

## Creative Living Care Services

# Creative Living Care Services

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection of Creative Living Care Services (referred to as "Creative Living") took place on 30 and 31 January and 2 and 5 February 2018 and was announced two working days in advance. On the 21 February 2018 we received information of concern that people who required two staff to move them safely were sometimes having one member of staff to complete this task. Further contact was had with the registered manager and the local authority to review this concern as part of this inspection.

Creative Living is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Creative Living receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. This is help with tasks related to personal hygiene, medicines where staff a role and eating. Where people do receive personal care we also take into account any wider social care provided. The service had 20 people registered to receive personal care at the time of this inspection. However, three were currently staying in residential care for respite.

We previously inspected the service on the 14 November 2016. We rated the services as Requires Improvement overall, and in the areas of being safe and well-led. There was a breach of Regulation 9 personalised care due to the concerns that staff not having sufficient travel time was impacting on people's personal care. Regulation 12 safe care and treatment was also found to be breached because risks to people's health and safety were not assessed, recorded. This meant staff would not have the required information available to mitigate these risks.

Following the last inspection, the provider submitted an action plan which told us how they would make improvements. They told us they would have achieved improvements by 31 March 2017.

The service has two registered managers with one being also the provider. 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. One manager had day to day management responsibility and was the one referred to throughout the report. The provider has submitted a cancellation of their registered manager status but will retain being the nominated individual.

Following this inspection we have continued to rate this service as Requires improvement.

People's records did not include the required level of information in respect of people's risks and personalised care. People told us they were happy with how staff kept them safe and responded to their needs. However, we heard from people they were concerned about the skills and abilities of new staff. Also, staff did not have the details on how to meet people's health, food and hydration needs. Without this essential information staff would not know how to support people safely, and in line with their wishes and preferences.

Staff did not have the necessary information to understand people's health and medical needs. There was no information about what staff should be aware of if a person became ill. For example, there was no information to help staff to understand when someone with diabetes was having a low or high blood sugar episode.

People were not being assessed in line with the Mental Capacity Act 2005 to ensure their ability to consent to their own care was clearly recorded. This meant people's human rights were not being respected or promoted.

People's medicines records were not always accurate. The service's medicine policy was not in line with current guidance and regulations. There was no system in place to ensure staff knew a person's current prescribed medicines. One person had an allergy to an antibiotic but this had not been recorded in their care plan. The system in respect of "as required" (PRN) medicines was not robust enough and staff were not ensuring they kept accurate records of how many tablets were taken and when. Where staff gave some PRN medicine, there was no system operating to ensure people, family and the service were all recording when PRN they had taken or given them. People's prescribed creams were not recorded and there was no method in use to tell staff where the cream should be used and how much should be used.

People's records showed a staff member had been "potting out" medicine and leaving this for people to take "later". Other staff were not then identifying this practice to be incorrect. This can put people at risk of overdose and/ or having their medicines with the required gaps to meet their health needs. The registered manager took immediate action, and sent a message to all staff to cease this practice and remind them of their responsibilities.

Systems of quality assurance were not robust and the provider was not seeking to ensure they listened to people or their families using the service. For example, there were no current audits of aspects of the service and although people's views had been last been requested in 2017, there was no evidence of what action had been taken on that which was negative.

People told us the staff were caring and treated them with respect. People felt able to say how they wanted their care given and staff listened to them. People added that their independence and ability to do things for themselves was encouraged by staff. Staff, were recruited safely and there were sufficient numbers. At times of high staff demand two handed visits could be completed by one staff member. Records showed this had been discussed with people and their family however, professional advice had not been sought to ensure this was completed as safely as possible. This had now been requested.

Records about staff training, supervision, competency checks and appraisals were not all immediately available. There were concerns raised with us about the ability and skills of new staff. We heard from the registered manager what they had in place however, we have recommended they review this to ensure people are confident in new staff member's ability to meet their needs.

Staff understood how to identify abuse and keep people safe. People and families felt the service would act to protect them. Staff followed safe infection control practices. Protective equipment such as gloves and aprons were provided.

People felt able to raise their concerns and complaints. Staff, people and their families were positive about the registered manager who they described as "approachable". They all stated she and the office staff were proactive in putting issues right.

We found breaches of the regulations. You can see some of the action we have told the provider to take at the back of the full version of the report. We are also considering our response in line with our enforcement policy which we will report on at a later date.

## 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.

People's risk were not identified and assessed.

People's medicines were not always safely organised.

Staff, were confident in identifying and reporting possible abuse.

People were supported by enough staff who were recruited safely.

People were protected from cross infection.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were not having their ability to consent to their care assessed.

Staff supported people to eat and drink and have their health needs met. However, people's records did not ensure staff had the required information to ensure good outcomes for people.

People felt the training and understanding of their needs by new staff could be improved.

### Is the service caring?

**Good** ●

The service continued to be caring.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People told us they were happy with the care they were provided with. However, people's care records lacked personalised information.

People were satisfied with how their complaints were investigated and responded to.

**Is the service well-led?**

The service was not always well-led.

People were not assured care that was safe, effective, responsive and well-led.

The provider's quality assurance processes were not established to help monitor and ensure the on-going quality of the service.

Systems were not established to help ensure people, staff and relatives could feedback about the service.

**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

The inspection of Creative Living Care Services (referred to as "Creative Living") took place on 30 and 31 January and 2 and 5 February 2018 and was announced two working days in advance. This was because the service is run by a small team so we needed to ensure someone would be available at the registered office.

Prior to the inspection, we reviewed the Provider Information Return (PIR) which is a document where the registered persons can highlight what they do well and what they aim to improve. We also sent questionnaires out to people, their families and professionals to obtain their feedback. We also reviewed the provider's action plan which was submitted after the last inspection.

The inspection was carried out 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.

During our inspection, we visited the registered office. This was to review the records of four people's care, as well as staff recruitment, training, supervision, appraisal and staff competency. We also checked how the registered manager and provider were ensuring the quality of the service.

We received questionnaires back from nine people, seven staff, one relative and one health professional. We visited four people in their homes and checked their care records to ensure these were accurate. We also spoke with six people, seven family and six staff by phone to gain their views on the service.

On the 21 February 2018 we received information of concern that people who required two staff to move

them safely were having one member of staff sometimes to complete this task. Further contact was had with the registered manager and the local authority to review this concern as part of this inspection. We reviewed one further person's care records.



# Is the service safe?

## Our findings

We last inspected the service in November 2016 and we found there were concerns that meant the service was not always safe. This was due to risk assessments not being completed as needed and the planning of staffing, which meant people's care was rushed as staff did not have sufficient traveling time. We rated this key question as Requires improvement.

At this inspection we have continued to have concerns that people's care was not always safe. We have again judged this to be requires improvement.

People continued to not have their risks always recorded and assessed and only one staff member said they read risk assessments in people's care plans.

People at risk of falls, or due to their health did not have risk assessments in place. Therefore there was no information for the staff to know how a risk could occur, and what they could or needed to do to keep people safe. For example, one person took warfarin (a blood thinning drug) the record stated, "I take warfarin" but there was no added information. There was no care plan or/and further information from a reputable source that told staff what they would see if this person had bruised themselves, for example, what they needed to be aware of and their role in reducing any risks associated with taking this medicine. Another person's records stated they could have "giddy spells" and were at risk of falls. However, there was no risk assessment in place to help staff support the person, and mitigate the associated risks. This person had also been recently admitted to hospital because they had lost consciousness and had experienced a fall, however the reason for this was not known and not followed up, which meant staff may not be consistently supporting this person in a safe way. In addition, risks associated with their health had changed but had not been recorded. This person was also taking a blood thinning medicine that was not known to the service. We advised the registered manager of so this could be followed up.

People's diagnosed with diabetes did not have a risk assessment in place or again any information for staff in respect of how to identify if the person was going to have a hypo or hyper glycaemic episode. The person we saw was living with dementia and would be unable to alert staff if they were feeling unwell. Staff were taking the person's blood sugar reading three times a day and recording these. Some readings for their fasting bloods before breakfast were still reading high but there was no record of the expected high and low reading for this person. There was then no additional instruction what staff should then do if the readings were too high or low. This meant staff would not know when this person's blood sugar reading was unsafe and they needed to take action to keep them safe. There was also no additional information for other risks associated with diabetes. For example, in respect of looking after their feet during personal care and reacting appropriately should they see the person had injured their feet.

There was no information on how the blood sugar monitor was being maintained. There was no information on safe and accurate use of this and what to do if they noticed it was not working properly. We requested this was clarified with the district nurse immediately; the district nurse advised they take blood readings on each occasion and the registered manager was to have further communication to clarify if the staff were to

continue to take the blood sugar readings.

The lack of risk assessments is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had environmental risk assessments in place that were drawn up when the person started with the service, for showering and moving people safely. The PIR stated, "At Creative Living we acknowledge that individuals have the right to take positive risks within their everyday living. This may include tasks such as making a cup of tea or even crossing the road. With all activities there is usually an element of risk and for that reason we always undertake a person centred risk assessment for each identified task. The individual is always encouraged to participate in any assessment undertaken regarding their care, within their individual ability and capacity to do so". The registered manager has advised further, the environmental risk assessment can highlight individual risks but we found these were not always up to date or addressing the current risks.

People told us they were happy that staff were aware of the risks of their moving safely and when showering them, for example people told us the staff were very careful with them and would remind them to move in their own time and use the equipment they had been given to reduce the possibility of them coming to harm. One person said, "The staff are very careful, confident and safe. They walk with me and place a gentle hand on my back. They keep telling me to slow down and take a breath."

People's medicines were not always being managed safely. Where staff were responsible for people's medicines, we confirmed with the registered manager there was no system in place to ensure there was an awareness of a person's current prescribed medicines.

People's day to day medicines were in blister packs (prepared by the pharmacist). Included in the packs was the list of current medicines and prescription details. The service's MAR did not include a list of current medicines. Staff only signed for the number of tablets they had given from the blister pack. The registered manager and staff confirmed the pack list was not reviewed against the care plan to ensure the service's record held an accurate record. There was not always a complete list of medicines in people's care plan, when they should be given and how. Where a list was present, we found this to be incomplete and not always up to date. The registered manager told us they usually found out changes in people's medicines because one of the staff would let them know. This was not safe as we identified changes in one person's medicines that had changed and required staff to be aware of the associated risks. One such person had an allergy to an antibiotic but this was not in their care plan.

People records did not detail their medicines who due to their health would not be able to alert staff or the emergency services if they required to. This meant in the event of an emergency, staff would not be able to ensure the medical staff would know the person's medicines which could lead to risks for that person. The registered manager advised, "In the event of an emergency, they always ask to see the blister pack and/or MAR sheet to identify the most current information".

We reviewed the provider's medicine policy. Although stating it had been reviewed in July 2017 the policy used the language of previous regulations and was not in line with the current guidance for services administering medicines in the community (NICE, March 2017). We supported the registered manager to locate the current guidance so they could identify where their medicine policy and practice needed updating. There was no evidence that the registered manager was auditing the medicine records and practice to ensure it was safe. For example, in one person's daily record it stated on more than one occasion a staff member had left medicines out for one person to take later. There was then no further record to state

the medicines were known to have been taken and when. Also, the staff member completing the next visit did not escalate this was not right. The registered manager confirmed staff should not have been doing this and it had not been passed to them as a concern; they were also not aware this was written in this person's records. We requested the registered manager took immediate action to advise all staff of their responsibility in respect of "potting out" medicines.

The administration of as "required medicines" was not robust enough to prevent the possibility of errors occurring. One person had a prescription for pain relief of up to two tablets four times a day but was only funded for three visits a day from the agency. Whilst this person could take this medicine independently, they told us they had short term memory loss and felt safer when staff gave it to them. However, there was no checking by staff to see if they had taken any tablets. For the three visits by staff, the hand written MAR created to record the giving of the pain relief was signed or written as 'not required' (NR) however, no time or number of tablets was then recorded. This meant errors could occur and placed the person at risk of having too many medicines or having them too close together.

For the same person mentioned above, on one day a week family gave this person their medicine. In the care plan it stated this took place however, there was no record of when they did this; unlike another family that signed their relative's (MAR) so it was clear when this medicine had been given and when. When we spoke with the relative and the person, they confirmed no arrangement had been made to know this had been completed. They also told us there had been times when they did not visit and the person confirmed this meant they then went without their medicines on that occasion. When we asked staff, they told us there had been times when they had come on their next visit and the prescribed medicines had not been given by family. The registered manager advised they would carry out a review with this person and their family to ensure this was put right.

Where staff were applying prescribed creams on people's skin these were not recorded in any list of medicines and there was no detail of where staff should use them on the person's body. Staff in the daily record of care often mentioned the creams and people confirmed to us the staff always made sure any creams were used. The care plan mentioned the use of creams but not the details. There was also a hand written MARs which was mostly completed but did not detail where the medicine was to be used, how much and when.

Not keeping accurate medicine records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were given their medicines by staff were positive about how the staff completed this. One person said, "They make sure I take them, they're very strict" and another said, "They see me take them". One person told us how a medicine error was picked up and acted on by the registered manager once they had been told about it.

Following our last inspection, we raised a concern about how staff were organised and the impact that this was having on the quality of people's care. This was because the staff did not have enough travel time to move between appointments which meant people felt their care was rushed. On this inspection we found this had improved.

People however commented that the weekends were not always staffed well. In the questionnaire responses, we were told "My weekday staff are regular and consistent, the weekend staff can vary a great deal" and another said, "Staff shortage always at the weekend".

We found there were enough staff to meet people's care needs. No appointments had been missed. Staff had more travel time; staff, people and family told us this had improved. There had been some major road works geographically that had impacted on staff getting to them sometimes. One person told us, "If they say there are coming, they're coming." Two people told us they had visits recommenced without delay on their discharge from hospital.

People said they received a list of which staff were going to be coming to their home before the start of each week and generally this was accurate. Sometimes this changed and some were told who the replacement staff member would be; however one person said they did not receive this information. Most people said they received a call or text message if the staff member was going to be late. Everyone reflected on the traffic issues and the legality of staff using their mobile phones when driving; people added they felt it was reasonable the staff member could not let them or the office know. They all stated the staff member always apologised if they were late, their care was not rushed and they received their allocated time. The registered manager confirmed that staff who would be new to people were not always introduced and given our concerns about records, reported throughout this report, there is a concern staff would not have the essential knowledge of people's needs. The registered manager stated they would review how people could recognise and know who was coming to their home.

On the 21 February 2018 we received further information about a person having one staff on visits when two were required to keep the person safe. This was due to them requiring a hoist to move from their bed and chair. The records provided by the registered manager showed the person had the capacity to consent to their own care and give instructions about their care. The person's moving and handling risk assessment (dated 13 November 2017) stated that two staff were required to move them safely on four visits a day. However, at times of high staff demand the person would operate the controls of the hoist and had discussed with them working with one staff or a family member to move them safely. In the person's care plans dated 13 November 2017, 3 January 2018 and 12 February 2018 any times of one staff member attending were reviewed with the person and, staff with no issues or concerns raised about either visit. Following our contact with the registered manager, they have advised they have requested an Occupational Therapist (OT) review to ensure there is the advice and guidance in place from a relevant health professional in place. Their relative told us, "I believe she [my relative] is 100% safe with Creative Care workers; they thoroughly do the job. New staff come in, are shadowed and overseen particularly in regard to the sling." The registered manager has advised further that the OT has completed their assessment and "the person as suitable for one carer to undertake the task of hoisting on a one to one basis, we have not received the paperwork yet".

A relative of another person told us they had been asked to step in and support staff at times of a shortage of staff.

Staff were recruited safely and all checks were in place before they started to support people. Staff had their history reviewed to ensure they were safe to care for people who may be vulnerable. The PIR stated, "We have incorporated a question into our staff supervision forms that require employees to declare any convictions including motoring offences since their last supervision. Also during the supervision process we discuss a particular policy or procedure with the employee to reinforce and to enhance their practice. We take seriously any concerns raised whether it is regarding a client or an employee".

Staff received training in infection control and how to keep people and themselves safe. Staff had access to enough gloves and aprons. Staff who handled food also had the required training. People had no concerns about how staff ensured they were protected from cross infection.

Staff received up to date training in safeguarding those they looked after. They were able to identify how to keep people safe in line with company and local policy. People told us they felt staff would say something if they had a concerns about their safety. People told us they felt staff were careful to ensure their home was safe.

Where staff handled people's money to buy shopping, people told us they felt staff did this safely and always provided receipts.

## Is the service effective?

### Our findings

At the last inspection in November 2016 we rated this key question as Good.

However, on this inspection we have found concerns and rated the section to be Requires improvement. This was because people were not having their capacity to consent assessed and people's records that raised concerns about the leadership and governance in this area. Prior and during the inspection, we received mixed view as to whether staff had the required skills and support to meet people's needs and unfortunately, checking the validity of the concerns, was made more complex due to how the recording of staff training was documented.

On this inspection, we rechecked whether the service was working within the principles of the Mental Capacity Act (2005) (MCA). The 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.

We found people's capacity in respect of making specific decisions were not being reviewed in line the principles of the MCA. Where people were for example, living with dementia and were described as having 'short term memory loss' there was no recording in the care plan as to how their capacity had been considered. Also, there was no record of how staff were supporting people in their 'best interests'. One person with short term memory loss was described as being "impacted" by their mental ability to carry out day-to-day tasks. However, no further recording of their ability to consent as recorded. Another person living with "mild dementia" in their medical history which was considered to have advanced, and for whom all decisions were made by family, had no MCA assessment recorded in respect of their ability to consent to their care. There was also no record of decisions having been made in their best interests.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed staff always asked before giving care and respected the person's decision to have support or not. For example, people told us care staff asked before applying their prescribed creams.

Where staff were responsible for preparing people's food and fluids, people's records which recorded their food and hydration were not always completed to ensure people's needs were met in line with their wishes and preferences. For example, people's care plan lacked the detail about what people liked to eat and when. Some people had food bought in but others had their food made by the staff. Care plans also lacked detail about how staff should support people. For example, one person's care plan for breakfast said "Encourage to eat breakfast and plenty of fluids"; lunch was "Prep and serve main meal with fluid" and for the "bed" visit staff were to ensure they had a "hot drink". This person told us they had to "train up" each new member of staff that comes to them so they know how they like things.

People's care plans did not comprehensively detail people's health needs. For example, there was no detail of how their health need could affect them or the signs and symptoms staff should be aware of. There was also no detail in respect of what staff were to do should they feel the person was unwell and may require staff to contact their GP or health or social care practitioner as part of a duty of care. This meant people's needs may not be having their needs met to achieve the most effective outcome.

We spoke with the registered manager about the care records not giving detail on what people liked to eat, drink and what staff needed to know about their health. They stated they would review this. One person's family had put together a detailed plan and recording for staff and the person's family kept a close link with the service to keep this under review. Staff ensured they had their food supplement as required. Another person who staff made sure they had eaten told us they were happy with the way staff managed this. The registered manager has advised further, "People are asked on each visit where food is to be prepared as to their wishes."

People's records mentioned who people's GP and main family contact was. At least one person had contact with a district nurse and staff said they had regular contact with them and their team as needed. People could not recall staff having had to call their doctor for them but felt staff would call family or their GP if absolutely necessary. One person said, "Staff notices if I am struggling; they will ask about it and if my health has changed. They always write it down and I feel they would always comment and would not leave it." And another said, "They have been so concerned about me as I have been ill." A relative confirmed that the staff would act adding, "It is admirable. They show such compassion."

At the start of this inspection, we asked how the registered manager ensured staff had the right skills and support to carry out their role effectively. When we tried to establish who had responsibility for this, we found no one was currently ensuring clear records were kept in respect of staff training, supervision, appraisal and ensuring staff were currently competent. The registered manager told us the record of staff training was on a computer previously accessed by a member of staff who had not worked at the service since October 2017. We had to follow up this up with the registered manager and other evidence throughout the span of the inspection dates. We received details of the details of the training on the 5 February 2018 with the attached correspondence from the registered manager, "The dates shown are the dates last undertaken by the look of. There are some that need updating on training but they are overdue to either being on long term sick or on maternity leave. About half our staff do not undertake the regulated activity". This meant we needed to ask for more detail of which staff were delivery personal care and were they trained to meet the needs of people.

People felt the training and understanding of their needs by new staff could be improved. We received mixed views from the people we contacted as to whether staff were trained and therefore effective when meeting people's needs. We found concern was more pronounced with new staff, who were not always introduced to people and did not always know people's needs in enough detail. This meant some people, where they could, had to tell new staff what they wanted them to do and how.

Prior to the inspection, the questionnaire responses raised a concern on the quality of the training and whether new staff had the required skills to meet people's needs effectively. One person said, "No proper training given to new carers" and another person said, "Continuity is not the strong point. Plus new untrained carer on many occasions." A relative said, in respect of the training of new staff, "On the whole they're very good but I'm showing them. They don't always look at the care plan."

Over 50 percent of staff who responded in our questionnaires raised a concern about their training. Staff said, "There are no introductions of new staff to a client, also no shadowing"; "A lot of improvement needs to



be made in a variety of areas. Staff are ignored and not up to date with training. No introduction is made when attending to new clients" and, "Training has to be completed in your own time, you are not paid. Supervisions are not regular and are carried out by a very inexperienced staff member. There is no monitoring of staff who are lone workers." The registered manager advised further that supervisors at the time of inspection were both very experienced in undertaking supervisions. Also, staff completed a lone worker form prior to going out on their own. This form contains information such as car registration and colour, hair and eye colour, height/build.

A relative we spoke with said, "Some of the new staff who previously might have had [non care work experience previously] don't seem to realise just how much personal care is required" adding, "They need more training before they go on the road."

We spoke with the registered manager about people's perception of new staff member's skills and competency. The registered manager confirmed staff completed three shadow shifts where staff observed other staff and/or were observed before being reviewed as to whether they could work on their own. If it was felt they needed more time this was then given to them.

The registered manager added staff new to the care sector completed the Care Certificate. The Care Certificate was brought in nationally to ensure a national standard of care. Also, all staff underwent a three hour induction that covered medicine administration, food hygiene, moving and handling, fire safety, infection control, professional boundaries, record keeping and safeguarding. When we asked what this meant for ensuring new staff were effective in their knowledge and skills, the registered manager stated new staff would not go to homes where people required medicines until they had the full training. The registered manager also advised new staff undertook a three months probationary period which included formal supervision, observation of practice and phone calls to ensure they were coping. The PIR stated, "All new staff are shadowed by a senior carer or supervisor before undertaking work independently. This provides the senior carer or supervisor the opportunity to observe the new employees approach".

Most people and their families we spoke with were happy longer term staff were competent and well trained to perform the necessary tasks. One person said, "Most appear to be well trained" Another said, "Most appear to be well trained although some of the new girls take some time".

The evidence of recent, structured staff supervision was not available. Issues were being addressed as needed and staff confirmed they felt they could approach the registered manager for support or advice. In the PIR they stated, "We will endeavour to continue undertaking regular supervisions with employees. At times over the last year this has been difficult due to staff shortages but we have always continued to support staff as needed." There was no evidence of staff appraisals and competency checks or spot checks had lapsed due to a change in office staff. These were now in place and where in process of being planned in for the next few weeks.



## Is the service caring?

### Our findings

At the last inspection in November 2016 we rated the service as Good. We continued to rate this key question as good.

People and families all told us they felt the staff were very caring, always polite and made sure they did not leave before checking everything was okay, and whether there was anything else that they needed. People's daily records, often detailed, "Had a lovely chat with [him/her]" and made sure that all was well before leaving." People who had regular staff said they looked forward to staff coming to their home.

One person told us, "The staff are always cheerful, always careful and always respectful and engage in conversation. They ask about my week; they are very friendly and will do what I want." Another person said, "The staff are always polite and I am very happy with them." A third person told us, "The staff are always lovely; I get on with all of them. I have no issues with respect and dignity." Other comments included, "They're very nice, they look after me, I can't find fault" and, "I trust my carer with everything. If I'm a bit down she cheers me up. She keeps me going, she's a friend."

Questionnaire responses included, "This is a very good service and I am very happy with all my carers who come here to see me" and, "They're all lovely people who come to me. Make me feel much better."

A relative said of staff, "They are very gentle, very caring" and another, "They are very friendly and some ex staff still visit." A third relative said "Staff, treat Mum like their Nan" adding, "They're very observant noticing changes." A fourth said, "They're pretty good. They'll spend time with my husband and just talk. They make him feel fine."

People said all the staff ensured they protected their dignity when completing personal care. One person explained how staff were discreet and ensured they made sure they could continue to complete tasks for themselves. They said, "My dignity is always respected; they lock the door with us in, use towels to cover me and do not stare." Another person said, "They are always very respectful" and another said, "She knows me so well I have no problem". A person who needs carers to encourage them to wash said, "My carer actually helps me to maintain my own dignity."

One staff member said, "I treat the clients as though they are my grandparents" and another simply said, "I make sure they're loved."

We observed a staff member relating to one person and this was respectful and showed this person knew the staff member well as the person, who could not communicate with us. They smiled when they saw their carer and appeared comfortable in their presence.

People told us they felt they could tell staff how they wanted their care to be delivered. People also confirmed staff would support them to do tasks for themselves and encourage them to keep trying. A staff member said, "I stand behind the person and wash them and let them do the front bits" adding, "I also

encourage them to be independent this way and help them make their meals. I encourage people. I don't force them".

## Is the service responsive?

### Our findings

At the last inspection in November 2016 we rated this key question as Good. Following this inspection we have rated it as Requires improvement. This was because, although people were happy with the care they received, people's records did not give staff the details they needed to consistently deliver personalised care.

At the last inspection we noted that "Some care plans lacked detail. There were limited descriptions about people's routine". We also found information was confusing and lacked essential details. We recommended, that the service sought advice and guidance from a reputable source, about developing care plans which reflected people's individual preferences in relation to how care was delivered.

On this inspection we found the above recommendation had not been acted upon. Although, information had been ordered better and updated, people's records continued to contain no personalised details on how each care or task should be delivered in line with people's individual preferences. This is despite the PIR stating, "By ensuring that all care plans are person centred and the individual has been part of how they would like their care delivered. Regular reviews and contact with clients ensures that any changes in need or preference are acknowledged in a timely manner". The registered manager has further advised, "On initial assessments all areas for the care plans are identified. However some people can be reluctant to divulge information about them until they feel more comfortable".

People told us, staff read the last entry in their care records at the start of the visit. However, the care plan had "lists" of people's health needs and what tasks staff should do on each visit but no detail was then included about the how this person would want this achieved. One person told us they had lots of new staff recently and this had meant they had been required to tell them how they wanted their care needs to be met, to each one. The person added the staff members followed their instructions and then was able to make sure their care was personalised.

We received a mixed view from people about on how often care plans were reviewed. One family member said their relative's care plan was dated 2014 / 2015 and didn't seem to have been reviewed. Those where their spouse was effectively part of the care team, were more familiar with the detail of their relative's care plan.

People and family member's told us, they were impressed by the visiting supervisors who frequently reviewed the needs of people, and were very responsive to minor issues and requests. The registered manager advised us the staff completing this task had recently changed and now they had settled into their role, they would be picking this task up again.

Staff gave us a mixed response to questions about people's care records. One staff member said, "I feel confident I know people from the records". Another staff member said, "The care plans are written [simply] so everyone knows the proper background of clients" but other staff commented, "Care plans are not updated enough" and "Care plans are not reflecting a client's personal likes".

The service had a complaints policy which was included in everyone's care records. It detailed how people could make a complaint or raise a concern. It also said how people could contact the provider if they were not happy with the answer. We saw a complaint that had been investigated by the registered manager, and feedback had been given to the complainant. People told us they were happy to raise issues, and when they had, they had been happy with the outcome. One person said, "The office is very responsive" and a relative said, "They are definitely responsive. All issues are dealt with and I am confident that I only have to ask and they will provide. There is a lot of give and take."

All the staff told us they would take people's concerns seriously and understood the complaints procedure. They added they were happy that the registered manager addressed issues quickly.

## Is the service well-led?

### Our findings

At the last inspection in November 2016 we rated this key question as Requires improvement. At the previous inspection we found the systems to gather people and staff view was not robust. At the point of the last inspection, questionnaires to people to gather their views had not been circulated since 2015. We also found staff meetings were held but were infrequent. Also, we identified that the provider's statement of purpose detailed they were supporting people with individual needs, that we had not been informed about.

The service has two registered managers with one of them was also the provider. 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. One manager had day to day management responsibility and was the one referred to throughout the report. Immediately following this inspection, the nominated individual submitted an application to remove their registration as being a registered manager as well. The provider had financial oversight but did not play an obvious role in assessing the quality assurances of the service. We were told there were regular informal updates that kept both the day to day registered manager and nominated individual up to date.

Systems to ensure the quality of the service and, achieving continuous improvement and learning from mistakes was not in place. There is a day to day registered manager and we were not routinely reviewing parts of the service to check people's needs were being met and that the care was safe and appropriate. This meant staff member's work was not being monitored or audited to ensure they met the regulations. For example, there were no checks of people's care records, medicine administration and infection control practices. This has meant areas for improvement we found during the inspection had not been identified and placed people at risk of inappropriate care.

Systems to seek people's views continued to be ineffective. For example, questionnaires had been sent out to people in July 2017, and whilst they had been reviewed, there was no recorded information to demonstrate action had been taken, as a result of people's feedback. In addition, staff feedback had not been sought since 2013 and no feedback had been requested to external health and social care professionals, linked with the service.

As part of this inspection, we have identified breaches of Regulations that have meant the service is not fully safe, effective, responsive and well-led. The provider has also failed to fully improve areas identified in the previous inspection. For example, people's records continued to not ensure people had the risks associated with their health needs assessed and recorded. The provider also failed to have enough oversight or a robust quality assurance system that monitored the overall quality of the service and care, or have a continuous improvement plan.

The lack of effective quality assurance systems is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager if there was any other way that they sought people's view. They told they had just the questionnaires. They were however seeking to review how they gained people's views and said they may send questionnaires out more often. These would be on very specific areas of their work. They felt that asking for feedback on specific areas may result in a higher response rate and opportunities to respond quickly to issues. We also asked the registered manager about audits of the service and we were told, "We have only recently introduced the auditing system for care plans etc. so unfortunately don't really have anything other than 'reviews' to show monitoring". However, since our inspection the provider has sent us examples of the audit forms explaining "it will be easier to identify what has been done (or not done) rather than going through each individual on the system."

We asked the registered manager how they ensured they were meeting the requirements of Equality, Diversity and Human Rights (EDHR). The service had a policy in respect of how people could expect to be treated by the staff. Staff also were trained and reminded of the need to ensure all people are treated with acceptance and respect. They were going to review if this could be improved and made more obvious to people enquiring about their service. The registered manager was also aware that they needed to do more to ensure their information was accessible to those needing other formats. This too was going to be reviewed.

The registered manager expressed that they and the provider, "have a passion for supporting individuals to remain living in their chosen environment while promoting their independence and minimising risks".

On this inspection we were told there had been two staff meetings held in 2017. We were advised by the registered manager that staff attend these meetings in their own time and it was difficult to ensure their attendance as it is not part of their salaried time. We asked the registered manager how they were ensuring staff were able to contribute their ideas. They told us they aimed to keep "an open door" and staff could approach her at any time. They added that staff were in and out of the office regularly as they needed to pick up PPE (gloves and aprons). This tended then to be the time that they could raise any concerns or suggestions. There was a system of messaging that could contact staff with essential information. The registered manager told us they were looking how to improve this.

People were positive about the registered manager and supervisors who worked in the office. Everyone knew the registered manager by name and people said they saw the two supervisors quite often. People said they did not have to call the office too often. Some people said they had been asked to complete feedback questionnaires on an annual basis.

Overall, people and their relatives told us the service was well-managed, commenting, "Yes, very well managed", "The registered manager is available and always absolutely fine. I think she manages pretty well" and "If I have an issue, things get done, but I often don't get feedback".

All staff felt supported by the registered manager saying, "She is lovely"; "The registered manager is so approachable and understanding"; "When I needed a second opinion about a person. This was immediately sorted out"; "I am very impressed with Creative Living. I feel supported with good staff communication. I have no complaints" and, "The registered manager is really easy to talk to. She's on the road with us."

Staff told us there is an out of hours back up support system. That is, one carer has a mobile phone used for this purpose and another is on standby. All staff felt this worked well.

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 11 HSCA RA Regulations 2014 Need for consent  11(1)(2)(3)  People were not being assessed in line with the requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(1)(2)(a)(b)(c)(e)  Systems and processes were not always established and operated effectively.  Systems to assess, monitor and improve the quality of the service were limited and not robust.  The records were not always accurate or complete.  Feedback was not always sought or acted on.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12(1)(2)(a)  Care of people was not always provided in a safe way due to people's risks not being assessed.

### **The enforcement action we took:**

We have served a warning notice that tells the provider and registered manager what they need to put right and by what date. We will make further checks after this date to ensure the issues have been put right.