

Creative Care and Support Limited

Creative Care and Support

Inspection report

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Tel: 01226295308

Date of inspection visit:
25 October 2016

Date of publication:
16 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 25 October 2016, and was an announced inspection. Prior to this we visited and spoke with people in their homes. We spoke over the telephone with people who used the service. We also contacted and spoke with Creative Care and Support care staff.

The registered manager of the service was given 24 hours' notice of the inspection, because the location provides a domiciliary care service; we needed to be sure that the registered manager and other staff would be present to talk with. We also wanted the service to make initial contact with some people, who we had identified we would like to visit, to ask them if we could visit them in their own homes.

Creative Care and Support is registered to provide personal care. Support is provided to younger adults and older people living in their own homes. Support can range from personal practical care or support from a short visit to a 24 hour package. The agency office has recently moved and is now in the Priory Campus Building in the area of Lundwood close to transport links.

Our last inspection at Creative Care and Support took place on 28 April 2014. The service was found to be meeting the requirements of the regulations we inspected at that time.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

We received lots of positive feedback about the service. The majority of people spoken with told us they were satisfied with the service they were provided with.

People who used the service and their relatives spoke highly about the staff, particularly the care staff.

The main issues for some people who used the service and their relatives were the timing of visits varying. There had been three recent missed visits. Records checked showed these were the first missed visits in the last six months. The business manager had met the family of the person who had experienced the missed visits, apologised and put in systems to prevent a reoccurrence.

Some people who used the service felt communication between the office staff and themselves needed improvement. We spoke with the registered manager and business manager present on inspection with regard to communication. They accepted that communication was a vital component of the service and they were striving to improve this part of the service.

People who used the service told us they felt safe and staff had received training in safeguarding people from abuse. They understood how to protect people from avoidable harm and how to report their concerns.

People's care plans contained up to date information about their care and support including risk assessments. These were regularly reviewed and updated when the person's needs changed.

People were supported to take their medicines as prescribed. There were systems in place to ensure care staff were competent in the administering of medicines.

Staff had received training in the Mental Capacity Act 2005, and we saw the registered provider and registered manager followed and worked within the principles of the Act.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Individual staff supervision was less frequent and meetings were not always recorded. The registered manager and business manager were looking at the provider's supervision policy so the type of support staff received was more varied and always recorded.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns appropriate action had been taken.

The service used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found the majority of people were satisfied with the service they received.

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.

Medicines were administered safely to people. Staff received training in medicine administration.

People told us they felt safe whilst receiving care and support from their care staff.

A thorough recruitment procedure was in operation.

There was enough staff to provide the service safely.

Is the service effective?

Good ●

The service was effective.

The majority of people were confident they would receive their visits at the agreed times. The main issue for other people who used the service and their relatives were the timing of visits varying.

People felt staff had the skills to do their job.

People were asked for their consent before any care, treatment and/or support was provided.

Staff told us they felt supported through induction, regular on-going training and supervision.

Is the service caring?

Good ●

The service was caring.

People told us the staff were caring and promoted their independence.

Staff respected people's privacy and dignity and knew the people they supported well.

People's care plans contained information about their needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs.

People had care and support plans in place and people and their family were involved in the review of these.

There was a complaints procedure made available to people should they wish to raise any concerns about the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager understood their responsibilities and was committed to improving the service.

People who used the service and their relatives were asked their opinions of the service and the majority said they were listened to.

There were some audits in place to monitor the health, safety and welfare of people. Some improvements in the recording of audits were required.

Creative Care and Support

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 checked 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 25 October 2016.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the PIR and other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the registered provider is required to tell us about by law.

Prior to our inspection we contacted the local authority and other health professionals to obtain their views of the service. Information received from them was reviewed and used to assist with our inspection.

The inspection team was made up of one adult social care 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. The area of expertise for the expert by experience was in supporting people to use domiciliary care agencies.

On 4, 5, 6 October 2016 we spoke with five people who received a service from Creative Care and Support and ten relatives.

On 12 October we spoke with seven members of staff including, care coordinators, a senior member of care staff and other care and support staff.

On the 13 October 2016 we visited three people who used the service at their home to ask their opinions of

the service and to check their care files.

On 25 October 2016 we visited the agency office and spoke with the registered manager and business manager.

We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for six people, including their medicine administration record (MAR's) and other records relating to the management of the domiciliary care agency. These included five staff training, support and employment records, quality assurance audits and findings from questionnaires that the provider had sent to people.

Is the service safe?

Our findings

People told us they felt safe when care staff were supporting them in their homes. People said, "Yes I feel safe and happy with the care," "I am safe and happy, I would soon tell you or the office if I wasn't" and "They (Staff) are very good, they know what they are doing, and we trust them."

We saw the provider followed the South Yorkshire safeguarding protocols which had been agreed by the local authority. The provider had reported any issues of concern to safeguarding and CQC so they could be investigated as required by the safeguarding adult's policy and procedures. Staff spoken with were familiar with their role in helping to keep people safe and making sure any information was passed onto the relevant people.

A policy on handling people's money was in place and this described the responsibilities of staff to ensure people were protected. We saw that staff completed financial transaction records and these were returned to the office for safekeeping. The financial transaction records seen showed that each debit had been recorded and signed for by the care staff and person being supported.

Before a person started being provided with a service, a service risk assessments were completed which identified potential or known risks to both the person who used the service and the staff. This included environmental risks and any risks due to the health and support needs of the person. Where potential risks had been identified the action taken to eliminate or reduce the risk was recorded.

Some people who used the service were supported by staff to take their medicines. People told us, "The carers call in make me a cuppa and a slice of toast and always make sure I take my tablets. They then sign a chart, never missed them" and "Staff always give me my medicines with a drink and sign a chart to say I have taken them."

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Staff told us that they had medicine management training as part of their induction and that 'medication competency assessments' were carried out by a care manager before staff could administer any medicines to people using the service. This was to check that staff had understood the training and knew what it meant in practice.

Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and that their competency was regularly assessed. Medication administration records (MAR) seen had been fully completed by staff at the time of administration.

We found that the MAR charts were not signed by a manager to confirm they had checked for any gaps or errors when the charts were returned to the office every month. We discussed this with the registered manager and business manager who confirmed they would start signing and dating the charts, once

checked, to support the auditing process.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. At the time of this inspection the agency was supporting approximately 45 people. There were 40 care staff providing this support to people, that added up to approximately 1000 care hours per week.

Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. Staff said, "The rota is planned the week before and we generally have enough time we need with people," "Schedules are planned so we see the same people, continuity is really important," "Getting between people can be tight sometimes, especially in rush hour," "I have enough time to see people and not rush the care. I have a regular 'run' and see the same people" and "Things are better organised."

We looked at four staff personnel files. We found staff had been employed following the completion of a thorough recruitment process. Staff had completed application forms, undertaken interviews with the manager and provided proof of their ID. People had provided their full employment history and references had been obtained from at least two people, which included one from the person's last employer. We saw all staff had completed a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

Staff spoken with told us they had received training in the control of infection. We saw records of this training. Staff said they picked up gloves, aprons and shoe covers from the office and said they kept a stock of these in their cars.

People spoken with told us staff always used personal protective equipment (PPE) for example gloves, when providing personal care and when preparing meals. One person told us, "The staff always put on gloves when they are getting my meals ready. I tell staff not to throw the gloves away after and to use them again but they tell me they can't as it is not safe practice to reuse them."

Is the service effective?

Our findings

People and families spoken with said the staff were good at their job and well trained. Their comments included, "I do think they have the necessary skills," "I am sure the staff are trained and skilled enough and, overall, I am happy with the service" and "My mother has to be fed through a tube and the carers are very good with her."

Staff had undertaken appropriate training to ensure they had the skills and competencies to meet people's needs. The business manager provided us with a copy of the training matrix which showed staff had received training in safeguarding adults, mental capacity, first aid, health and safety, infection control, medicines, manual handling, catheter care, caring for people with epilepsy, end of life care and dementia care. We saw that certificates were awarded on successful completion of these topics and these were recorded in the staff files as well as on training records. Training was monitored using a matrix system which identified when staff needed updating in training.

Staff we spoke with said, "There is lots of training, some of it specific to certain conditions people may have" and "We get regular and ongoing training I am due for some refresher training soon."

Three staff files we checked identified they had completed a full induction programme and were working towards completing the Care Certificate. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers. New staff were also rostered to work alongside other more experienced staff so they were able to get to know people who used the service and gain confidence.

We found the service had policies on supervision. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The policy incorporated an objective setting element into the supervision process. Staff said the registered manager and other staff in supervisory roles were generally very supportive.

Staff told us some individual supervision sessions with their manager did occur. We saw some records of individual staff supervision sessions that took place at the end of 2015 and some staff had received two face to face supervision sessions in 2016. The registered manager said the service were going to 'revisit' their staff supervision policy, to include other types of supervision such as group supervision and supervision which could be incorporated into the spot checks. The registered manager and business manager said they planned to implement these improvements and increase the consistency and frequency of individual staff supervision within the next three months.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff were provided with training in MCA and DoLS and had an understanding of this legislation.

The care files seen at the agency office and in people's homes showed people had consented to receiving care and support from Creative Care and Support. People and their relatives told us they had held discussions with staff from the service about how they wanted their care to be provided and what was important to them. We saw evidence their wishes had been listened to and acted upon. People said, "I helped write my care plan. Someone from the office and social services came and went through everything."

People who used the service told us they were encouraged to make choices and decisions. People said, "Staff always help me choose my clothes for the next day" and "Staff always ask me what I want to for dinner, even though they know, they never assume."

The majority of feedback we received from people and their relatives and the review of people's records told us the scheduling and delivery of care calls was good. Their comments included, "Staff usually turn up on time," "They (Staff) arrive close to the expected time," "I get regular care staff who I know really well," "Staff are sometimes changed but not too often," and "Mostly the carers turn up on time though it does often fluctuate. I know they can have problems which delay them and at least they do phone to let me know if they are running late."

Some people and relatives spoken with told us that some visits were not delivered at the time they should be. One relative told us their family member had experienced three missed visits in the last two weeks. Comments included, "The main problem is timekeeping. They (staff) don't always turn up on time," "We don't always get regular staff" and "They (staff) missed a late visit and we had to go around to [name] house as she was upset."

The registered manager and business manager were aware of the missed visits and that for some people, their preferences of time of visit, and having the same regular care workers was not being fully met. In response to this the business manager had met with people and families on an individual basis, apologised and amended staff rotas to try and ensure calls were nearer specific times and there were not any future missed calls.

We discussed with the registered manager and business manager the processes in place for monitoring that all people received a call and the care required which was also close to the time the person required support. The business manager told us at the start of each rota a senior member of staff telephoned staff to ensure they had started their visits to people on their rota.

We discussed the potential risk of a person in the middle or end of the staff visits rota still missing a call or being visited late. This was acknowledged as a risk and the registered manager gave assurances that in future at the start of each shift the senior member of staff would double check with the care staff that they had an accurate record of all people who required care and support and the care staff would also ring the senior member of staff when their rota of calls had been completed. The registered manager and business manager agreed they would implement this measure with immediate effect.

Stakeholders and health professionals we contacted before our inspection said they had no concerns about Creative Care and Support. One care professional said, "Creative Care and Support provided excellent care for one of my clients."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation was completed by staff members with the assistance of people

they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were caring. Comments about staff included, "Staff are respectful and caring, they meet my needs," "Staff that visit me are very good," "The girls (care staff) who come are very good. I can't praise them enough," "It is lovely to see them (care staff) every morning. They are lovely," "The staff give me enough time and listen to me" and "My Life is good."

People said care staff supported them when they needed to make a decision on their care and that the staff explained things clearly. None of the people we spoke with any concerns about staff respecting their privacy when providing care.

People said that the staff encouraged them to be as independent as possible. One person said, "I don't need help with meals, doctors, or hospital appointments but, in the areas I do need staff they support me."

Care staff were respectful of people's privacy and maintained their dignity. They were able to talk to us about the ways they made sure people's dignity was maintained and how important this was for the people. Staff said, "We get to know people really well. There are some really good care staff who work for this agency. We respect people. That is really brought home in any training we do."

We asked staff how they knew people, their needs and preferences. The business manager told us when new care staff started they visited people they would be supporting whilst still on their induction alongside regular care staff so that people got to know them. This was confirmed in our discussions with people and staff who had recently started working at the agency.

Discussions with members of the care staff showed they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Staff were aware of people's likes and dislikes and their life stories.

Staff said, "We go with another staff on the 'run schedule' so you get to meet the people you will be visiting when you are on your own. That is good for them and us."

We found the service had relevant policies in relation to confidentiality, data protection and privacy and dignity so that important information was available to staff.

Staff spoken with told us they enjoyed working for Creative Care and Support and gained a lot of job satisfaction from their role. Their comments included, "I love it" and "It's a rewarding job you can make a difference caring for people."

Is the service responsive?

Our findings

People spoken with said they had been involved in planning their care so that the support provided could meet their needs. People said a manager or care co-ordinator from Creative Care and Support had visited them to assess their needs and write a support plan. Relatives spoken with confirmed they were involved in discussions about the care provided to the person supported so that their opinions were considered.

The majority of people we spoke with felt staff responded to their needs. People said, "I've been involved with my care plan. A manager from the office comes to see me or rings me to see if anything has changed and if I am happy with things."

The majority of people we spoke with told us they were able to make their own decisions and that their preferences were taken into consideration. People said, "I have choices such as whether I have male or female carers," "I didn't hit it off with one staff. I told the office and they don't come now" and "I have had a care review. I needed an extra call in the day. That was sorted so I now get three visits a day."

Staff spoken with said, "The care coordinator carries out the initial assessment and then writes the care plan. These would then be reviewed and monitored by the senior care staff and the care staff to make sure people's needs don't change" and "If the person's needs change we let the manager know and they will review again. Sometimes people need longer visits so we always keep the office up to date."

We checked six people's care files. The care plans were compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. The plans included some specific details relating to the individual supported, for example, whether they preferred a bath or shower and food preferences. Updates and reviews of care plans were completed, by the manager or care co-ordinator. All had been reviewed in the last six months.

At each visit staff completed record sheets detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. In the main, record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

We found that the daily records for people were not signed by a manager to confirm they had checked for any gaps, errors or whether the scheduled visit times had been adhered to when the charts were returned to the office every month. We discussed this with the registered manager and business manager who confirmed they would start signing and dating the charts, once checked, to support the auditing process.

We looked at the complaints log at the agency office. We saw each complaint had been investigated and responded to. Action had been taken to resolve the complaint for example, a meeting had been held with the family and staff rotas changed to try improve the scheduling of visits for the person.

Two people felt complaints weren't always handled well or they weren't always listened to, they said, "I can't

say I have much faith in the office staff. I phone to say we will not need a visit on a particular day but the message never gets through and the carers turn up anyway" and "They do everything else very well, or would do if they listened to me more."

We spoke with the registered manager and business manager present on inspection with regard to communication. They accepted that communication was a vital component of the service and they were striving to improve this part of the service.

Other people and family's we spoke with said they were able to raise concerns and issues and felt they would be listened too and their concerns acted upon.

Is the service well-led?

Our findings

The service had a manager who had been registered with the Care Quality Commission since 2014.

The registered manager and business manager were actively involved in the day to day running of the service. Staff told us they were contactable at the head office throughout the week and there were also 'on call' arrangements in place out of these hours.

The majority of people we spoke with felt that their views and opinions were taken into account and thought that things changed and improved as a result such as visit times and the care and support they received.

From our conversations with people and their relatives it showed that the service was very well thought of and that the majority were happy with the care they had received.

We found the service had sent questionnaires to people at various intervals throughout 2016 requesting feedback on the quality of the agency. The results of the survey were being audited and action was taken on an individual basis by the registered manager and business manager of any issues that required attention.

Most people told us they had received surveys/questionnaires or telephone calls from the provider asking for their opinions regarding the service they received.

People said, "I have completed a survey but not recently," "[Name] from the office rang me the other day to see if everything was alright," "[Manager] occasionally does a shift as a carer and talks to me about the service."

We asked people and their relatives if they thought there was anything that could be improved on at Creative Care and Support and most people said "not really." Some people and relatives felt the scheduling of visits and communication between the 'office' and themselves could be improved. One person who used the service told us, "The carers are wonderful but the organisation of things lets the agency down."

Other people's comments included, "I saw the care manager, last week and she is very good," "In my opinion most of the carers are really good. They often stay and have a chat" and "I can't praise them enough."

We found the service had a policy on quality assurance. We saw that regular checks and audits had been undertaken to make sure systems were safe and people's opinion was sought and responded to. We found that the MAR charts or daily records for people were not signed by a manager to confirm they had checked for any gaps or errors when the charts were returned to the office every month. We discussed this with the registered manager and business manager who confirmed they would start signing and dating the charts, once checked, to support the auditing process.

We found visits to people's homes to observe care staff and speak to the person supported (spot checks) were undertaken by a senior member of staff. A system was in place to monitor the frequency of spot checks

and we saw the matrix of spot checks which showed these were up to date.

The registered provider and registered manager kept staff up to date with information and best practice via text messages, e-mails, training and supervisions.

We saw records of staff meetings and staff confirmed that staff meetings took place on a regular basis to share information and obtain feedback from staff. Staff spoken with said they felt able to talk with the registered manager, business manager or care coordinator when they needed to. This helped to ensure good communication at the service.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation.

The registered provider and registered manager were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. Staff told us policies and procedures were available for them to read and they were expected to read the as part of their training programme.