

Creative Care and Support Limited

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Inspection report

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23 April 2019
30 April 2019

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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

About the service:

Creative Care and Support Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to 62 people.

People's experience of using this service:

During the last inspection we identified the provider's systems which monitored quality and safety of services provided were insufficient to ensure people consistently received safe care and support. At this inspection, we found people received a good service and support was provided by staff who were safely recruited. The provider ensured care was delivered in a safe way and had introduced a range of systems since the last inspection to ensure care was monitored effectively.

People told us staff were kind and caring. They were positive about how they were treated by staff. People told us they were in control of their day to day routines and staff supported them to remain independent. People were generally happy with their call schedules; however, some mixed feedback about the punctuality of people's care calls indicated further improvements were required in this area. The management team were aware of this issue and demonstrated they were committed to improving this aspect of the service.

Staff received training which they told us equipped them for their roles, and also told us the induction they received was effective.

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure care was provided in a way that met people's needs.

Staff told us the management team were supportive and understanding of their own personal circumstances. People and relatives said the management team were very approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service followed clear processes for obtaining consent before care and treatment was provided. The quality of people's completed consent forms was sometimes inconsistent, which the provider assured would be addressed after the inspection.

Rating at last inspection:

Requires Improvement. The report was published on 27 April 2018.

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

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 and Support Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector and an assistant inspector.

Service and service type:

Domiciliary care agency.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available

Inspection activity started on 23 April 2019 and ended on 30 April 2019. We visited the office location on 30 April 2019 to see the registered manager and staff; and to review care records and policies and procedures. The assistant inspector contacted people and their relatives on 23 April 2019 for feedback about the service.

What we did:

- We reviewed notifications we received from the service.

- We reviewed information we received prior to the inspection from people using the service, their relatives and care staff.
- We looked at six people's care records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits and quality assurance reports.
- We spoke with three people using the service and four relatives.
- We spoke with eight members of staff.
- We spoke with the registered manager and business manager.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment; Assessing risk, safety monitoring and management

- During the last inspection we identified a breach of Regulation 19 of the Health and Social Care Act (Regulated Activity) Regulations 2014; Fit and proper persons employed. This was because recruitment procedures were not operated effectively.
- We checked the provider's recruitment records to see if staff were employed using safe recruitment practices, to make sure they were suitable to work at the service. We found staff were subject to a range of checks before they were employed and this supported the provider to make safer recruitment decisions.
- At this inspection we concluded the provider's recruitment practices had sufficiently improved and therefore was no longer in breach of regulation 19.
- People said they were supported by a consistent team of staff.
- People and their relatives told us staff generally arrived on time with occasional late calls and staff stayed the full duration of the care call.
- Staff told us there were enough of them to provide safe care. One staff member said, "I find there is no problems. Shifts are usually covered by staff or sometimes the office team will cover so we never go short."
- There was a clear procedure in place to reduce the risk of missed calls during planned or unplanned admissions to hospital.
- People had been assessed to make sure any potential risks were minimised. Where risks had been identified, care plans had been put in place to guide staff on the best way to manage and minimise the risk. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.

Using medicines safely

- We found medicines were managed in a safe way and most people received their medicines as prescribed.
- All staff had completed training before they were able to administer medicines and had received an annual review of their knowledge, skills and competence.
- Each person's file showed they had a clear and accurate record of any medication staff were required to support them in receiving.
- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt very safe when receiving support from staff.
- We saw a policy on safeguarding vulnerable adults was in place and the registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.

Preventing and controlling infection

- Staff completed training in infection control. Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One person said, "They're very good the carers at what they do."
- New staff received a structured induction program and completed a period of shadowing with an experienced care worker before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.
- Staff spoke highly of the support and supervision they received. One staff member said. "[Registered manager] will always organise extra training for you if you want it."

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The service provides support to people within a community setting therefore, any decision to deprive a person of their liberty within the community must be legally authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had a clear process for obtaining consent before care and treatment was provided. However, minor improvements were required with the completion of people's consent forms. For example, some forms were signed, but not dated and where a representative had signed on a person's behalf there was a lack of clear evidence to show they had appropriate legal authority to do so.
- The provider said they would review people's consent forms retrospectively to ensure they were accurate and valid.
- Despite our concerns around completed consent forms, staff understood the requirements of the MCA and people told us staff always asked their permission before providing support.

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

- There were details in each person's care file, where appropriate, of their needs in relation to nutrition and hydration.
- We saw staff recorded when support with meals was provided in people's daily notes.
- The provider had monitoring systems in place to ensure accurate records were maintained of the food and

drink people were provided with.

- People spoke positively about the meal support they received.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed and staff had time to get to know them before providing their care.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law.

Staff working with other agencies to provide consistent, effective, timely care

- Staff had a good knowledge of the healthcare needs of the people they supported.
- Staff knew when to contact outside assistance. People's care records supported this.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.

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

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's cultural needs were assessed when their care packages were created. Their cultural backgrounds and religious needs had been recorded and we saw, where required, care packages had been designed around this.
- Through talking to staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People told us they felt staff treated them well and upheld their rights. Comments included, "I haven't got a bad word to say about the carers", "They are fantastic" and "[Staff] are very kind and caring."

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

- People who used the service told us they took part in regular reviews where they could voice their opinions about the care provided and were involved in decisions about any changes.
- People's choices in relation to their daily routines were listened to and respected by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they felt treating people with dignity and respecting their privacy was an underpinning aspect of their role.
- We saw positive examples where people's independence was actively encouraged and promoted by the service. For example, we saw the service supported a person's goal to move from a residential care setting into their own accommodation with a package of care in place. Although the needs of the individual were at first complex and required 24-hour support, the service worked closely with this person to set goals and targets daily to enable them to support themselves. The service taught them various life skills and regularly reviewed and monitored the progress, which eventually led to a reduction in the support they required as they became more independent.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- The service had not received any formal complaints since we last inspected the service.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration. One staff member said, "I always sit and read people's care plans. I find they are easy to understand and set out clearly how to support people safely." Another staff member said, "I always let the office know if a person wants something done in a certain way, so this can be updated in their care plan."
- Staff we spoke with could describe how they ensured they promoted choice when caring for people, and gave us examples of this.
- Care records demonstrated staff checked with people about how care was being provided to ensure people had control over the care they received.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- Care records were reviewed monthly or if people's needs changed.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. The registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- During the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act (Regulated Activity) Regulations 2014; good governance. The was because the provider's systems which monitored the quality and safety were insufficient to ensure people received safe care and support.
- We found the provider responded robustly to this, implemented new quality assurance systems to ensure legal requirements were consistently met. These have resulted in measurable improvements at the service which improved care.
- The service possessed a comprehensive set of quality assurances systems, which monitored fundamental aspects of the service delivery. Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.
- Most people thought the service was well-run and were happy with the care they received from Creative Care and Support Limited provided. Comments included, "I'm pleased with how its run, the service is very good" and "They [management team] are extremely approachable." Some people and their relatives commented calls times were sometimes late and changes to calls schedules were not always communicated by the management office.
- The provider was aware of issues around late calls and had systems in place to monitor the quality and safety of people's calls schedules by means of spot checks of care visits and audits of daily logs. Although there was clear evidence to show the management team were trying to proactively address the issues of recurring late calls, their actions taken to date had proven ineffective. The provider understood this aspect of the service needed further improvement after the inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager ensured care was tailored to people's individual needs and had systems in place to monitor the quality of this.
- The management team held service planning meetings every morning and evening to review people's care packages to ensure changes were communicated and care remained person-centred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an open and transparent culture in the home and staff told us the registered manager and provider were approachable and supportive. One staff member said, "It is a rewarding job, I enjoy working for Creative Care and Support." Another staff member said, "The service is very friendly, it's like a family, I love coming to work."

- The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

- The registered manager made themselves easily available to people using the service, relatives and staff.
- The provider had quality assurance systems in place to obtain stakeholder feedback about the service. Stakeholder feedback is a vital part of driving improvements to the quality and safety of services.
- All staff felt communication was good and they were able to obtain updates and share their views via team meetings.

Working in partnership with others

- The registered manager had made good links with the local community and key organisations to the benefit of people using the service. This included healthcare professionals such as GPs, district nurses and specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.
- The provider engaged in local forums, such as Barnsley Home Care Provider Network, to access shared learning on good service delivery.