Creative Care 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

This was an announced, comprehensive inspection that took place on the 14,15 and 16 August 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure that someone would be in the office at the time of our visit.

This was our first inspection of the service since they registered with us.

Creative Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community of Leicester and Northamptonshire. It provides a service to older and younger adults with a range of needs. At the time of our inspection there were 12 people using the service.

Not everyone using Creative Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

People were kept safe from the risk of harm. People and relatives felt safe with staff. Staff were able to describe how they would keep people protected from potential harm and knew how to report allegations of poor practice.

The provider had effective systems in place to assess and minimise risks to people. Some risk assessments required further detail to ensure specific detail and guidance was available for staff to respond to assessed risks. People were supported to take their medicines safely.

There were enough staff to provide care safely and to support people. Recruitment checks were carried out on staff before they started work to assess their suitability to support people who used care and support services. Records required further development to evidence any potential risks identified during the recruitment process, had been appropriately assessed and acted upon.

Staff received induction, training and support from the management team to ensure they had the necessary skills and knowledge to meet people's needs.

The service was effective in meeting people's needs. People's health and wellbeing was promoted and protected as the service recognised the important of seeking advice from other health and social care professionals. Where required, people were supported to have sufficient amounts to eat and drink.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible.

People received a service that was caring. People were cared for and supported by staff who knew them well and supported them to make decisions about how they wanted their care to be provided. Staff were kind, caring and treated people with dignity and respect.

Staff took time to develop relationships with people they were supporting in order to provide care that was personalised. Care plans detailed people's needs, wishes and preferences, although some care plans lacked details of people's life history and background. The registered manager was responsive to people's needs and changing views and wishes. They recognised and responded to people who were at risk of social isolation. People and relatives felt confident to raise concerns and complaints if they needed to and felt these would be listened to and resolved.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of the service people received was monitored on a regular basis and, where shortfalls were identified, they were acted upon. There was an open culture where people and staff were encouraged to provide feedback and have an input into the development of 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.

People were protected from the risk of abuse and staff were aware of safeguarding procedures.

Risk assessments had been undertaken to identify measures staff needed to take to protect people from the risk of harm. Records showed staff followed guidance to keep people safe.

Staff were recruited appropriately and there were enough to meet people's needs. The provider had made improvements to help ensure people received their visits on time and visits were not missed.

People received their medicines in a safe way and staff protected people from the risk of infection.

Is the service effective?

Good

The service was effective.

Staff received training and support to give them the knowledge they needed to provide effective care.

People were supported to maintain good health and wellbeing and staff understood people's nutritional and hydration needs.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005 and had taken measures to ensure people's mental capacity and ability to consent to care was assessed and promoted.

Is the service caring?

Good

The service was caring.

People and their relatives gave consistent, positive feedback about the care staff provided.

People were supported to express their views about how they wanted they care to be planned. These were listened to,

respected and acted upon.

People were supported to maintain their independence and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew them well. Some records required further development to reflect people's life history, interests and preferences.

Staff were responsive in identifying and taking action where people were at risk of social isolation.

People and their relatives felt confident to raise concerns and complaints; the provider used these to drive improvements in the service.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were supported to share their views about their care and the quality of the service and these were used to drive improvements in the service.

There were quality monitoring systems in place to identify where improvements were needed.

The registered manager had an open and inclusive approach; providing the support staff needed to deliver quality care.

Creative Care Limited

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.

The inspection site visit activity started on 14 August 2018 and ended on 16 August 2018. It included a visit to the office location on 15 August 2018 to see the registered manager, speak with staff, review records and policies and procedures. On 14 and 16 August we made telephone calls to people using the service. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service; we needed to be sure that the registered manager would be available to speak with us.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR 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. We reviewed notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We used this information to plan the inspection.

We used a range of different methods to help us understand people's experience of the service. We looked at care records for three people to check they were receiving their care as planned. We looked at how people were supported with their medicines, the quality of the care provided as well as records relating to the management of the service. These included three staff recruitment files, staff training records, duty rotas and quality assurance audits. We spoke with the provider, the registered manager, the office administrator and three care staff. We telephoned and spoke with two people who used the service and three relatives. We also visited one person in their own home.

Good

Is the service safe?

Our findings

People told us they felt safe and had confidence in the staff supporting them. One person said, "I feel safe with staff, they are well trained and know what to do." A relative told us, "They [staff] are very careful with [name]. [Name] can take a few slow steps and walk a little but they [staff] always walk one behind and in front. They [staff] are careful when getting [name] out of the stairlift and always take their time with [name]."

People were protected from the risks of abuse and avoidable harm. People and relatives told us the registered manager contacted them regularly and made regular appointments to visit them, spend time with them to see if there were any concerns and continually checked they were happy with the care they received. Staff had received training in safeguarding and demonstrated a good understanding of how to keep people safe. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. The provider's safeguarding policy and procedure provided staff with information and guidance to follow if they suspected a person was at risk of abuse or harm. The provider had a whistleblowing policy and procedure which supported staff to raise concerns about potential malpractice in the service with external agencies. This policy protected staff against detrimental treatment because of reporting bad practice and staff demonstrated an awareness of this.

People were kept safe because risks associated with their needs, lifestyle choices as well at those relating to the environment had been assessed. Measures had been identified to mitigate risks as far as possible. Where risks had been identified, care plans included measures staff needed to take to reduce the risk of harm for people. For example, where one person had risks associated with their lifestyle choices, their care plan included comprehensive and detailed risk assessments on possible scenarios and how staff should respond to keep the person safe. Risk assessments included clear guidance on how situations were to be managed by staff and included contact details for external agencies to support in the event of a crisis. We found some risk assessments required further development to support staff to respond in the event of equipment failure, for example, a hoist. The registered manager told us they would include this information in all relevant risk assessments.

People were supported by sufficient numbers of staff to meet their needs. People shared mostly positive feedback about staff reliability and punctuality but one person expressed concern over frequent late visits; sometimes over one hour. Other people and relatives told us visits were usually on time and staff always telephoned if they were running late. The Provider Information Return showed the provider had identified concerns about late visits and responded by implementing electronic monitoring for staff. This involved staff logging in and out when they entered a person's home using a 'tag' system that worked with their mobile phones. This was linked to a monitoring system which alerted senior managers to any late or missed visits and enabled them to take prompt action to ensure people received the care they needed. The registered manager told us there had been a recent incident where a staff member had been held up but had not informed the office. They told us this was unacceptable and had put in place measures to ensure this did not happen again. The provider was in the process of making further improvements in developing the electronic monitoring system to address geographical problems where there was poor connectivity.

Recruitment practices were followed to make sure new staff were suitable to work in the service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks help employers to make safer decisions and prevent unsuitable staff from working in care and support services. Where people had a positive DBS, for example a conviction, records did not demonstrate the provider had undertaken appropriate assessments to ensure the suitability of the staff member to work in the service. The registered manager told us they met with any staff member who had a positive DBS to carry out a risk assessment to assure themselves of their suitability; this was confirmed by staff and the office administrator. The registered manager told us they would ensure this process was clearly recorded in future and provided us with a template which they intended to implement following our inspection.

People and their relatives told us medicines were managed safely. One person told us staff prompted them to take their medicines. Another person explained staff had a good understanding of their medicines and recognised when they may need their PRN medicines (to be taken when needed) which helped them to manage their health condition. Records showed staff received training to handle medicines. The registered manager undertook spot checks on staff competency and as a result of these had reminded staff of best practice in signing medicine administration records (MARs) as soon as medicines had been administered. The MARs we reviewed had been completed correctly.

People told us staff left their homes clean and tidy and we saw this when we visited a person in their own home. Staff were provided with personal protective equipment, such as gloves and aprons, to reduce the risk of cross contamination and the spread of infection. The provider had an infection control policy in place and staff had received training in infection control. Spot checks of staff care practices were used to ensure they followed good infection control principles.

Procedures were in place to support staff to record and report accidents and incidents. No one using the service had sustained an injury at the time of our inspection, but measures were in place to ensure accidents were reviewed and action taken to reduce the risk of them reoccurring. Staff reported incidents, for example of challenging behaviour or events out of the ordinary, in a timely manner and worked in partnership with external agencies involved in people's care to review measures in place. This helped to ensure staff protected people from the risk of further incidents as far as possible.

Good

Is the service effective?

Our findings

People and their relatives were positive about the care and support staff provided. Comments included, "[Name of staff member] is helping me at the moment. She has been shadowing and she is well trained. I certainly don't have to tell her what to do," "I am completely confident that the carers have been trained and know exactly what they are doing," and "They [staff] know me and what I need. I have never had any problems with them." People and relatives confirmed they had been involved in the assessment of their care needs and staff were knowledgeable about how people liked their care to be provided.

There was an induction programme in place for new staff and on-going development training. Staff told us they felt they had undertaken sufficient training to enable them to provide effective care. One staff member told us, "I have completed a lot of training. I had previous accredited training but still had to complete lots of training and answer questions to ensure I had understood the training. I also shadowed (worked alongside) other staff to get to know people before I began to support them." The provider's training matrix, a central record of training staff had completed, showed staff had access to a range of training deemed by the provider as 'essential'. This included assisted moving, first aid and medicines.

The management team supported staff to ensure they could offer good care to people. Staff told us they felt supported in their roles, sharing comments such as, "The managers are supportive. I am always able to contact them if I need them. I can phone for advice or they will come out if necessary," and "I talk with managers, they are always contactable. They listen to me and talk nicely to me; they respect me." Although senior managers had regular contact with staff, there was little of evidence of staff having access to formal supervision. This is important to enable staff and managers to meet to gain feedback on their performance and provides guidance and support for staff. The registered manager told us they would implement a more structured approach to supervisions and improve recordings. This would enable staff and managers to reflect on past discussions and support further development.

People were supported to maintain their health and wellbeing. Emergency contact details for people's GP's and other professionals involved in their care were recorded in their care plans. Staff were confident about how to manage emergencies in people's homes. One staff member described a situation where they had called urgent medical assistance for a person and supported them to go to hospital, which had avoided a health crisis. A person told us staff were skilled in identifying if they were feeling unwell and had supported them, when necessary, to summon emergency assistance to help them to manage their health condition. Records showed staff worked in partnership with other agencies, such as social care professionals and occupational health therapists. to ensure people received the care they needed to stay healthy and well.

Where required, people's nutritional needs were met and any related risks identified and managed. People's care plans included details of the support they needed to ensure they had sufficient amounts to eat and drink. For example, one person's care plan detailed what they liked for each meal and drinks staff should leave available for them in between visits. We saw staff provided meals in line with people's wishes, preferences and cultural needs. One person told us, "They prepare my meals as I have requested and make me drinks with it. They always make sure I have some warm water to sip between visits, which is what I like."

The registered manager had taken measures to protect people from the risk of dehydration during the recent heat wave by ensuring people were provided with NHS guidance and advice which outlined best practice.

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 MCA requires that as far as possible people make their own judgements and are helped to do so when needed. Where people lack mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

Staff showed they understood the importance of people consenting to their care. One staff member told us, "Whatever you are doing, you have to ask first. You have to make sure people are happy with what you are doing." Records showed capacity issues were explored when planning people's package of care and support. People were asked to sign their care records to document that they consented to the care and support provided. Most people using the service had capacity to consent to their care. At the time of our inspection, one person was being deprived of their liberty. Their care plan clearly detailed best interest processes had been followed and an application was in process through the Court of Protection.

Good

Is the service caring?

Our findings

People and relatives told us that staff treated people with care, understanding and kindness. One person told us, "I am very happy with my care. I have one main carer and when other carers cover they are fantastic too. Nothing is too much trouble for [name of staff member]. In fact, sometimes she stays for two hours although she's only getting paid for one hour." Another person told us, "They [staff] are all lovely. They are kind and caring and very respectful of me. They come in happy and friendly and help me feel better when I am feeling low." A relative told us, "Staff are always polite and happy. I hear them having a joke with [name]. [Name] knows them all by name and as soon as they come, [name] smiles." A second relative told us, "I think they [staff] are lovely; very, very caring. They are very respectful and never rush [name]." The relative explained staff had a good awareness and respect of the families' culture.

People were supported to be involved in planning their care and making decisions about how their needs were met. Their wishes and views were listened to during the initial assessment and on-going reviews. Care records showed the service provided to people was based on their individual needs. When planning the service, staff took account of the support the person required, the preferred time for visits and, where possible the care staff they liked to be supported by. People's views were respected and acted on. Where appropriate, family, friends or other representatives acted to support the person and were involved in planning care. Staff demonstrated they were knowledgeable and respectful of people's specific needs, such as cultural or lifestyle, and this information was included in people's care plans. This helped to ensure people's right to equality was protected and their diversity was acknowledged and respected.

Staff said they enjoyed working for the service and felt they had time to provide the care people needed within the resources available. Staff were knowledgeable about people's needs and spoke with compassion about the people they supported. It was clear people had developed good relationships with the staff supporting them. People generally received care and support from regular staff who were familiar with their needs and knew them well. Where staff changes occurred, staff were introduced to people before they began to support them.

Staff supported people to live as independently as possible. Care plans described people's preferred routines and areas in which they needed staff support. Guidance and information clearly detailed people's abilities and how much they were able to do for themselves.

During our home visit, we saw staff were respectful and treated the person with kindness. Staff were calm, patient and attentive to the person's needs. We observed staff responding in a friendly courteous manner and the person was engaged in friendly conversation and laughter. Staff told us they were careful to protect people's privacy; describing how they protected people's modesty and dignity whilst providing personal care. A relative told us staff always maintained their family member's privacy, recognising they needed time alone, and engaged in other tasks whilst waiting for the person to be ready for assistance.

We observed staff completed a record of their visits in daily care notes. These were kept with people's care plans in their homes. People confirmed they, and their relatives, were able to access these records at any

time and staff always returned files to the person's preferred place of storage. Copies of people's care plans were stored securely at the registered location. Staff had signed confidentiality agreements which detailed their responsibility to protect people's right to have their data managed and protected in line with legal requirements.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. The registered manager carried out an initial assessment to help ensure the service was able to meet their needs and expectations. This information was then used to develop a care plan for each person.

People's care plans were informative, although we found some care plans were more person centred than others. For example, one care plan we reviewed provided detailed information about the person's life history, people who were important to them, interests and preferences. Two other care plans included detailed information about people's specific routines and preferences for each visit, but did not include any information about the person's life history or interests. Staff demonstrated they had knowledge of this information through developing close relationships with people they regularly supported. However, there was a potential risk that staff who were new to the person would not have this knowledge and therefore provide care that was not as personalised. The registered manager told us they would review all care plans to update records and provide staff with the information they needed to provide personalised care.

People and their relatives told us the registered manager regularly visited them and used this as an opportunity to gain their views about their care and review the care plan. A relative told us, "We have an up to date care plan which we all sat down and did. [Name of senior manager] came to the house and asked me if there were any concerns. She does a regular review of the care plan as well, just to make sure we are still happy with it." Formal reviews of people's care took place every six months, or sooner if people's needs changed. The service was responsive to changes in the needs of people using the service. For example, records showed staff had responded to concerns about a person's emotional wellbeing by contacting social care professionals involved in the person's care and arranging respite. This had resulted in the person receiving the additional support they needed to be able to return to their home.

Daily care handover notes were detailed and reflected the care people had received, their emotional and physical wellbeing and any events out of the ordinary. This helped to ensure effective communication between staff and enabled staff to respond consistently to any changes in people's needs.

Staff recognised people may be at risk of social isolation and this was reflected in the provider values and the care provided. Staff were instructed to 'spend as much time talking with people as possible' during their care visits and recognise where people were at risk from social isolation. For example, one person had experienced incidents where they had been found on the floor or in an anxious state. Staff had liaised with the person's social care professionals as they felt loneliness was a key factor in the incidents. This had resulted in the persons' care being increased and support for them to attend a community group in the week. Staff supported the person to attend the community group and the person had responded positively to this social interaction.

The registered manager was aware of the Accessible Information Standard (AIS) and it's requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. At the time of our inspection, there

were no one who required information under the AIS. The provider's service user guide, provided to every person using the service, included detailed information about the values of the service, the services provided, people's rights and key internal and external contacts. The provider told us they would develop a policy on how they met the AIS following our inspection.

The service had a complaints procedure which was accessible by people, their relatives and others interested in the service. People and their relatives told us they felt able to raise any concerns with staff or the office and understood they could make a complaint if something was not right. Everyone we spoke with told us the registered manager regularly encouraged them to share their views and concerns. For example, where a relative had raised concerns about the cleanliness of a person's equipment, the registered manager had investigated, acknowledged the complaint and addressed staff working practices. As a result of concerns about staff punctuality, the provider had implemented electronic monitoring to improve timekeeping and ensure people received their visits as agreed. This demonstrated the provider used complaints to drive improvement in the service.

Staff worked in partnership with other agencies to support people who required end of life care. At the time of our inspection, one person had been identified as requiring end of life care, though they did not require palliative care or end of life medicines. The person did not have an end of life care plan in place and the registered manager had not discussed advanced care planning. This is important to ensure the person's preferences and wishes as to how they want their end of life care to be provided are clearly recorded, respected and followed. The registered manager told us they would develop this following our inspection.

Good

Is the service well-led?

Our findings

People, relatives and staff were positive about the leadership and management of the service. One person told us, "They are an excellent service; I have no concerns." Two relatives told us they would recommend the service. Their comments included, "[Name of registered manager] comes round to make sure we are happy. They also look at all the records and check everything has been recorded. We are happy with them" and "They are very good. I would say it was well run and I have to say the carers are very caring and compassionate. I would certainly recommend them, we treat them as people who are really helping us."

Both the registered manager and director took an active role within the running of the service and had good knowledge about the staff and people they supported. Staff were positive about the leadership and management of the service and told us they felt valued and supported. Our discussions with staff indicated they were all motivated to support people to the best of their abilities. One staff member told us, "The managers have really good values. They are supportive of staff. I am very happy working for them." Staff explained that managers respected and promoted equality and diversity for people using the service and staff. One staff member explained managers ensured staff had the knowledge and understanding of people's cultures before they began to support them. This helped staff to feel confident and people to be comfortable that staff had the awareness they needed regarding people's cultures and lifestyles.

The registered provider and registered manager had clear values and visions for the service which they shared with the staff team. Staff were supported to share their views individually and a team. We reviewed the minutes of a staff meeting held in February 2018. Records showed meetings were used to discuss best practice regarding completion of documentation, reinforce the provider's policy and procedure and discuss development of the service. The registered manager had recently sent out surveys to staff to gain their views about the service.

The management and staff structure provided clear lines of accountability and responsibility and staff knew who they needed to go to if they required help or support. The registered manager told us the service operated a 24 hour on call service, for people and staff to contact a senior manager for advice, guidance or support. Staff told us this worked well and that managers were always contactable.

The registered manager had a number of ways to listen to people's feedback about the service and the care provided. People's views and opinions were recorded as part of an annual quality satisfaction survey. Surveys sent out in July 2018 showed people were largely positive about their care. People and relatives were also able to share their views directly with the provider and registered manager, who were in regular contact with people by telephone and undertook spot checks and reviews in people's homes. The provider used this feedback to improve the service. For example, the allocation of consistent carers and the development of electronic monitoring for staff helped to improve the quality of the service.

The registered manager had in place quality assurance systems to monitor and assess the quality of the service being provided. These included audits of care records, medicines records and staff competency checks. Outcomes of audits and checks were analysed to identify where improvements were required. For

example, audits of medicine records had found some records had not been signed by staff to confirm administration. The registered manager had issued a reminder to all staff of the importance of signing records as soon as medicines had been administered and had increased monitoring to ensure improvements were made. The registered manager had also written to all staff about improvements required in punctuality and management of time. Staff had access to a 'pool' car which supported non-drivers to get to visits on time and contingency planning in the event staff had difficulties with their own transport.

Staff worked well with other health and social care professionals to help ensure people's specific needs were met. Records showed positive feedback from social care professionals where the service was working in partnership to ensure people were safe and received the support and care they needed.

The registered provider had a clear understanding of the challenges the service faced. One of the key challenges was staff retention due the competition within the community care sector. They were in the process of developing strategies, including the development of the service, to reduce staff turnover. The registered manager understood their legal responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. Effective notification systems were in place. However, no events had been reported that required notification.