

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Creative care Limited provides care and support to older people and people with a learning disability living in their own homes. At the time of our inspection the service was supporting 28 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Safe recruitment procedures were consistently followed. Staff received an induction, completed training and shadowed experienced staff before lone working with people.

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

Staff supported people in a person-centred way. Staff understood people's communication needs and adapted how they communicated with people to ensure information could be understood.

People and their relatives knew which staff were coming to each support call. We were told staff turned up on time, stayed the allocated amount of time and supported people and their families in a flexible, responsive way.

Right Care:

People were protected from potential abuse by staff who completed safeguarding training and understood the signs and symptoms of abuse and knew how to report any concerns.

Relatives were complimentary about the staff. Staff were described as kind, friendly, supportive, professional, gentle and compassionate.

Right Culture:

Improvements were required to ensure systems and processes to assess and monitor the service were in

place and effective. Improvements were required to ensure people and their relatives who contacted the service received a timely response.

Staff felt respected and supported within their roles and were able to raise any concerns they may have. Information was shared with staff to make improvements to the service.

Relatives were kept up to date on any changes, accidents or incidents that may occur. People and relatives were involved in the care planning and support offered.

The registered manager and provider had a clear vision for the direction of the service that demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered manager set a culture that valued reflection, learning and improvement. They were receptive to challenge and welcomed fresh perspectives.

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

Rating at last inspection

The last rating for this service was good (published 13 September 2018).

Why we inspected

We received concerns in relation to staffing and care visit times. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Creative Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Creative Care Limited

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 March 2023 and ended on 16 March 2023. We visited the location's office on 9 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 3 relatives of people using the service, about their experience of the care provided. We spoke with 5 members of staff including the registered manager, care co-ordinator, care staff and the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment. We viewed multiple records of the call monitoring system and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people. Thorough checks including Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found sufficient staff were deployed to maintain people's safety and meet individual needs. Call logs evidenced that when a person required 2 staff to support them, 2 staff attended the call. Staff arrived on time and stayed the allocated amount of time to meet people's needs.
- People knew which staff were supporting them for each support call. A relative told us, "[Person] knows the care team really well and they know who is going to support them."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had policies and procedures in place to safeguard people from abuse. Staff completed body maps when an injury occurred. This is to ensure it is clearly identified on what part of body the injury has occurred and the size of the injury to help staff to monitor any changes. The registered manager understood the need to investigate any unexplained injuries.
- Staff recorded the tasks they supported people with, in line with the providers procedures.
- People felt safe with staff. One relative told us, "We have no concerns with the staff, [person] feels safe with them."

Assessing risk, safety monitoring and management

- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks to people's safety. Relatives told us they felt staff provided care in a way that reduced the risk of harm. One relative told us they thought more risk assessments should be in place. We informed the provider of these concerns and they had planned a visit to the family to discuss their concerns.
- Actions to reduce risks were identified in people's care plans. This included nutritional and pressure ulcer risks. We reviewed the re-positioning charts of people who were at risk of developing pressure ulcers and saw they had been re-positioned in line with their care plans This helped to ensure people remained safe.

Using medicines safely

- Medicines were managed safely. People received the medicines they needed in a consistent and safe way.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately on the electronic recording system. Medicine records contained relevant information including any allergies, how, when, why and the dosage of people's medicines.
- When people needed medicines on an 'as needed' basis, protocols for staff to follow were in place.

Learning lessons when things go wrong

- The provider had learnt lessons about keeping accurate records when people or their relatives changed planned call visit times. If the change of call time had not been entered on the electronic system, it appeared the call timings were not accurate and this had led to concerns being raised about the timing of care calls.
- Lessons were learnt from incidents when people requested support that had not been identified in care plans. Staff were reminded to feedback to the management team if regular care and household support tasks were requested but had not been identified in care plans. This was to ensure there was enough time to complete the additional tasks or requested additional funding if required.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems and processes in place to ensure good oversight of the service on a day to day basis. However, audits were not completed to identify patterns and trends to drive improvement. The provider was in the process of transferring care records to a new electronic management system that enabled a more in-depth oversight of the service. The new system would require embedding into the service.
- People and their relatives told us they regularly had difficulty with making contact with the management team. The phone was often not answered, calls were not always returned and electronic mail undelivered due to full mailboxes. We informed the provider of the concerns raised and they were taking action to address this.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. However, people and their relatives told us feedback hadn't been requested for some time. The provider informed us on the day of the inspection they had changed how feedback was sought; however, this had not yet been communicated to people and their relatives.
- The provider completed spot checks on staff to ensure the care delivered was of good quality and staff were following procedures. One staff member told us, "I've had a few spot checks, I think it is a good thing to check we are doing our job properly."
- The provider was aware of their roles and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.
- Staff felt supported within their roles. Staff received regular meetings and supervisions to share information and raise any concerns. One staff member told us, "I feel supported with my role as I get training and supervision. The registered manager and provider is really supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- The provider and manager were clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care

Quality Commission (CQC) if they felt they were not being listened to or their concerns not acted upon.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with relatives and health and social care organisations, which helped to ensure people received care and support appropriate to their assessed needs.
- The provider and registered manager was engaged and open to the inspection process and remained open and transparent throughout.