

Creative Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Creative Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes and supports people to access the community and remain as independent as possible. The service specialises in supporting people with a learning disability. At the time of the inspection the service supported 13 people, two of whom received the regulated activity of personal care.

People's experience of using this service:

Since the last inspection the provider had introduced a system to ensure care plans were regularly reviewed. When reviewing care delivery staff actively engaged people and their relatives in the process to ensure it was meeting their needs.

Staff were very kind and caring. People enjoyed spending time with staff and meaningful relationships had developed between staff, people and their relatives.

Staff empowered people to remain as independent as possible and were passionate about enabling people to have maximum choice and control over all aspects of their lives.

Staff understood how to recognise and protect people from abuse. Systems were in place to ensure people received their medication safely. Risks to people's everyday lives had been assessed. Care plans provided information for staff about how to support people in accordance with their preferences and wishes. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

The registered manager supported staff to complete a variety of training sessions. This ensured they had the necessary skills to meet the needs of people. Staff supported people in line with the legislation of the Mental Capacity Act (MCA) and we saw no unnecessarily restrictive practices in place.

Incidents and accidents were monitored to inform practice and make improvements to the service. Concerns and complaints were effectively responded to and where appropriate action was taken to resolve the situation.

People were supported to access healthcare services when they needed to. Staff described positive working relationships with healthcare professionals.

Staff respected people's life histories, diversity and personal preferences when delivering care. People and their relatives had confidence in the staff and were pleased with the care they received. The provider actively sought feedback from people using the service and their relatives. This information was used to develop and improve service delivery.

Staff were supported by a well-established management team who had a clear vision for the service, placing the needs of people using the service at its core. This ethos was firmly embedded into the culture of the service and was emulated by staff, who took pride in their work and endorsed the values of the service. Rating at last inspection: Good (published 24/06/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At the last inspection the service was given an overall rating of good but the domain of well-led was rated as requires improvement. This was because the quality assurance systems in place were not effective. During this inspection we looked to see whether the provider had made the required improvements to this area and found effective systems were now in place.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Safe findings below.

Creative Care Services Ltd

Detailed findings

Background to this inspection

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

Inspection team: The inspection team consisted of one inspector.

Service and service type: Creative Care Services Limited is a domiciliary care agency providing community support and personal care to people living in their own homes. The service specialises in supporting people mental health and/or learning difficulties.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was absent from the service for personal reasons. Appropriate action had been taken to notify the commission of their absence and measures were in place to manage and support the service until they returned.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us.

The inspection site visit activity started on 12 February 2019 and ended on 14 February 2019. We visited the office location on 12 February to see the management team; and to review care records and policies and procedures and made telephone calls to speak with care staff and relatives on the 14 February.

What we did:

Before the inspection, we reviewed information received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. We assessed the information we require providers to send us at least once annually to give key information about the service, including what the service does well and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with two relatives to ask about their experience of the care provided. Some people using the service could not easily give their views and opinions about care, therefore we spoke with their relatives and support workers. We spoke with five members of staff including the care manager, office manager and care workers. We reviewed a range of records. This included two people's care records and associated documents and documents relating to the management of the service, including quality assurance monitoring systems to see how the service recorded, analysed and developed action plans to improve the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe by staff who knew how to recognise signs of abuse and how to protect them from harm.
- Staff were confident in the providers ability to investigate and resolve any concerns raised. The service had a whistle blowing policy in place and staff knew how to raise concerns with external agencies.
- The provider had a recruitment policy in place. Each staff file contained all the necessary pre-employment checks to ensure the safe recruitment of new staff.

Assessing risk, safety monitoring and management

- Staff supported people to manage day to day risks to their safety and wellbeing.
- Care plans included individual risk assessments in areas including the administration of medication, mobility, nutrition and traveling in the car. These ensured staff provided care in accordance with people's needs and expressed preferences and supported them to live safely in their own home.
- Care plans included information for staff to support people with specific medical needs such as epilepsy. We reviewed the care plan of a person with a diagnosis of epilepsy and saw it included information about different types of seizures, how they may present and clear details about what action staff should take if the person was having a seizure.
- Prior to using the service, an assessment of the person and their home environment was carried out. This ensured staff could access people's homes safely to provide care.
- Staff completed practical first aid training to keep service users safe and increase staff confidence in dealing with emergency situations.

Staffing and recruitment

- People were supported by a consistent staff group who knew them well. This meant staff understood people's needs and preferences when providing care. Relatives had confidence in the staff and people felt safe when they received their care. One relative told us, "The support staff are brilliant. The continuity is really good."
- Staff had been recruited safely with appropriate pre-employment safety checks.
- There were enough staff available to support people and there had been no missed visits. Relatives confirmed this and told us if staff were ever running late they were contacted by the office or staff member to let them know.

Using medicines safely

- The service had a policy in place for the management of medicines. Service users who were supported with medication had a risk assessment in place, which identified any potential risks and what action staff should take if required.
- Before administering medication, staff completed training and had their competency assessed to ensure they had the skills and knowledge to support people safely.
- The management team completed monthly medication audits. Records showed where concerns had been identified; prompt action was taken to address them such as staff supervision sessions and additional training if required.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff understood their responsibilities to prevent the spread of infection whilst working between people's homes.
- Staff had completed training in infection control and understood how and why they needed to reduce the risk of spreading infection.
- Staff had access to personal protective equipment to safeguard themselves and people from the risk of infection.
- Systems were in place to respond to and record accidents and incidents. Records showed appropriate action had been taken to address issues and mitigate the risk of reoccurrence.
- The provider was committed to learning from any mistakes, which included consulting with people, relatives and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- Care plans reflected people's current needs.
- People were well supported and staff followed the guidance in support plans which were designed to ensure the needs of people were met appropriately.
- Care plans contained information about people's social and cultural needs.
- Staff involved people and their relatives in the assessment and review of care plans.

Staff support: induction, training, skills and experience

- Staff received training which ensured that they had the skills and knowledge to complete their job roles effectively.
- Staff were positive about the training they received. They could request additional training if they felt it necessary and in addition topics were discussed during team meetings and supervision sessions. Records showed the provider supported staff to study for advanced health and social care qualifications.
- Staff received feedback on their progress and ability to carry their roles through observed practice and supervision sessions. Observed practice is when a senior member of staff observes a staff member working in someone's home.
- There was a flexible approach to how staff were supervised. Some staff supported one person with shopping and to access the community whilst other staff members supported people with more complex medical needs such as epilepsy. Supervision sessions were tailored accordingly and increased if staff were caring for a person with more complex needs or if the person's needs changed.
- Staff were extremely positive about their roles and the support they received from the management team.
- An induction programme was in place to support new members of staff when they joined the service. As part of the programme new starters completed training sessions and worked alongside more experienced colleagues before they provided care for people, this ensured they knew people's preferences and how they wished their support to be delivered. One staff member who had recently completed their induction told us, "They have been really good and helpful. If I need anything someone is always available."
- Although staff felt well supported by the management team and regular supervision sessions provided them with the opportunity to identify any learning needs annual appraisals had not been completed for staff. When we spoke with the management team they clearly knew their staff group well and encouraged professional development through formal and informal supervision sessions however, because annual appraisals were not being formally documented there was not always clear recorded evidence of this.
- We recommended that, in line with best practice, the provider introduces a system to formally record annual appraisals for staff.

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

- Where the need had been identified, staff supported and encouraged people to eat and drink sufficient amounts.
- Care plans detailed people's specific dietary needs. For example, one person had been identified as being at risk of choking. Their care plan detailed what consistency their food should be and for staff to assist them with small amounts of food via a teaspoon to reduce the risk.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive in liaising with health and social care professionals in ensuring people had access to the support they needed, and in providing advice and guidance to relatives. This helped to support people to maintain their health and well-being.
- Information about people's healthcare needs was documented in their care plans for staff to refer to. Care records showed that staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's.
- Staff responded to people's changing health needs and when appropriate made referrals and supported people to access specialist healthcare professionals such as occupational therapists, for additional advice and support. Staff had documented the outcome and advice received from any appointments attended.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff received training on the Mental Capacity Act and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people either had fluctuating levels of capacity or did not have the capacity to consent themselves, we saw that the service had operated in line with the requirements of the MCA.
- Capacity assessments were decision specific and identified whether people could make choices and decisions about their life. Where appropriate, relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen. One staff member explained to us how they supported a person to make choices for themselves, "I always give [name of person] options, but not too many at once to confuse them. But there is always a choice to be made, sometimes they need support and sometimes with time they can just do it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team were committed to establishing a person-centred culture at the service and it was clear the staff embodied these same values. One of the management team told us, "The standard of care staff provide is amazing. Staff go out of their way for people to ensure they have the chance to lead the best life possible and do things they couldn't have otherwise."
- Staff gave examples of sitting with someone whilst they ate their Christmas lunch, who would otherwise have spent the day alone and supporting a person who had been exposed to financial abuse to liaise with staff at the bank using sign language.
- Staff knew people and their families well. Several of the staff had worked at the service for many years and had developed meaningful relationships with the people they supported. Staff provided personalised, kind and compassionate care, valuing each person as an individual and encouraging them to reach their full potential.
- Many of the staff had personal experience of caring for a person with a learning difficulty or mental health diagnosis. This meant when providing care staff were particularly empathetic to people and their relatives. One staff member told us, "If my [relative] ever needed care Creative Care would be the first place I would come to. I would know without doubt they would be well cared for and be happy."
- Care plans contained information about people's life histories and hobbies and interests.

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

- Care plans showed people and their relatives were involved and consulted about how they wanted their care to be provided.
- Staff encouraged people to be as independent as possible, to make choices in their day to day lives and lead a lifestyle of their choosing.
- People were encouraged to express their views in relation to the staff supporting them. For example, one person had expressed they did not want to be supported by staff with a particular hair colour because it reminded them of a traumatic event in their lives. The service accommodated this request to ensure the person's continued wellbeing.
- Some people using the service had limited verbal communication. Care records contained clear guidelines for staff about how to communicate with them using specific hand gestures, sounds and body gestures.

Respecting and promoting people's privacy, dignity and independence

- Staff received training to ensure that they understood how to respect people's privacy, dignity and rights.
- Staff demonstrated a respectful approach towards the people they cared for and relatives told us staff maintained people's privacy and always treated them with dignity.

Is the service responsive?

Our findings

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

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

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

- Assessments were completed before new care packages were accepted. This ensured the service could meet the needs of people.
- People and their relatives were fully involved in the assessment and review process. Support plans provided information for staff about how to support people for them to improve or maintain their independence.
- The ethos of the service was to provide person centred care and it was clear this belief was embedded throughout the service and in the attitude and actions of the staff. Staff were aware of people's preferences for care and were flexible in their approach to the provision of care to try and ensure people's needs were met.
- Care plans were regularly reviewed and when required were updated to ensure they reflected people's current needs.
- When a new member of staff joined the service, the management spent time deciding who they would work with. They tried to match the interests of the people with the interests of the new staff taking into consideration personality types, life history and if people had expressed a gender preference for their care provider before a decision was made about whom the new staff member supported. This meant people were supported by staff with whom they felt safe and relaxed.

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints. Information, such as how to make a complaint was available in people's files which were kept in their homes.
- A review of the complaints book showed there had been no complaints raised about the service.

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care.
- Where the service had previously supported people at the end stage of their life, staff worked alongside other healthcare agencies to ensure they received appropriate care.
- One of the management team had a background in bereavement support. Following the death of a person using the service staff members were supported through de-briefing sessions. This ensured staff were supported to manage their emotions and provided a platform to discuss the care provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- Staff and relatives spoke positively about the leadership of the service.
- Staff felt valued and empowered by the management team and there was the opportunity for progression within the service.
- Staff were confident in raising any issues with the management team and felt assured they would be dealt with promptly and effectively.
- Staff told us they got satisfaction from their job roles and the support and appreciation from the registered manager contributed to this. Comments from staff included, "I think [registered manager] has done an amazing job with the company. People get excellent care and the staff are all happy and well supported." And, "The care and support people get is brilliant. We all communicate really well which helps." And, "I love my job. It's a good company. They look after staff and the service users well. I would say in general the way they support people and the service they provide can't be faulted."
- The management team were passionate about the service and the positive impact it had upon people's lives. They were knowledgeable about people using the service and understood the skill set of the staff they employed. They told us, "We are pretty much constantly on the phone to people. Staff know we are available if there is an issue they call us."
- The management team understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider was working in accordance with this regulation within their practice.

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

- The provider had a clear vision for the development of the service and strong values centred around personalised care with the person as the focus of the service.
- The management team placed an emphasis on enabling people to make choices about how they wanted to live their lives. This belief had been firmly embedded throughout the service and resulted in people being supported to live fulfilling and purposeful everyday lives in the way that they chose.
- Quality assurance systems were in place to monitor and improve the quality of the care provided. These included medication audits and regular care plan reviews. When reviewing care delivery staff actively engaged people and their relatives in the process to ensure it was meeting their needs.

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

- Staff meetings were held approximately every 6 months. Agendas were sent to staff before the meeting and the day of the meeting was rotated to try and ensure as many staff as possible could attend.
- The views of people using the service, staff and relatives were obtained through surveys. We saw the feedback received was consistently positive. Where concerns had been identified measures were put in place to address them and improve the service. For example, relatives and people using the service had identified they wanted to know in advance which staff member would be supporting them. In response to this staffing rotas were sent to people a week in advance.
- Relatives and staff told us the management team had an 'open door' policy and they could speak to them on an informal basis if the need ever arose.

Continuous learning and improving care; Working in partnership with others

- The service had a continuous improvement plan in place to document changes and plan for future development.
- The provider attended local care forums and kept up to date with national development in the care sector.
- To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations.
- For example, the service was working in conjunction with Essex police to introduce the Herbert Protocol. The Herbert Protocol is a national scheme which encourages carers to complete a form compiled of useful information, which could be used in the event of a vulnerable person going missing. The form contains questions for carers or family members to complete in advance, recording vital details, including medication required, mobile numbers, places previously located or attended, a photograph, associates, daily routine etc. In the event of a person going missing, the form can be easily handed to the police to reduce the time taken in gathering the relevant information, and assist with a quick time focussed response to the missing person.