Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 24 April and 2 May 2018; the first day of inspection was unannounced. We made phone calls to relatives on 3 May 2018.

At our previous inspection on 29 September and 2 October 2017, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Regulations 9, 12, 13, 17 and 18 relating to person-centred care, safe care and treatment, protection from abuse and improper treatment, governance and staffing. This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. Some improvements were still required and we found a continuing breach of regulation 17.

The Old Vicarage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Old Vicarage accommodates up to 14 people in two adapted buildings; 12 people live in the main house and flats within the main house, two people live in a separate building called The Cottage. At the time of our inspection 14 people lived at The Old Vicarage.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The 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. 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. At the time of our inspection there was a registered manager in post and was present at the inspection.

The premises had not always been safe. We made a recommendation about the health and safety management of the premises.

Improvements were needed to how medicines were managed and how medicines administration records were made.

Improvements were needed to help prevent and control risks from infection.

Audits and checks had not always effectively identified and responded to risks, and effectively assessed and

monitored the service.

Processes were in place to ensure risks and people's health needs were assessed, managed, monitored and responded to. People were supported with a 'positive behaviour support' model of care that helped to reduce the number of incidents of behaviour that challenged. People's care was based on a least restrictive approach.

People's needs and choices were promoted in a way that prevented and reduced the impact of any discrimination. People's communication needs were assessed and people were supported to communicate effectively with staff. The Accessible Information Standard was being met. The principles of the MCA were also followed.

Enough staff were available to meet people's needs as well as spend time with people on an individual basis. Staff had been trained in appropriate safeguarding procedures and understood how to raise any concerns. Recruitment processes were in place to ensure any new staff would be subject to pre-employment checks on whether they were suitable to work at the service.

Staff were trained and supported. Staff were caring and understood subtle changes in people's moods and responded in reassuring ways.

People's privacy was respected and they were supported to be active in their local communities as well as within the home. People enjoyed a variety of different interests and activities both in their home and in the community.

People were supported to be independent and were involved in decisions about their care.

The premises had been adapted in ways to make sure it was suitable for people using the service.

People were given opportunities to raise any issues or concerns; there was a complaints process in place to manage and respond to any complaints should they be made.

The service focussed on providing care that was centred on individuals; the management team promoted an open and transparent management style.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were still needed to safely manage medicines and the potential risks from infection.

Actions were taken to ensure the premises were safe and steps had been taken to help protect people from abuse. Risks were assessed and managed and systems were in place to identify learning when improvements were needed. There were sufficient numbers of staff who had been checked to ensure they were suitable to work at the service.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed, with input from other healthcare professionals when needed, in a way that helped to prevent discrimination. The principles of the MCA were followed; people's communication needs were assessed and met. Staff received training, support and supervision. The premises were suitable for people. People's health, including nutritional needs were monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

Staff were caring, reassuring and knew people well. Staff respected people's privacy and promoted their independence. People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People had a range of interests, hobbies and preferences; People enjoyed the activities they took part in and stayed connected to their local community. The Accessible Information Standard was being met. People were able to raise issues and make

complaints and there was a complaints process in place to ensure any complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were not always effective at monitoring and improving the quality of the service and mitigating risks.

A registered manager was in place and understood their responsibilities for the management and governance of the service. There was an open and transparent culture in the service and care was personalised. The service was focussed of achieving good quality outcomes for people.

The Old Vicarage

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.

This inspection took place on 24 April and 2 May 2018; the first day of inspection was unannounced. Day one of the inspection was completed by an inspector and a specialist professional advisor whose specialism was in the care of people with autistic spectrum disorders and learning disabilities. The second day of inspection was completed by one inspector. We made phone calls to relatives on 3 May 2018 to gain their feedback about the service.

Before the inspection we looked at all of the key information we held about the service, this included whether any statutory notifications had been submitted. Notifications are changes, events or incidents that providers must tell us about.

This inspection was to follow up on the breaches of regulation identified at our previous inspection in 2017. As such, we did not ask the provider to send us a 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.

We spoke with the local authority commissioning teams. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group. The local authority commissioning team had completed a contract monitoring visit since our last inspection. We also checked what information Healthwatch Nottinghamshire had received on the service. Healthwatch Nottinghamshire is an independent organisation that represents people using health and social care services.

Due to some people's needs, they were unable to talk with us about the care they received. To enable us to understand the experiences of people, we observed the care and support provided to people in communal areas and how the staff interacted with them. We also spoke with two people's relatives on the phone.

We also spoke with the registered manager, deputy manager, operations director, regional operations director, two team leaders, one support worker and one visiting healthcare professional.

We looked at the relevant parts of four people's care plans and reviewed other records relating to the care people received and how the service was managed. This included risk assessments, quality assurance checks, staff training and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found the service to be in breach of Regulation 12, 13 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because arrangements to ensure risks associated with people's healthcare needs and from risks associated with both the use of medicines and the environment, were not always identified and mitigated. In addition, people had not always been safeguarded from abuse and improper treatment, and sufficient numbers of staff were not always available to meet people's needs. The provider submitted an action plan to tell us how they would improve the service. At this inspection we found some improvements had been made and the provider was meeting the regulations. However, other improvements were still needed.

Some areas of medicines administration required improvement. For example, some people were prescribed medicines to take when they needed them, rather than at set times. These medicines should have a protocol in place for their use to ensure they are administered consistently. Most of these medicines had a protocol in place, however we found medicine for one person had been received in the last week. This did not yet have a protocol in place. We made the registered manager aware who told they would address this.

Clinic rooms where medicines were stored were not always tidy. For example, bins were overflowing with bottles which were to be returned to the pharmacy. We found the recording practices for medicines subject to additional controls required improvement. For example, stock balances were not always accurate. In addition, records were not always in place to provide assurances medicines were kept at the required temperatures. This meant not all steps were taken to manage medicines safely.

Not all steps had been taken to reduce the risks from infection. We found dirty laundry had been placed directly on the floor of the laundry room. Items were stored on the floor underneath shelving which meant this area could not be effectively cleaned without first moving the items.

Relatives told us they were satisfied with the standards of cleanliness when they visited. One relative told us, "Staff are forever cleaning up." Another relative told us their relations accommodation was, "Spotless." However, we found not all areas of the home were cleaned to an acceptable standard. For example we found the laundry room sink was dirty and the inside of the kitchen cupboards had spilled food contents on them. The ovens, even though we were told they had been cleaned, still appeared dirty. The cleaning records contained numerous gaps and there were no cleaning records in place for one part of the service. In one communal toilet we found a bin used was not the most effective at reducing infection. The was because it was not foot-operated. Cleaning materials were not always stored in locked cabinets. We made the registered manager aware of our observations. On our second day of inspection, the registered manager told us actions had been taken to rectify the issues identified.

Some improvements were required to the safety of the premises. Hot pipes feeding the water tank were exposed in the laundry room. One the first day of our inspection we found a car had been parked in front of a fire door. We were concerned the car would obstruct the safe evacuation of people should they need to leave the premises in an emergency. We made the registered manager aware and they arranged for the car

to be moved. However, later in the day the car had again been parked in front of the fire door; the registered manager again responded and put up a sign so staff would be more aware not to park there. On the second day of our inspection the registered manager told us they had ordered permanent signs to ensure this area remained a free access zone. Other areas of the service also required fire signage and in one area, a handrail was required to assist people should they need to evacuate the building. On the second day of our inspection the registered manager told us the handrail had been fitted and the signage ordered.

We recommend that the service seek advice and guidance from a reputable source about the health and safety management of the premises.

Other areas of medicines administration were found to be managed safely. We observed staff showed people their medicines and explained what they were for. They asked people, "Would you like to take your medicines now?" The whole process was unhurried. Medicines were stored securely and we found medicines were in date. Medicine administration record (MAR) charts recoded when people had been offered their medicine and when this had been given, or a reason why the medicine had not been given had been recorded. MAR charts contained guidance for staff on how to identify when people, who may not be able to communicate, were in pain and required pain relief medicine.

People had recently completed pictorial satisfaction surveys and had indicated they felt happy and safe living at The Old Vicarage. Relatives we spoke with told us they felt their relations were safely cared for. One relative told us, "[Name] is really calm and happy at the moment." Another relative told us, "[Name] is a lot happier at the minute."

Staff understood how to recognise signs of potential abuse and how to raise a safeguarding alert. Staff understood how the provider's whistleblowing policy supported them to raise genuine concerns. Records showed staff had all been trained in safeguarding adults. The provider had completed the required pre-employment recruitment checks contained in the Health and Social Care Act 2008 for staff employed in delivering a regulated activity; this helped them decide whether staff were suitable to work at the service. The provider had taken steps to help ensure people were safe from abuse.

Care plans and risk assessments were in place for people's other healthcare associated needs. For example, nutrition, falls, tissue viability, moving and handling and risks from choking. We found one person who did not have an epilepsy rescue plan in place; the registered manager told us this would be completed.

Staff told us they were familiar with people's care plans and risk assessments. These had been redeveloped since our last inspection and were now based on a 'positive behaviour support' (PBS) system. The PBS system aims to help staff understand what maintains a person's behaviours and how they serve a purpose for the person. The model supports the development of strategies to prevent, reduce impact and safely manage situations where a person may express behaviours that challenge. It involves analysis and reflection of any incidents so that the staff team can learn from the incident and helps to ensure the care plan and strategies remain dynamic and can continue to evolve with the person.

Staff told us, and records confirmed incidents involving people's behaviours that could challenge had reduced since the introduction of the PBS system. One staff member told us, "The old care plans were all reactive, now they are proactive." They went on to say people seemed happier and were displaying less behaviour that challenged. A healthcare professional had recorded in their review of a person, "There has been significant positive changes to the entire service at The Old Vicarage; this has included a substantive personalised plan for [name] as a whole and a PBS plan for the more challenging elements of their presentation."

The provider had introduced individual incident logs to facilitate the reflection and management of incidents. Staff made records on behaviour charts as well as on incidents charts. Incident charts were reviewed by the registered manager and were intended to support management oversight of people's care. However, we found some incidents had only been recorded on behaviour charts and therefore had not been reviewed by the registered manager. One incident that had not been captured on an incident form involved a safeguarding referral being made. We discussed this with the registered manager who agreed this incident should have been included on the person's incident records. Due to the recent introduction of the PBS system it was not yet fully embedded; the operation's director told us further work was planned to ensure improvements were made.

Staff knew to report any other accidents and incidents and these were reviewed by the registered manager for any trends and what actions could be taken to reduce reoccurrence.

Relatives told us how important they felt staffing was to their relations' care. One relative told us, "Staffing is crucial; consistency is the most important thing." Another relative told us, "There are enough staff; there is less agency now." We observed people were supported by sufficient numbers of staff during our inspection visits. This enabled people to pursue their own personalised activities. For example, some people had gone out with staff whilst other people chose to stay at home and use the computer. The provider had taken action to improve recruitment of staff to work at the service; in addition, they had implemented incentives for staff to reduce the likelihood of them leaving. The incentives had been informed by staff views. This had resulted in the provider using agency staff less; they told us this helped ensure people were supported by staff that knew them well and had built a relationship with them. People were cared for by sufficient numbers of staff.

Good

Is the service effective?

Our findings

At our previous inspection we found a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because consent to care was not always sought in accordance with legislation and guidance. The provider submitted an action plan to tell us how they would improve the service. At this inspection we found improvements had been made.

The 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had policies in place that covered the MCA and making decisions in a person's best interests. When people lacked the mental capacity to make some specific decisions by themselves, these had been made in meetings with other professionals and relatives when appropriate. Relatives we spoke with confirmed they were involved in these decisions. These meetings were to discuss what decisions were considered to be in a person's best interests. Where appropriate, applications for DoLS authorisations had been made. These recorded any restrictions that were needed to help keep people safe. For example, we found restrictive clothing and additional restrictions needed when travelling in a vehicle were covered. Any conditions on authorisations were clearly identified. People's consent to their care and treatment was sought by staff in line with the MCA.

At our previous inspection, we found staff did not always use the least a restrictive approach to manage any behaviour that could challenge. As such, the use of seclusion and physical restraint had been used when this was not reasonable. At this inspection, we found incidents of this nature had reduced. Staff also demonstrated they understood and applied the least restrictive approach to people's care. For example, one staff member told us, "[Restraints] are proportionate and only as a last resort." Another staff member told us, "There has been a decrease in the need for restraint." While a third told us, "Seclusion is non-existent now."

Assessment of people's diverse needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. Records showed how people's disabilities had been assessed and what care was required to meet people's associated needs. For example, what methods of communication people used. This helped to prevent and reduce the impact of discrimination and helped to meet people's needs under the Equalities Act 2010.

Other assessments of people's needs were completed in line with current legislation, for example, decision

making was taken in line with the MCA. Where people required specific assessments associated with their health conditions we saw referrals had been made to the appropriate professionals, such as speech and language therapists. Assessment processes were in line with current legislation and standards and helped to achieve effective outcomes for people.

Staff told us they received training in areas relevant to people's needs and records showed this covered areas such as positive behaviour support, autism awareness, equality and diversity, epilepsy awareness and health and safety. One member of staff told us about their recent induction. They told us this included completing some training and working with a more experienced member of staff before they worked with people. Staff told us they were up to date with their training and records showed overall staff training was at 95 percent. The management team had a system in place to keep track of what training staff had completed and what date it needed renewing.

Staff told us they had supervision with the registered manager. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. Staff told us they could approach the registered manager or deputy for support in between supervision meetings when needed. We observed both the registered and deputy managers were responsive to staff when they had any questions throughout our inspection visits. The service had provided staff with the skills, knowledge and experience they needed to deliver effective care and support.

Relatives we spoke with told us their relations accessed other healthcare professionals when required. One relative told us, "Staff take [name] to the dentist and to any hospital appointments." Records showed professional advice was incorporated into people's care plans. For example, we saw the care plan for a person who used a sensory aid reflected the healthcare professional's guidelines for use. Most people had a 'hospital passport' in place that detailed people's needs, including communication needs, should they need a hospital admission. Hospital passports help to provide hospital staff with important information about the person and their health when they are admitted to hospital. We found one was missing for one person and the registered manager told us they would get one in place. People were registered with their local GP surgery and received annual health checks. People were supported with their health care and staff worked with other organisations and other professionals to ensure people received effective care.

People received care and support with their meals and drinks; where people enjoyed helping with meals and drinks this was promoted. One person told us they were going for dinner and told us what they would be having; they said, "It's good by me." One relative told us they had seen recent photographs of their relation cooking. On our inspection visit we saw one person had made themselves a snack. We also saw people were supported with hot drinks, juices and milk shakes throughout the day. Staff were knowledgeable on people who had special dietary requirements. For example, one staff member told us about a person who required their food cut into smaller pieces as they were at risk of choking. Staff told us people were involved in creating their own menus and they had access to sufficient amounts of food. People received a balanced and nutritious diet and any risks associated with malnutrition were identified and managed.

On our inspection visit some people showed us their rooms. One person showed us their collection of favourite DVD's and told us their room was decorated to their preferences. We saw other people's rooms were decorated to their taste and were personalised with pictures and soft furnishings. We viewed other communal areas, including an area with computer equipment a sensory room, and a lounge with a pool table and an art and craft area. Records showed people had been given opportunities to share their views on how they wanted to personalise their rooms. Adaptions, such as devices to automatically close fire doors should the fire alarm activate were also fitted where needed in the property. People's individual needs were

met through the adaption of their premises when needed.

Good

Is the service caring?

Our findings

People had recently completed feedback on the service. We saw these had asked people whether staff spent time with them and whether staff were polite and respectful and whether the person was happy. We saw people had responded positively to these questions. Some of their comments had included, "Happy," and, "I am really happy with my care." On our inspections visits we observed warm and respectful staff attitudes towards people. Staff quickly reassured people who were anxious and they responded promptly, calmly and sensitively. Relatives also told us they were happy that their relations were cared for by staff who were kind and caring. One relative told us, "There's a caring approach." Another relative told us, "The staff are really good with [name]."

Staff had received training in 'Valuing people and respecting difference,' and senior managers told us they used recruitment practices aimed at selecting staff with a caring approach to their work. Staff told us the interactions staff had with people, had improved since our last inspection. One staff member told us, "I have no worries over staff culture; I think the care for people is wonderful." As part of the staff handover meeting, staff discussed their ideas to celebrate a person's birthday; staff knew what the person enjoyed and were motivated to make sure the person would enjoy their birthday. The provider had taken steps to help ensure people were cared for by staff who demonstrated the values of kindness and care in their work.

We observed staff supported people to be involved in their care. We could see people had been involved in their care plans as they had told staff their likes and dislikes. People's viewpoints had been captured and reflected throughout, for example one person's care plan stated, "I told [name of staff member] that I do my own personal care and I don't need any help." Relatives and staff had included their own observations and knowledge about people. One relative told us, "We get to read the care plan and take bits out and add bits in." This meant people and their relatives were involved in making decisions about their own care, and their needs and wishes were reflected in care plans that staff followed.

Throughout our inspection we saw people's privacy was respected. Staff were observed to knock on doors before entering people's accommodation and to introduce themselves. Staff were observed to promote people's dignity by reminding people to adjust their clothing if needed. Relatives told us they could visit freely and people were supported to visit their relatives at their homes. One person said, "We had [name] stay over with us at the weekend." During our inspection visit one person was visiting their relative. People's privacy and dignity was respected and relationships with people's families and friends were supported.

People were supported to maintain their independence. For example, on our inspection visit people were supported to make their own snacks and pursue their own activities and interests. Staff told us another person was supported to help with their own laundry and make their own bed. People received care from staff who understood how to promote their independence and how to provide care with dignity and respect.

Good

Is the service responsive?

Our findings

At our previous inspection we found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people were not always supported in a personalised way which met their needs and respected their preferences. The provider submitted an action plan to tell us how they would improve the service. At this inspection we found improvements had been made.

During our inspection visits we saw people received personalised and responsive care. Staff knew people well. For example, we saw one staff member was intuitive to a subtle change in a person's behaviour and was able to interpret this and respond appropriately. Care plans and risk assessments supported personalised and responsive care as they included views from people, their relatives, other professionals and staff that knew them well.

People had a range of activities they enjoyed. We observed some people went out shopping for some new clothes they wanted. We saw another person went on a walk with staff. Other people had a trip to the cinema and bowling. People were free to choose to stay at home if they preferred. We saw one person spend time on their computer and saw another person enjoyed looking through magazines. The registered manager told us they had been able to take a person for a walk when they became anxious and the person became calmer. Throughout the inspection we saw people were free to spend their time as they wished and had access to a variety of past times. These included use of a sensory items, pool table, computers, games and arts and crafts. People were supported to spend their time as they wished and took part in activities they enjoyed.

Relatives told us staff knew their relations well. Although relatives commented that new staff would have to get to know their relations, they were reassured that they would be working with more experienced staff to learn about their relation's needs. They told us, "The staff that have been there a while know [name]; the ones that are just starting need to get to know [name], and listen to the existing staff." People's care plans contained information on how people liked to dress, the food they liked and their preferences for bathing and sleep. People's rooms were personalised with items that depicted their past and present lives and what their interests were. Care was centred on people's individual needs.

The Accessible Information Standard was being met. People's communication needs were assessed. Where people had communication needs identified, staff were knowledgeable on how to communicate with people. Each person had an individual social and activity programme that used a picture exchange communication system (PECS). PECS allows people with little or no communication ability to communicate using pictures. People were encouraged to use PECS and their PECS boards showed there was a good balance of social activities within the home and out in the community. Physical well-being was also a feature throughout the programme and included such activities as general walking to regular swimming sessions. One person who aspired to develop their independence had sessions on developing life skills and increasing their independence and confidence as part of their daily programme. People were supported to communicate in a way that helped them receive care and support that resulted in personalised and responsive outcomes.

People were provided with information, in a form they could understand, on how to make a complaint, raise a concern or make feedback about the service. People had also had individual satisfaction surveys and these had provided opportunities for people to feedback any comments. We saw people had used these to make comments and as a result the registered manager had met with them to discuss their comments further. This had led to improvements being planned for people. Relatives told us they knew how to complain and felt if they had need to, any complaint made would be investigated fairly. The provider had a formal complaints policy in place, to manage any complaints should they be received. We reviewed the complaints received since our last inspection and found these had been investigated and responses provided. Processes were in place so complaints and feedback would be handled in a transparent manner, and used to inform improvements to the service.

No one was receiving end of life care at our inspection visit. However, we saw people had been supported to think about and share their wishes for their future care. Records showed documents such as 'My living will' had captured whether people had any religious beliefs, and whether they had any music or readings that they would like to be included.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found one breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because systems and processes deigned to assess, monitor, improve and mitigate risks had not always been effective. In addition, we found investigations into concerns were not sufficiently robust and the provider had not always acted on feedback. The provider sent us an action plan with details of how they planned to improve. At this inspection we found some progress had been made, however we found improvements were still required, and we found a continuing breach of Regulation 17.

At the last inspection, we also found a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration Activities) Regulations 2009. This was because the provider had not submitted statutory notifications as required. At this inspection, we found the provider had submitted statutory notifications as required.

Systems and processes to improve the quality and safety of services were not fully effective. This was because the provider's audits of medicines had identified gaps in the temperature records for the medicines' cupboards in February and March 2018. However, at our inspection visit in April 2018, we still found numerous gaps in the records.

In addition, the provider had identified which medicines were subject to additional controls and these were subject to additional checks to ensure the correct amount of medicine was held in stock. However, we found these checks had not always identified discrepancies. For example, we found for one medicine the records indicated there were three tablets missing. We could not see what actions had been taken by the provider to establish why there was this discrepancy. We checked back through medicines administration record (MAR) charts and found the medicine had been administered; however, the register for this medicine had not been updated.

The provider had identified two staff signatures were required when some medicines were administered and we found two staff signatures had not always been recorded. In addition, the book used to record the stock and administration of some medicines subject to additional controls, had not been completed correctly. For example, an index sheet for records had not been completed and some pages were blank which meant the records did not run consecutively.

We found further concerns with the records of medicines. Some people were required to have medicines available for them to take at all times, and this included when they left the premises. On the first day of our inspection visit, two people had taken their medicines with them when they went out. There were no records to say this medicine had left the premises.

Nor had infection prevention and control audits and audits of the environment been effective at identifying risks and mitigating them. For example, infection prevention and control checks had not identified the issues we found in the laundry room and had not taken effective action to address the numerous gaps in the

cleaning schedules.

Checks on the safety of the premises had not always triggered actions as required. For example, water temperatures were checked to ensure they were at a safe temperature and would not present a scalding risk to people. The provider had identified the temperature range that was safe and had identified actions should be taken if temperatures exceeded this range. We found temperature readings had been recorded that had exceeded this range set by the provider; however, no action had been taken. The provider told us they would take action and would ensure that staff undertaking such checks in future would be competent.

This is a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager is required at The Old Vicarage and one was 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. The registered manager understood when notifications were required and had submitted these as needed. Notifications are changes, events or incidents that providers must tell us about. We also saw the CQC's rating for the service was on display as required.

The registered manager told us about the open culture promoted by the provider. For example they told us the provider had been open about the improvements needed at the service when they were appointed. The senior management team members we spoke with during our inspection were enthusiastic and passionate about the positive behaviour support model, and were focused on improving outcomes for people. They spoke highly of their staff team and supported staff to develop their skills and confidence. For example, we spoke with a staff member who had taken on a lead role within the organisation. They were clear about their role and how they contributed to achieving good outcomes for people. They told us, "I want to see people achieve and I want to enable people." People and staff also knew and had regular contact with the provider. The provider and registered manager had taken steps to ensure staff could approach them, be listened to and had taken steps to develop an open and transparent culture.

The service's aims were centred on the needs of people using the service. For example, staff were trained in areas consistent with the service provided, for example in positive behaviour support, autism awareness and epilepsy. Staff we spoke with were enthusiastic and positive about the quality of care they provided and the improvements that had been made since our last inspection. One staff member told us, "It's come on a lot; it's a lot better for people; we've got freedom to take people out more easily, and can do what they want to do." However, one staff member told us they felt some staff were not as competent as others and this sometimes still affected the quality of care provided. The senior management team acknowledged that staff were still learning and embedding the cultural changes and they would continue to support staff to reach a consistent level of competency and quality of care.

Staff told us communication between different members of the staff team worked well. We observed a staff handover meeting and found staff communicated important information about people at shift change. Minutes of staff team meetings showed staffs' views, opinions and ideas were welcomed and discussed. Staff had also been able to discuss any concerns in team meetings. Staff were involved in achieving high quality care for people.

People, relatives and staff had opportunities to be engaged and involved with how the service was provided. People and their families had been able to share their views on the quality and safety of services. Records

showed people had given their views in individual meetings. We saw these resulted in positive outcomes for people. For example, one person had identified they wanted to improve their bedroom; this led to them planning a shopping trip with staff to buy a new picture for their bedroom. Relatives and staff both told us they found the registered manager easy to approach and talk with. In addition, relatives had been invited to meet with senior managers and share their views on the development of the service.

Staff views were asked for, and we saw these had been listened to. For example, the provider had made changes to staff pay based on staff feedback. This feedback had been gathered through a staff satisfaction survey. Staff received feedback on the actions the provider had taken in response to their feedback. In addition the provider made opportunities to talk with staff through contact with staff representatives at regular meetings. Steps had been taken so that people, their relatives and staff were involved in improving the service.

Relatives, staff and records confirmed where other professionals, such as speech and language therapists had been involved in their care and treatment. We spoke with a visiting healthcare professional who told us they had delivered some training for the staff team on a person's specific sensory needs. They were positive about the staff groups' enthusiasm to take on their recommendations. We saw where their advice and guidance had been incorporated into care plans. In addition, we saw people enjoyed accessing activities in their local community. The service worked in partnership with other agencies and people accessed their local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not always been effective to assess, monitor and improve the quality and safety of services, and to assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others. 17(1)