presence was full time and showed us a letter which had been sent to people which clarified the structure of the management team and necessary contact details. Staff and people approached the registered manager with ease and we saw regular and consistent friendly interactions.

The quality assurance processes required some improvement and although being developed had not yet been imbedded to allow for robust quality monitoring of the service. The registered manager reported that this had been due to reduced leadership within the service over the past year. However, the registered manager and senior staff expressed their keenness to deliver a high standard of care and support to people using the service and developments were being made. The registered manager was undertaking a Level 7 Diploma in Strategic management and Leadership in order to apply their knowledge directly to the service.

The registered manager showed us a quality management strategy document which they had created. The document outlined the key areas of quality assurance that required developments. We were also informed that a Quality Assurance Manager had been recruited and was due to start in June. This position was to ensure the objectives within the strategy document were effectively met. The registered manager told us how they had identified the importance of the need to improve quality assurance which would require the sole focus of the appropriate recruit.

Effective quality assurance systems were in the process of being implemented. We were shown the new 'people planner' software that had been implemented. Senior staff were in the process of being trained in the use of the software. We were told this software would be able to monitor and manage missed and late calls, supervision, staff training and rotas more effectively. However these processes were still in a transition phase from other processes. The registered manager told us that developments were actively underway and with a new Quality Assurance Manager and new tools in place, the current objective was to ensure a quality service that was monitored robustly.

Questionnaires were used to gain feedback on the services from people. However, the response from these questionnaires was limited as only seven replies had been received. The registered manager reported that findings from questionnaires distributed to people, relatives and other stakeholders would be analysed and action plans produced as part of the on-going improvements to quality assurance systems. Group meetings were not had between people who used the service and management. Although people did report to us that they spoke to the staff members from the service whenever they needed to and felt that staff were approachable and responsive. We also saw people speaking to the registered manager when they attended 'Vibe' with the staff member who supported them.

The registered manager also gathered staff's views on the service through meetings held every month and on a daily basis through communication face to face or over the phone. Minutes of the meetings were detailed and clearly showed how developments were being made and how management and senior staff were all informed with current information regarding people that use the service. For example, discussions were had regarding the required training for the new software, effective methods of recording and distributing out of hours information and allocation of people's needs and hours. This showed that despite some quality processes still requiring improvement, there was an open and inclusive culture in which staff felt comfortable expressing their views to improve the service they provided.

The principle of the service was to support people to access the community with confidence and enhance the wellbeing and independence of the people and relatives that use the service. This principle was put into practice by recruiting staff who had received an induction process and continued training to apply their knowledge to the service. As a result the service had retained the majority of these staff members for several years who provided valuable, effective support to people. One staff member told us, "I love my job, as a team we try to improve the quality of people's lives and provide a service to people to improve their independence. We help people learn and develop new skills." Staff spoke with high regard of the registered manager and one told us, "[Registered manager's name] is very supportive, if you need anything you can just ask." The registered manager valued their staff in return and told us how well staff communicated to meet the needs of people and was confident they would improve the quality assurance together. This demonstrated a positive culture with an open door policy.