

Creative Care Support Solutions Ltd

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Inspection report

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Date of inspection visit:
20 April 2017

Date of publication:
06 June 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Creative Care Support Solutions Ltd provides personal care and support for people living in their own homes. At the time of our inspection there were two people using the service.

There was a registered manager in post at the time of our inspection. 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.

This was the first inspection of this location since it was registered in April 2016.

There were processes in place to monitor the quality of the service. However, these had not been fully implemented and some key processes were not currently monitored for effectiveness.

People did not currently receive a service that was consistently safe, because staff had not received training on how to recognise abuse and not all staff were fully aware of the types of situations that could constitute abuse.

The provider could not be assured that people received their prescribed medicines safely as required. This was because staff practice for supporting people with their medicines did not match the care planned and agreed with the provider.

People felt that staff understood their needs and that their needs were being met. However, to date staff had not received all the training they needed to ensure that they were fully effective in their role and to protect people's rights.

People were not supported by staff that had received all the relevant checks to ensure they were of good character and safe to provide care for people.

People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People were confident that they were listened to and if they had concerns these would be addressed to their satisfaction. People had a good relationship with the registered manager and staff and felt that the service was caring and responsive to their needs.

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 consistently safe.

People did not receive a consistently safe service; procedures were in place to keep people safe however, staff had not had all the training needed to help them to keep people safe. The staff recruitment process was not sufficiently robust to ensure that only suitable staff were employed.

People could not be assured that safe procedures were in place to support them with taking their prescribed medicines as required.

Risks to people were assessed and managed appropriately and there were sufficient staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People did not receive care from staff that had received all the required training to do their job.

People received care and support with their consent. Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were involved in all decisions about their care and the care they received met their individual needs.

People were able to raise concerns and these would be dealt with to their satisfaction.

Is the service well-led?

The service was not consistently well led.

Appropriate processes were not in place to consistently monitor the quality of the service.

People felt they received a good quality service and had a good relationship with the management and staff.

Requires Improvement 

Creative Care Support Solutions

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection we spoke with one person that used the service and two relatives, two care staff, the registered manager and the nominated individual. We looked at safeguarding and complaints procedures, medication procedures and sampled two people's care records; this included their needs assessments, care plans and daily reports. We also looked at the recruitment records of three care staff. The people using the service had only used the service for a short period of time before we inspected and the five staff were fairly new, so we spoke with the provider about the systems and processes that will be put in place for monitoring the quality of the service.

Is the service safe?

Our findings

The provider information return (PIR) told us that: Staff received annual training in safeguarding and are fully aware of their role and responsibilities regarding supporting and protecting adults at risk. The care staff we spoke with had not received safeguarding training to date. The nominated individual said that staff did safeguarding training as part of the care certificate, but that he was not sure at what stage of training staff were at. Of the three staff records looked at only one showed evidence that they had had safeguarding adults training. Staff said they would report any concerns about people's safety to the registered manager and external agencies if necessary but not all staff that we spoke with were aware of the different types of abuse. Without the training staff may lack the knowledge to recognise situations where people may need to be safeguarded. The evidence showed that the provider's practice was not as described in their PIR and this could leave people at risk of being unprotected from harm.

Staff told us that references and Disclosure and Barring Service checks (DBS) were carried out before they started work. DBS are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services. However, we saw that one member of staff had a recent history of working with adults providing personal care. We saw that satisfactory evidence was not available of the staff member's conduct in previous employment where they had worked in health and social care with vulnerable adults. The registered manager and the nominated individual said they were not aware that they needed to collect references from the last employer where an applicant had provided personal care to adults or children. We saw appropriate verification on one staff record to confirm that the member of staff had an appropriate DBS. However, whilst there were DBS reference numbers on the other two staff files, there was no evidence to show that the provider had verified that the DBS were current and clear. The nominated individual said, they had seen the DBS and that they contract the collection of DBS to an external provider, but had not ensured they received appropriate verification of the checks. This meant that the recruitment process was not sufficiently robust to ensure that only suitable staff are employed.

People that needed help with taking their medicines told us that staff always gave them their medicines as prescribed. One relative said, "The medicines are in a blister pack and they give the medicines and they always give it to him [person using the service.] It's recorded. Paracetamol is given when required." Records looked at showed that staff were not supporting the person with their medicines. We saw that the assessment and care planning process collected information about people's medicines and there was a process in place for assessing the risks of supporting people with their medicines. However, we did not see a process for supporting people with medication given as and when required (PRN). The staff we spoke with said they were not administering medicines to people and both staff said they had received medication training. The evidence indicated that people's care plan were not fully up to date with their need to be supported with their medicines and therefore the provider could not be assured that medication was being administered safely.

People received a service from staff that they felt safe with. One person told us they felt safe with staff. A relative told us, "I feel confident that my mom is safe in their care and there is continuity with the care. Mom

is safe with them definitely." Another relative said, "We are absolutely thrilled with the service we are getting and dad is definitely safe with the carers." The registered manager said there had been no safeguarding incidents reported. The registered manager was able to tell us what action she would take should an allegation of abuse be reported to her. This included reporting under the local safeguarding procedures and notifying us as required.

The risk of harm to people whilst providing personal care was reduced and managed because there were procedures in place to help staff to manage risks. People told us that they felt the staff that supported them had the necessary skills to ensure risks were managed. One relative told us, "They talk to me about any safety issues, for example they once found the door open and they discussed this with me to ensure dad was safe." Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care could be reviewed to ensure people were cared for safely. This ensured any risks to people's care was managed appropriately.

Staff told us that there was an on call system and the registered manager was always available. This meant staff had access to guidance and support in emergency situations. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

Everyone we spoke with said there were enough staff to provide the service and meet people's needs. One relative told us, "No missed visits. I am absolutely confident they are visiting and haven't missed any visits." Another relative said, "They have never missed a visit; there is enough staff to help mom." The PIR did not tell us how the provider would ensure there were enough staff to provide the care. However, care staff told us that they felt there were enough staff to provide the care for the two people that currently used the service. A member of staff said, "It's a very new company. The plan is to take on new staff. Enough staff at the moment. The manager doesn't take on work if we don't have the staff. At the moment it works we are a good team. But more staff needed for the company to grow. This meant that there were enough staff to meet the current needs of the people using the service."

Is the service effective?

Our findings

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 registered manager said that no one using the service lacked the capacity to make decisions for themselves. Staff spoken with said they would report any concerns about people's ability to make decisions to the registered manager, so that the person's needs could be reassessed. However, we saw no evidence to show how the provider would ensure that staff were able to act in accordance with the MCA act and associated code of practice if required.

We saw that the provider did not currently have a planned approach to staff training. The nominated individual said the provider had contracted the training out to an external training provider and was waiting for the training provider to decide on the training plan and determine what training was needed. This meant that the provider was reliant on an external provider to determine the skills necessary to meet the needs of the service. This is not in line with best practice as the provider is responsible for ensuring staff have the skills and knowledge needed to provide care and support in a personalised way to people receiving a service.

The PIR told us that, "Our staff have only been recently appointed but have received training in the following: Manual Handling' Basic Life Support and Medication Awareness Training." Staff spoken with and records looked at confirmed this. Staff said that they had received an induction into their role, which included shadowing a senior member of staff. An induction is the initial training received by staff when they commence work, so that they are clear about how to offer care and support to people. Staff told us they were currently in the process of completing the care certificate training. The care certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

The registered manager told us that to date staff had not had formal supervision, although they have been monitored following their induction and a record of this was seen on the staff records looked at. Staff said they felt supported in their role, as they felt they could talk to the registered manager and nominated individual at any time. The registered manager and nominated individual acknowledged that the service was at the early stage of operations and that systems for supporting staff were not yet embedded into the service.

People were confident that staff had the skills to meet their needs and felt they received an effective service. One relative said, "Dad has a form of dementia. They speak to him and they engage in reminiscence with him. They talk about his past and get him books on the things he likes to do." Another relative said told us they had absolute confidence in the staff and their ability to provide care.

People were supported by staff that respected their right to consent to their care and treatment. Relatives

spoken with told us that their observation was that staff always talked to people about the care they were providing and ensured people were in agreement. Staff said they explained things to people and ensured they fully understood the support they were agreeing to. A staff member said, "Consent I always ask people because each day could be different for people and I always give them the choice." Another member of staff said, "I wouldn't do anything before respecting people's right to agree." This meant that people were assured that they had the opportunity to agree to their care.

Where people needed support with preparing food and drink, relatives told us that staff always supported people in a way that they wanted. A relative said, "He [person using the service] has put weight on since he came out of hospital. They do encourage him to eat." Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, they would inform the GP and ensure family members were aware. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People's relatives told us they were confident that staff would contact the doctor if their relative was unwell and also offer support with medical appointments. One relative said, "They [staff] have been there to help with the physio and doctor's appointment." Staff told us that if someone was not well, they would call the GP, with the person's permission, or report it to the office so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People received a good standard of care from staff that were caring. One person using the service and relatives said they thought the staff were very caring. One relative told us, "They [staff] are genuine and you can see that they care. Mom doesn't take to many people, so if they are all right by mom they are ok by me." Another relative said, "The smile dad gives when they are holding his hands, you can tell that he has absolute trust in them. The team are thoughtful and kind and they don't rush him." In discussion with staff they talked about people in a respectful and caring way. One member of staff said, "I like the ethos of the company, they [the provider] are focused on well-being. We want to look after people and make a difference." This indicated that people received a caring service and were confident in the way that staff cared for them.

People and their relatives were involved in discussing and agreeing their care and support needs. Relatives told us that staff provided the care that their relatives wanted and did so with their agreement. One relative told us, "They [the provider] came out and met dad and me. We had a lot of contact with them before the service started. We couldn't be more delighted." This showed that care was provided with people's involvement and agreement.

People's privacy and dignity was respected by staff. Relatives told us that staff were respectful and treated their relatives' with respect and dignity. We saw that dignity and respect formed a key objective in each person's care plan. Staff said they ensured people's privacy and dignity was maintained, by always involving people in their care, closing doors and windows, asking family members to leave the room whilst providing personal care and making sure people were kept covered up. A member of staff said, "I respect their dignity by closing curtains and doors, ensuring the person is comfortable and happy and have agreed to what I am doing." Another member of staff said, "I ensure doors and curtains are closed, when washing I keep service users covered up. Give them options to wash themselves. If any visitors ask them to wait in another room and keep communicating with the service user."

People's independence was promoted by staff. Relatives told us that staff promoted people's independence. One relative said, "The objective is to get him [dad] mobile and gain weight and they are doing that." Another relative said, "They [staff] are promoting her [person using the service] independence." Staff said they promoted people's independence by encouraging people to do as much as they can for themselves. A member of staff told us, "I am a support worker, I am there to support, each person is different and their needs are different. So I encourage people to maximise people's capabilities."

Is the service responsive?

Our findings

People and their relatives were involved in agreeing and deciding their care needs. Relatives told us that someone from the service came out to talk to them and the person using the service, about what care was needed. One relative said, "They came out and met dad and me. They have done an assessment and care plan and it's all in a folder. Two assessments were done with us, we explained things about dad. Things about his routine, medical needs and past history." Another relative said, "They came first to do an assessment I was there with mom." Records looked at showed that people and their relatives had been involved in assessing and agreeing their needs and how they wanted to be cared for. The needs assessments were detailed and enabled the provider to plan a personalised service for each person, based on their diverse needs and wishes.

We saw that people's care was planned in a way that reflected the individual care they needed. Staff spoken with said that the care plans gave them clear instructions about how to provide individualised care for each person. A member of staff told us, The manager talked through everything about the needs. If needs change we would report it. They [the provider] would review the situation. This ensured staff had clear information about the needs of each person, to enable them to provide a service that met people's needs.

People received a service that met their individual needs and expectations. Everyone we spoke with felt the service met their individual needs. A relative told us, "We are absolutely thrilled with the service we are getting. I couldn't speak any more highly of them [staff]; they will go the extra mile." This relative then went onto say, "I am so worried about dad being at home, but the service has been a god send." Another relative said, "They are excellent."

People were confident that they could raise concerns with the registered manager and they would be listened to and acted upon. All the people we spoke with knew how to complain about the service if they needed to. People said they had never made a complaint as they had no reason to. A relative said, "They have left all the information about how to complain." Another relative said, "I would have no problem complaining to them, but up to now I haven't had anything to complain about. I would be very surprised if I found anything to complain about."

People were able to give feedback on the standard of care they received. People had been using the service for a short period of time before our inspection; however, people felt that the service was right for them. People said they had a lot of contact with the office staff and that the provider had called them to make sure they were happy with the service. One person said, "They [the provider] have phoned me to ask if I am happy with the service, and if there is anything else we need."

Is the service well-led?

Our findings

The provider said they had systems in place for monitoring the quality of the service, such as various audits and checks. However, the provider told us that the systems had not yet been implemented due to the fact that they had only provided a service for a short period of time. The provider told us that they contracted out key process such as the recruitment of staff and planning of staff training. We saw that the provider had no process in place to ensure that these processes were in line with the requirement of the regulations and the aims and objectives of the service. This meant that references were not always collected from the most appropriate source for new applicants and the provider was dependent on the training provider to decide on the relevant training that was necessary for staff.

The PIR told us that all staff will have regular, on-going training to ensure their knowledge, understanding and practice is to a high standard and meets the expectation of Creative Care Support Solutions philosophy of care. Staff will receive annual training in safeguarding and will be fully aware of their role and responsibilities regarding supporting and protecting adults at risk. We found that not all staff were fully aware of the types of abuse that would require people to need safeguarding and that staff currently working for the provider had not received the appropriate training to safeguarding people, although the provider told us that safeguarding was discussed as part of staff induction. This meant that the PIR did not adequately reflect the current practice.

There was a registered manager in post and all conditions of registration were met. There had been no incidents that the provider was required to inform us about since registration. Discussion with the registered manager indicated that she was aware of her responsibility to operate in line with the registration requirements and to keep us informed of incidents that affected the well-fare of people using the service.

People spoke highly of the provider and the service they received. One relative commented, "I would give positive feedback about them [the provider] and their integrity." Another relative said, "I only phoned the office once and they were helpful." People said they were able to speak to the manager about their concerns and that the registered manager has contacted them to make sure they were happy with the service.