

Creative Care and Support 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

We undertook an announced inspection of Priory Campus on 11 and 19 January 2018. We gave short notice of the inspection in line with our methodology, as it was a domiciliary care agency and we required the appropriate staff to be available.

Priory Campus, Creative Care and Support is a domiciliary care service that provides personal care for people in their own homes.

This was Priory Campus, Creative Care and support's first inspection since they registered the location with the Care Quality Commission (CQC) in December 2016. However, the provider was in the process of moving to a new office location. They were intending to move the location in February 2018 and register the changes with CQC. There would be no changes to the service provision it is only a change of office location.

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.

Staff we spoke with were knowledgeable regarding signs of potential abuse and how to recognise abuse. They were also aware of the reporting procedures. Assessments in care files identified risks to people and management plans were in place to reduce risks.

People we spoke with told us they felt safe with the staff who supported them. Staff were knowledgeable and had the right skills to meet their needs. However, the service was short staffed and existing staff were picking up calls to ensure people's needs were met and it did not have a negative impact on people who used the service. The registered provider had a policy and procedure in place for the safe recruitment of staff and they were recruiting at the time of our inspection.

People said they received good quality care and that staff treated them with dignity, respect, kindness and care.

Systems were in place to make sure people received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff told us they felt very well supported. They said regular supervisions and appraisals were provided with appropriate frequency and in line with the registered provider's policies. However staff felt at times communication could improve.

People said they predominantly had their own regular care workers who knew them well and cared for them as agreed in their care plans. People's plans were reviewed and updated regularly and changes made where necessary.

The registered provider listened to people and had a complaints procedure in place. People and their relatives told us they felt able to report any concerns and said they were confident these would be dealt with.

There were meetings for staff where they could share ideas and good practice.

The registered provider was implementing a management structure at the time of our inspection and a new care co-ordinator had been recruited and was due to start in February 2018.

Quality assurance audits were carried out to identify how the service could improve and the registered manager had an on-going and effective improvement plan for the service.

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.

There were systems in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults and whistleblowing procedures.

People were protected against the risks associated with medicines because the registered provider had appropriate arrangements in place to manage medicines.

Staff were able to meet the needs of people who used the service and further staff were being recruited at the time of our inspection.

Is the service effective?

Good ●

The service was effective.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect.

Staff ensured the care they provided was personalised and individualised.

Is the service responsive?

Good ●

The service was responsive.

We saw people had plans of care in place. These were regularly reviewed and updated and reflected people's changing needs. More person centred plans were being introduced, which showed the involvement of the person in decisions about their care and support needs.

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 service had a registered manager in place, although the business manager managed the day to day running of the service. Staff said they were approachable. A further management team member had been recruited in order to improve communication and help with staff's workloads.

The registered manager sought the views of people who used the service, their relatives and staff's feedback and welcomed their suggestions for improvement.

There was a system of quality assurance in place. The registered provider carried out audits to identify where improvements could be made and took action to improve the service.

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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.

Our inspection was announced it was discussed and arranged with the manager 24 hours in advance. This was because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 11 January 2018 and ended on 19 January 2018. It included visiting the office, visiting people in their own homes, speaking with staff, speaking with people who used the service and their relatives. We visited the office location on 11 January to see the manager and office staff; and to review care records and policies and procedures. The inspection team consisted of one adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including notifications of incidents the registered manager had sent us and feedback from the local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the time of this inspection the agency was supporting approximately 45 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funded through the NHS Clinical Commissioning Group (CCG) and others were paying

privately for the service.

Between the 15 and 18 January 2018 we spoke with six people who used the service and three relatives over the telephone and on 19 January 2018 we visited two people in their own homes to ask their opinions of the service. Whilst out on home visits we spoke with two people who used the service, two relatives and one care worker. We also spoke with six staff over the telephone. During the inspection we spoke with the registered manager and the business manager. We also received feedback from three health care professionals.

Is the service safe?

Our findings

People told us they felt safe with the staff when they received care and support. One person said, "The staff make me feel safe." Another said, "I do feel safe with them [The staff] they are so very good."

Relatives we spoke with also said their family member was safe in the care of the staff. One relative said, "I know my [Relative] is safe, they are good care staff, I would recommend them to anyone."

Staff told us and we saw evidence they had received training in safeguarding vulnerable adults and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. A safeguarding and whistle blowing policy and procedure were available for staff to read. Staff we spoke with were able to tell us how they would report a safeguarding concern if required.

From speaking with staff it was evident they had a very good understanding of people's individual needs. Staff were also aware of how to keep people safe. Staff explained to us how they met people's needs, evidencing safe procedures. We saw risk had been identified in people's care plans. There was good detail on how to manage the risk. One person's care plan we looked at detailed that they had been assessed and required to use a hoist. The risk assessment detailed the size and type of sling to use and the loop configurations to ensure the person was moved safely.

There were staff available to ensure all calls were carried out at the allocated times. However, the registered manager told us that they were short staffed and were currently recruiting to ensure there were adequate staff employed. They said existing staff were working a number of extra hours. Some people we spoke with told us on occasions the staff were late, but they understood why and were aware this was being rectified. One person said, "Occasionally staff are late, but only about 15 minutes and it is not very often. The staff are very good they do not leave early. They still stay the allotted time."

We did have a concern raised that calls had been missed. When we spoke with the business manager and the local authority officer it was evident there had been some communication issues but that Priory Campus had worked with the person who used the service and the local authority to ensure the issues were resolved.

We looked at the systems in place for managing medicines in people's homes. We saw they were stored safely and staff recorded when they were administered and notified the registered provider if there were any issues or concerns. We found staff were trained in the safe administration of medicines. At the end of each month each person's medication record was returned to the office to be audited and checked. Action was taken if any discrepancies were found.

The registered provider had a robust recruitment policy. We looked at staff recruitment files and found all the required checks were carried out. This included, two written references and an enhanced Disclosure and Barring Service (DBS) checks for all staff working at the service. This helped to protect people who were receiving a service. The registered manager confirmed to us that no members of staff were allowed to commence working with people until their DBS check had been received.

There were systems in place to ensure infection, prevention and control was adhered to. Staff told us they were provided with personal protective equipment to ensure safety. People we spoke with told us staff used aprons and gloves and washed their hands regularly. This ensured robust infection control that protected people.

The registered provider had a system for recording incidents and accidents. We saw that where an incident had occurred there was a robust review of the incident to ensure lessons were learnt and to prevent the incident occurring again.

Is the service effective?

Our findings

Most people we spoke with told us the staff provided them with good care and support. One person said, "They [the staff] can't do enough for me." Another person said, "The staff are brilliant." Another person said, "The staff are so good I am feeling more comfortable than I have in the last four years."

Relatives we spoke with also praised the staff. One relative said, "The staff understand my [relatives] needs, they are very accommodating and flexible."

We found staff had the right skills, knowledge and experience to meet people's needs. All the staff had completed an induction when they commenced work. All staff had also completed the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. Staff we spoke with said the training was good and were able to access specific training if required. They were very knowledgeable and understood the need to ensure they were kept up to date. This ensured that essential standards, legislation and best practice guidance was followed.

People who used the service and their relatives told us they thought the staff were well trained and knew what they were doing. One person said, "The staff have been trained by my occupational therapist and they know what they are doing, the staff are very good."

Records seen showed staff received regular training which helped to ensure they had the correct skills and knowledge to fulfil their roles and responsibilities.

Staff spoken with said they felt very well supported. There was a system in place for all staff to receive formal one to one supervision with the business manager. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff also received an annual appraisal. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. However staff told us the communication could improve, they felt this was because they were short staffed and lacked a care co-ordinator. The registered provider had recruited a care coordinator and was improving the systems and documentation for supervisions and appraisals at the time of our inspection. This would help improve the communication with staff.

The senior care staff also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks were completed to ensure staff were following and adhering to safe procedures including moving and handling and medicine competency. We saw evidence of these being completed in the staff files we checked. Staff we spoke with told us these checks were unannounced and they were given feedback after the checks about any action they needed to take to improve the service provided to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were also knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lack capacity to make a specific decision or choice. However there was no formal procedure to document that a best interest decision had been considered and made. The registered manager put this in place after the first day of our inspection.

Staff we spoke with were able to explain how they would support people to make choices. One staff member said, "I always give people time to make decisions and assist them by showing them the choices."

Staff we spoke with were knowledgeable on people's needs in regard to diet. Staff were aware of special diets and if a person was at risk of choking. One person who we spoke with told us that staff were training to use, 'cough assist.' This is when they assist the person to cough to prevent choking. They told us had been trained by the health care professionals to use this technique if required. Staff had guidelines and assessments from professionals to follow to ensure people's needs were met. Health care professionals we spoke with told us they had provided training for staff. they said staff had been very receptive and competent to ensure people needs were met. One health care professional said, "They [The staff] are all trained to use basic equipment. If special equipment is provided we will provide training to show staff how to use equipment safely. I have found staff listen and follow the correct procedures."

Is the service caring?

Our findings

People we spoke with all told us the staff were very good. They said staff were kind, caring and thoughtful. One person said, "I am very happy, the staff are lovely." Another person said, "The staff are brilliant, considerate and very caring."

Relatives we spoke with also told us the care staff were excellent. They told us they treated people with respect and had time to listen.

Some people who used the service and their relatives did raise issues around inconsistencies with staff and not always having the same care staff, but even then they said, "Whoever turns up they are all very kind and caring, it would just be good to know who is coming." However, most people told us they always had the same group of care staff.

We asked people if they thought the staff respected their privacy and dignity. People spoken with felt they were treated with respect and that their privacy was respected by all the staff.

Our observations during the inspection were that staff treated people kindly, were very respectful and showed care and consideration towards the people who used the service. People and staff appeared very comfortable in each other's company and showed mutual respect for each other. We observed staff and people they supported laughing and joking together and having banter, this was very inclusive and provided a lovely atmosphere.

Staff spoken with were able to tell us how they supported people in a way that respected their wishes. Staff knew the people who they supported well and told us they were able to find information out about the person by looking in care records and speaking with the person directly.

We saw care records contained detailed information about people's needs and preferences, which meant staff, had a good understanding of what was important to them. Staff were able to talk to us in detail about the care and support needs of the people they visited. Staff could describe the steps taken to protect people's privacy and dignity and gave us examples of how they did this. Daily notes contained details of the care provided, and showed staff had upheld people's dignity and privacy when providing care and support.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Information that needed to be passed on about people was discussed with team leaders in the office in private.

Is the service responsive?

Our findings

People also told us they received personalised care that met their needs. Relatives we spoke with said the staff knew people and picked up on any changes and responded appropriately. Staff we spoke with understood people's needs and how to meet their needs.

In each person's home there was a care plan that was 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. Regular updates and reviews of care plans were completed by the team leaders. However, there was no written evidence of involvement of the person using the service. From speaking with people they were involved but this was not clear in their plans of care.

Health care professionals we spoke with told us the staff were very good. They said that staff asked for advice and sought guidance to ensure they met the needs of the person they were supporting. One health care professional told us, "I've found the carers are usually very attentive and try to meet people's needs."

The business manager told us they were looking at improving the care plans to ensure they were more person centred. They had started this process and had produced some documentation. They told us they intended to start this when the new care coordinator commenced in post and would involve each person they supported.

People told us they were provided with a personalised service. Most people told us there was continuity of staff and they got on very well with their regular care workers. People told us they were able to make their own decisions and that their preferences were taken into consideration.

At each visit staff completed the daily records 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. 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. The information detailed in the records was also very comprehensive and ensured staff doing the next call knew how the person was and if there were any changes.

There was a detailed complaints policy and procedure in place. This was provided to people in the 'Service User Guide' which we saw in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

People and relatives we spoke with told us they were confident to take any concerns or worries they had to the care workers, team leaders or managers. We saw when complaints or concerns had been received the registered manager had dealt with these following procedures and documented the outcomes.

Is the service well-led?

Our findings

The service had a registered manager in place. There was also the business manager and senior care staff to support in the day to day running of the service. However, the senior care staff were being called upon to provide care to people who used the service as well as supporting care staff. This was because the care coordinators post was vacant.

Staff told us that the senior care worker was always contactable but that they missed the care coordinator and because of this felt communication was not as good as it could be. We saw that the post had been filled, but the new staff member had not yet commenced work.

The registered manager and the business manager were knowledgeable about people who used the service. They knew people and could talk in detail about their care and support needs. The business manager told us she audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. We saw audits had been completed and the registered manager was able to evidence the action taken as a result of carrying out an audit.

Staff we spoke with demonstrated person centred values and gave examples of how they delivered care in a way that respected people as individuals. Staff told us they felt valued and supported. Although did acknowledge this could improve when the new structure was in place with the new care coordinator. Staff told us they received support and advice from senior staff via phone calls, texts and staff meetings.

Regular staff meetings were held to ensure staff had the opportunity to raise any concerns they had and an opportunity to share their ideas.

The business manager and senior staff operated an on-call system to enable staff to seek advice in an emergency. Senior staff were available to answer calls from staff during and out of office hours.

The registered provider sent out quality questionnaire's to people who used the service and their relatives each year. A summary of the information received from people had been completed. People who had raised any concerns or issues had been contacted by the business manager and action had been taken to rectify their concerns. We were shown some examples where this had happened and it was clear that people were listened to.

We saw there were policies and procedures in place to guide staff in all aspects of their work.

Before our inspection we checked the records we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The senior staff in the service were able to tell us what events should be notified and how they would do this.