

Creative Living Care Services

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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 Living Care Services is a domiciliary care agency. It provides personal care to people in their own houses or flats. At the time of the inspection there were 17 people receiving personal care.

Not everyone using Creative Living Care Services receives a regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks in relation to personal hygiene and eating. Where people receive personal care, we also take into account any wider social care provided.

People's experience of using this service:

People were happy with the service they received and liked the staff who they found to be kind and caring. People felt safe while receiving care and support. Management and staff had an awareness of their responsibility regarding reporting any actual or suspected abuse.

People received a consistent and reliable service, provided by staff who they were familiar with.

Risks to people's care were assessed and reviewed in the event of changes. These assessments provided guidance for staff and involved people and family members where appropriate. Care plans were detailed, and person centred to match the individual needs of people using the service.

People were supported with their medicines as prescribed. People received the care and support they needed to ensure they received meals and assistance with their healthcare needs if this was part of their support package.

Recruitment checks were made before staff commenced working with people. New staff undertook shadowing experiences with more experienced members of staff to introduce them to people and their role. Staff received induction training and ongoing training to meet the needs of the people they supported. Staff felt supported.

Staff and management worked with other agencies and professional where required, for example people's doctors and chemist.

People were treated with respect and dignity and could make choices about their care and support. Staff ensured people consented to care being given. Staff had knowledge about infection control procedures and used protective equipment to reduce the risk of cross infection.

People and their relatives told us any concerns or complaints made would be listened to. Staff felt well supported by the management. The provider had systems in place to monitor the service.

Rating at last inspection:

At the last comprehensive inspection, the service was rated as Requires Improvement (The last report was published 5 June 2018). Enforcement action was taken. Following this inspection, we carried out a focused inspection on the key question, "Safe" (The last report was published 21 August 2018).

At this comprehensive inspection the overall rating had improved to Good.

Why we inspected:

This was a planned inspection to look at improvements the service had made following the previous rating. At this inspection we found improvements had been made.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

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 Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Creative Living Care Services

Detailed findings

Background to this inspection

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 was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for an older person.

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

There was a registered manager in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager may be 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 5 June 2019 and ended on 14 June. We visited the office location on the 5 and 6 June 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed the Provider Information Return (PIR). 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. We also reviewed notifications we had received. These are events within the service the provider is required to tell us about. We read the previous inspection reports and action plans the provider had sent following the previous inspection.

During the inspection we:

Reviewed four people's care records and discussed these people with the registered manager and staff we spoke with.

We reviewed four staff recruitment and training files.

We discussed the complaints process and complaints received within the past 12 months.

We reviewed the improved audits and quality assurance system.

We spoke with five people by telephone and two relatives.

We met and spoke with three staff and spoke with one by telephone to discuss their training, support and how they met people's needs.

We reviewed the medicine policy and checked the management of people's medicines.

Following the inspection, we received feedback from eight people and two professionals via comment cards we had left with the registered manager.

Is the service safe?

Our findings

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

At the last comprehensive inspection in January 2018 there were concerns people's risks were not always identified and assessed and people's medicines were not always safely organised and managed. The provider sent us an action plan and, at a focused inspection in July 2018 risk management had improved. At this inspection, we found the service had taken steps to improve the safety of people's care and medicines.

The rating for this key question has improved to '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 told us they felt safe while they were receiving care and support from staff members. People shared, "Knowing I have the carers coming helps me feels safe" and, "Yes, they know what they are doing."
- The registered manager and staff had a clear understanding of their responsibility regarding reporting safeguarding incidents to the local authority and the Care Quality Commission [CQC].
- Relatives told us they believed their family member to be safe while they received care and support.
- Staff confirmed they had received training and understood their responsibilities. They told us they would report any actual or suspected abuse to the management team.

Assessing risk, safety monitoring and management

- Risks to people, while care and support was provided, was assessed and kept under review. The registered manager told us of changes in the care provided which helped to keep people safe, for example reviewing mobility equipment if people's needs changed.
- The PIR confirmed improvements to the management of risk, "We undertake risk assessments to identify any risks that may be present. These could be in relation to medication, risk of falls or self neglect in areas such as nutrition. These are reviewed on a regular basis either formally with the person cared for and through concerns or issued raised from staff feedback. Any changes that are made to the care plan or risk assessments are always discussed with the person? cared for and their family. We prompt and encourage all staff to fully read all risk assessments even though they would have already been given a brief on the person and their needs. If any changes occur then all staff involved with that person are alerted."
- Risk assessments for moving and handling equipment were in place and gave staff instructions as to how to use equipment and to check equipment before it was used.
- Staff told us they continually risk assessed people's care needs and would inform senior staff if changes were needed to people's assessments and care plans.
- Risk assessments regarding the environment where people lived were undertaken to ensure people and staff members were safe.
- Systems were in place to safeguard staff who were working outside of office hours to ensure their safe return, for example a lone working policy was in place and there were senior staff on call outside of office

hours.

Staffing and recruitment

- There were enough staff employed to support people to have consistent staff visiting them.
- The staff team was small and stable. Some staff had worked at the service for many years.
- Recruitment was values and skills based.
- Background checks continued to be completed before new staff started working at the service. This ensured staff were safe to work with people and of good character.

Using medicines safely

- People were confident staff administered their medicines correctly.
- Staff told us they would inform a manager in the event of changes to the prescribed dose.
- Relative's told us staff supported their family members to ensure they received their prescribed medicines.
- Staff completed records accurately when they administered medicines.
- Staff members received training on medicines prior to starting work with the provider as well as regular training refreshers.

Preventing and controlling infection

- People who used the service as well as family members told us staff used personal protective equipment such as gloves and aprons while carrying out personal care tasks.
- People confirmed staff washed their hands prior to preparing meals and used hand gel to reduce the risk of cross infection. Staff received training in food hygiene.
- Staff we spoke with had an awareness of infection control procedures. Staff assured us there were no issues in relation to infection control within the service and told us they could obtain personal protective equipment such as gloves and aprons from the office when required.

Learning lessons when things go wrong

- Following the last inspection, the registered manager and provider had acted to improve risk management and medicine processes.
- Improved quality assurance monitoring was in place to reduce the likelihood of not maintaining compliance with the regulations.

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.

At the last inspection in January 2018 we found people were not always having their ability to consent assessed. The provider sent us an action plan and we found this area had improved and people's ability to consent to their care and treatment was assessed and recorded in their care plans.

The rating for this key question has improved to Good.

People's outcomes at this inspection were consistently good, and people's feedback confirmed this.

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

- Staff received training regarding The Mental Capacity Act 2005 (MCA). This Act 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People confirmed their consent was sought prior to staff providing care and support. People told us, "When the carers arrive they always ask if I want a shower or wash" and, "The relationship is a good one, nothing gets done without my consent. We decide things together."
- Staff we spoke with were knowledgeable about the MCA.

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

- People's needs were assessed prior to their care service commencing and as part of ongoing care practices. The registered manager or senior staff met with a person and their family to discuss changes to the care plan and risk assessment. Care records were detailed and gave staff clear guidance regarding the care to be provided at each visit to ensure needs were met.
- People were confident their needs would be met by staff attending their visit. People shared, "Yes, they do everything depending how I feel that day. If I don't want a shower, they ask if there is anything else they can do like pegging the washing out, folding my washing and some have even ironed it for me."
- Relatives commented positively about the standard of care provided.
- Staff reported changes to people's needs to ensure care records were updated. The office staff let community staff know if people's needs had changed prior to them visiting, for example if they had come out of hospital.
- The staff we spoke with had a good knowledge of people's likes and dislikes and what was important to people.
- Regular spot checks took place on staff to ensure they were delivering care in line with the person's care plan and the provider's expectations.
- The provider understood the importance of valuing people's differences. The PIR shared, "We encourage all staff and cared for people to be familiar with Equality and Diversity to aid their understanding such as ensuring that they all have the right to access the same opportunities regardless of lifestyle, ability or

background; and that everyone must demonstrate respect for someone's beliefs, values, lifestyle while appreciating differences."

Staff support: induction, training, skills and experience

- People told us they believed staff had the knowledge needed to provide their care and support. Comments included, "Sometimes new staff come and shadow the regulars, it doesn't take them long to pick it up" and, "I think they are good. They are quick to pick up on things too, like bruises. I'm on blood thinners so bruise easily."
- Staff we spoke with were complimentary about the training provided and confirmed the training supported them to meet people's needs safely. Staff and training certificates confirmed safeguarding, infection control, moving and handling, equality and diversity were among training courses completed.
- The PIR shared, "Appropriate training ensures that everyone who receives a service has the competence and confidence to deliver the most person-centred care and support that the individual has been assessed as requiring. Training can enhance practice and improve knowledge and understanding." The registered manager confirmed staff had received specific training in dementia care, diabetes and Parkinson's disease to meet people's individual needs.
- Prior to caring and supporting people, newly appointed staff undertook a period shadowing more experienced members of staff. Staff told us the induction time given was sufficient and staff were confident they could have sought longer if needed.
- Newly appointed staff undertook training prior to them providing care and support for people.
- Staff new to care undertook the Care Certificate. The Care Certificate was introduced to ensure a national standard of care for staff new to care.
- Staff were aware of the on-call systems and confirmed guidance and support was available when required.

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

- People who had their meals prepared for them by staff were happy with the standard of meals provided. One person shared, "Sometimes I have a call from a carer on her way, she asks me if I want anything brought in, for example fish and chips or eggs that I may have forgotten to get myself."
- Care plans recorded any specific dietary needs and how these were to be met and any action to be taken if staff had concerns about people's welfare.
- People told us staff would always ensure they had a drink available before living.
- Staff confirmed they had received training in basic food hygiene.

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

- People had confidence staff would contact healthcare professionals such as a doctor or emergency services in the event of them becoming unwell.
- Staff told us they would contact the office staff if they had any concerns about people's health or welfare. They told us their following calls would be covered to enable them to remain at the person's home until other assistance or help was provided if there was an emergency.
- The registered manager had liaised with healthcare professionals such as occupational therapists to discuss safe working methods to provide care to keep people and staff members safe.
- The PIR sent to the Commission gave examples of working with other agencies to support people's care, "We work closely with specialist services when required. In the past we have especially cared for several end of life individuals and had regular contact with their specialist nurses. One of our gentlemen used to have a long-term conditions nurse who was very responsive to calls made to her and would always return missed calls. We found this very helpful when we suspected the person might have a UTI (urine infection) as she

would visit the very same day and organise for the appropriate medication to be prescribed for him."

- Professional feedback was positive and included, "I have found Creative Living a very good company to work with, nothing was too much for them" and, "Creative Living were flexible in their approach and took the time to get to know the client to meet his needs."

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.

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

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

- People praised the staff who visited them. Comments included, "The girls are always very helpful. They are kind and caring in everything they do and are always willing to sit and chat."
- People told us they did not feel rushed by staff providing their care and support.
- A relative told us, "My relative has a regular carer and they like that. They are very nice. They are chatty, cheerful and have respect for us."
- Staff were complimentary about the service provided by the team and of the positive approach to promote a service which met people's needs. Staff told us they cared for people well, "We go out of our way, will go to the shops, make sure they are tucked up and cosy in bed, go and get milk and bread, take letters to the post office."
- Staff were kind and often went above and beyond their job description. For example, supporting people to settle back into their home after hospital admissions and another staff member had purchased someone some new trousers when they had lost weight.
- Equality and diversity were considered by all staff. The PIR shared, "An individual's sexual orientation will never have any bearing on the level of care and support that we would provide. We would ensure that through assessment their needs and wishes would be respected as we would of anyone else we provide a service too."
- Staff we spoke with demonstrated a caring approach to their work and a desire to support people and showed an understanding of individual care needs.
- Multiple examples of staff kindness were shared for example, "The girls are kind and caring and will always sit and have a chat."
- The PIR told us, "Our staff will often go above and beyond their duties such as organising talking books at the local library for a person who is visually impaired or making a batch of mince pies at Christmas and delivering around to people."

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

- People confirmed they were consulted for their views and were able to make decisions about how their care needs were to be met.
- Staff confirmed they involved people in their care and enabled people to make a choice, for example if they were supporting them with meals or dressing.
- Staff spoke of the need to encourage people to remain as independent as possible and prompting them to undertake the care tasks they were able to.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff ensured their privacy and dignity was respected. One person told us, "If I need the bathroom and I use the toilet, they will step outside and come back in when I call."
- People who had a preference to the gender of the staff member providing their care confirmed this was always respected and adhered to.
- People told us staff never told them about other people they provided care and support to and were confident staff did not therefore talk about them to others.
- A relative described the privacy and dignity provided to their family member as, "Great."
- Staff could describe how they were able to ensure people's privacy and dignity was maintained. For example, by ensuring doors and curtains were closed to maintain privacy and covering people up to maintain their dignity whilst delivering personal care.

Is the service responsive?

Our findings

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

The rating for this key question has improved to 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

- People's care needs were assessed prior to a service commencing to ensure their care and support needs could be met. People were aware of their care plan and told us this was updated by staff as needed, "I am going to get in touch soon to work out a plan for getting back upstairs to sleep" and, "The manager comes in every so often and we discuss any changes to be made."
- The registered manager told us they would only accept new care packages if they had enough staff to support people and had the skills and knowledge within the staff team to meet people's individual care needs.
- People told us staff were aware of their personal preferences and told us this was important to them. We saw this was also recorded in people's care plans.
- Care plans were detailed and personalised to the individual concerned and contained information about what was important to people.
- Care plans and risk assessments were reviewed and updated to reflect people's changing care needs and to ensure they were an accurate reflection of people's needs.
- The care manager was aware of the Accessible Information Standard. This standard aims to make sure people who have a disability, impairment or sensory loss get the information they can access and understand. The registered manager assured us information would be made available suitable to meet individual needs for example rota's in larger fonts for people with visual difficulties.
- Staff also supported people to maintain their interests. Staff gave an example of one person who was visually impaired but loved their visits to the football matches and listening to the sounds and hearing the excited atmosphere and music.

Improving care quality in response to complaints or concerns

- People confirmed they would be able to speak with staff at the office in the event of them being unhappy with their care, "I have previously contacted the office and the timing issue got sorted" and, "I haven't ever had to make a complaint but know how to if needed."
- Relatives told us they would not hesitate in making a complaint if needed and were confident it would be addressed.
- The registered manager confirmed they had not received any formal complaints in the past 12 months but had responded to minor "grumbles" received.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection.
- Staff received training in end of life care and would be supported by the community nurses to ensure

people's last weeks of life were pain free and dignified.

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 the last inspection in January 2018, we identified quality assurance processes were not robust and people's views were not always actively sought to ensure on-going improvement. An action plan was sent to the Commission and we found at this inspection, checks were undertaken of people's records, medicines and quality assurance checks had improved.

The rating for this key question has improved to 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: Continuous learning and improving care

- People and relatives spoke highly of the quality of the care and support provided. They had confidence in the management team and the company. Comments included "The care staff are really nice and all work well together, teamwork"; "The office staff take my calls seriously and I like the way it's dealt with" and, "The service runs smoothly." Another person told us, "Excellent service, lovely staff, office approachable and things are dealt with in a timely manner."
- Relatives felt the manager and staff were open and responsive. One relative told us, "The manager comes once a year and we discuss my relative. I like [X-staff name], we get everything sorted."
- The management team were aware of the need to be open and transparent and to apologise in the event of errors or shortfalls in the care provided.
- Staff were complimentary about the support they received to enable them to perform their work effectively, "[X – the registered manager] is a really good boss, staff will go to her for everything."
- Staff confirmed communication was good in the team. A group "app" staff were able to access on their mobile phones was used to keep all staff up to date.
- Systems were in place to monitor the quality of the service and the record keeping carried out by staff members.
- People's feedback was sought and evaluated. All areas were good, however, we discussed with the registered manager how they might further analyse the feedback to enhance the service.

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

- The registered manager was present throughout the inspection. They were supported by two field supervisors and an additional member of staff responsible for organising the rotas.
- All staff were clear of their roles, responsibilities and felt supported by the provider and registered manager.
- Staff were spoke with were complimentary about the office-based staff including the registered provider.

All staff we spoke with felt supported, valued and told us how much they enjoyed their jobs and caring for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- Staff told us they liked working for the provider and were motivated and felt involved.
- Staff told us they felt able to make suggestions about the service provided for people.
- Records showed the registered provider and registered manager worked in partnership with others including the local authority and healthcare professionals. A professional told us, "I am always grateful for their co-operation, professionalism and honesty."
- The registered manager confirmed they attended the local provider groups where best practice was discussed.