

Creative Care (East Midlands) Limited

The Old Vicarage

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: The Old Vicarage provides accommodation for up to nine adults with a learning disability and/or autism. On site there is the main house which has four bedrooms, the bungalow which has three bedrooms and the stables which has two bedrooms. At the time of the inspection eight people were living at The Old Vicarage.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People were supported to take reasonable risks to enable them opportunities to lead a full life. People made decisions about what they ate and drank. People spent their day as they preferred were supported to take part in social activities of their choice, both in and out of the home to enhance their well-being

Clear plans were in place to promote positive behaviours and safeguard people from injury when they became anxious. Staff understood their responsibilities to safeguard people and were clear on reporting any concerns. People were supported to take their medicines in a safe way. Recruitment checks were undertaken, to determine the suitability of new staff and protect people that used the service. The risk of people acquiring an infection, was minimised as infection control procedures were in place and followed.

People were supported as needed, to ensure their preferences and dietary needs were met. Where people were unable to independently make specific decisions regarding their care; assessments were undertaken to determine the support they needed with these decisions. This ensured people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. People and their representatives were involved in their care to enable them to receive support in their preferred way. Healthcare services were accessible to people with staff support as needed, and they received coordinated support, to ensure their preferences and needs were met.

Information was available in an accessible format to support people's understanding. People maintained relationships with their family and friends and were encouraged to give their views about the service. This included raising any concerns they had. There were systems in place to monitor the quality of the service and drive improvement.

More information is in the full report below.

Rating at last inspection: Requires Improvement (report published 13 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we saw that improvements have been made.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

The Old Vicarage

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. 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: One inspector conducted the inspection over one day.

Service and service type: The Old Vicarage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with two people who used the service. We spoke with two people's relatives by telephone after the inspection. We observed the support people received from staff when in communal areas. We spoke with three care staff. We spent time with the registered manager and deputy manager during the inspection and with senior managers employed by the provider. We looked at the records held regarding two people's care and support and we checked how medicines were managed. We also looked at two staff recruitment files and other records to see how the provider monitored the support people

received.

We asked the registered manager to send us the homes action plan, so that we could see how the provider monitored the service to drive improvements. This was received in the timescale requested. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

At the last inspection incidents were not always reported to the Local Authority Safeguarding team in a timely manner. At this inspection we saw that practices had improved and safeguarding referrals were made following incidents as required.

- People felt safe with the staff. One person said, "The staff are nice and help me to keep safe." A relative told us, [Name] comes home for visits and is always happy to go back, it's their home and they are comfortable there. They never show any signs that they aren't happy." Another relative told us, "I think [Name] is safe with the staff. I have no concerns about the staff that are there; they are all great."
- Staff understood their responsibilities to report any concerns. They were provided with training and had a good understanding of the safeguarding procedure to follow.
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team to protect people from the risk of abuse.
- Staff understood people's needs and preferences and responded well to support people when they experienced periods of distress or anxiety.

Assessing risk, safety monitoring and management.

At the last inspection people were not consistently kept safe from risks associated with their health conditions, as not all care plans and risk assessments had been reviewed. At this inspection we saw care plans and risk assessments were regularly reviewed to ensure they remained relevant.

- Where people required support to reduce the risk of avoidable harm risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage their anxiety and behaviours.
- Where people required support to manage their behaviour support plans included physical interventions that may be used as a last resort. Staff were clear how to support people when they became anxious or upset and confirmed that people were supported through positive behaviour strategies. We saw that positive behaviour support plans were in place and had been followed. Staff had a good understanding of how to support people. One member of staff told us, "We follow people's positive behaviour plans and can usually support people to feel calmer through discussion and relaxation." We saw and staff confirmed they had received an accredited method of physical intervention training, to ensure people were supported safely.
- Equipment was serviced as needed to ensure it was safe for use. Emergency plans were in place to ensure

people were supported in the event of an emergency.

Staffing and recruitment.

At the last inspection some recruitment records were not in place at the home, to demonstrate that thorough checks had been undertaken. At this inspection the recruitment records we reviewed included all the required information to demonstrate that thorough checks were undertaken on new staff to ensure they were suitable to work with people.

At the last inspection people did not consistently have enough staff available to support them to access the community as they wished. At this inspection we saw there was enough staff to meet people's needs and preferences; including supporting people to go out as they wished.

- Sufficient staff were available to support people according to their preferences and needs. Throughout the day the majority of people were out with the staff that were supporting them. Some people required two staff to support them when they went out and we saw sufficient staff were available to provide this support. People were supported to access community activities that they enjoyed. One person told us that they didn't want to go out that day and we saw staff respected this and supported them to spend time at home as they wished.
- The appropriate references and checks were completed for new staff in line with current guidance.

Preventing and controlling infection.

At the last inspection although cleaning schedules were in place and the home appeared clean, audits had not been undertaken to show that infection control procedures were monitored. At this inspection we saw improvements had been made.

- Audits had been undertaken to monitor the infection control procedures and make improvements when identified.
- Cleaning schedules were in place to maintain housekeeping standards.
- Staff followed good infection control practices and used personal protective equipment such as disposable gloves, aprons to prevent the spread of healthcare related infections.
- The home had been rated five stars by the food standards agency in July 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff wore personal protective equipment to ensure hygiene standards were maintained.

Using medicines safely.

- People received support to take their medicine in their preferred way.
- Staff who administered medicine received training and their knowledge was checked to ensure they understood how to do this safely.
- Medicines were managed safely and medicine records had been signed to demonstrate that people received their medicines as prescribed and in a safe way.

Learning lessons when things go wrong.

- The registered manager analysed all accidents and incidents each month. This was to enable them to look

for any patterns or trends and act as needed to minimise risk.

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

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

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

At the last inspection people's Health Action Plans (HAP's) were not consistently kept up to date with information about health appointments and outcomes. At this inspection we saw improvements had been made.

- HAP's were kept up to date and contained current information regarding people's health care needs and appointments and outcomes.
- People received support from health care professionals as and when needed, such as GPs, community learning disability teams and mental health services.
- Staff understood people's health care needs and the support they needed to manage them.
- Relatives confirmed their relations health needs were met. One relative told us, "The manager has been very proactive and ensured [Name] gets the support they need. It has made all the difference to them."

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

- People's needs were assessed to ensure they could be met and included sufficient detail to ensure outcomes were identified and people's care and support needs were regularly reviewed.
- Support plans contained information to support specific health conditions and dietary requirements
- People were supported to make choices to promote their wellbeing.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, people were supported to attend annual health checks.

Staff support: induction, training, skills and experience.

- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles. Staff explained how new staff were supported through shadowing experienced staff and completing training. We spoke with a member of staff who had recently commenced employment and they told us "I am shadowing at the moment and getting to know people. All of the staff have been really helpful and supportive."
- Staff received training for their role and were provided with supervision on a regular basis by the registered manager. One member of staff told us, "The training is really good. There is a mix of online and classroom. From induction and onwards training covers people's specific needs like autism and epilepsy and MAPA"

MAPA is the management of actual or potential aggression and is training programme that teaches staff techniques to support people to keep safe; using the least restrictive methods.

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

- People received support to eat a healthy balanced diet and they had made choices about the kind of food they enjoyed. One relative told us, "[Name] goes food shopping with the staff, they really enjoy choosing what they want to eat."
- Staff were aware of any specialist diets that people required.

Adapting service, design, decoration to meet people's needs.

- The design of the home enabled access for people that used wheelchairs and people could walk around with or without staff support as needed.
- Sufficient space was available for people to speak with their visitors in private if they wished to.
- The outdoor space was secure to keep people safe and a variety of garden furniture and equipment was available for people to use. A rotary washing line was available for use and one person chose to use this to dry their laundry.
- Equipment were available to ensure people with mobility needs could access facilities.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- When people did not have the capacity to consent to some decisions, assessments were in place to demonstrate this and care plans guided staff on how the person's needs should be met.
- Staff knew how to support people with decisions and the principles of least restrictive practice.
- Where people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had positive relationships with the staff who supported them.
- One person told us, "I like all the staff and I can choose who I want to go on holiday with me."
- We saw caring interactions between staff and people. One member of staff said, "I love working here. The support people get is focused on them, what they like and want to do. It's a great job."

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

- Staff understood people's communication methods and saw staff could communicate effectively with people.
- People were enabled to make choices about the care they received. For example, monthly meetings were held between people and their key staff member. At these meetings they looked at the different social activities they had undertaken and what they would like to do or things they preferred not to do again. Where people were unable to communicate this; the staff assessed the person's enjoyment of an activity. This enabled staff to support people in doing what they enjoyed.
- People with restrictions placed upon them were supported by Independent Mental Capacity Advocate's (IMCA). This was to ensure they were appropriately protected and any restrictions were carried out lawfully.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy were upheld to ensure that their rights were respected.
- People's families and friends could visit without restriction. One relative told us, "The staff are lovely and very welcoming, although usually [Name] comes to see us, which is lovely."
- People's relatives were encouraged to join in with events organised. One relative told us, "They organise events here. It's really nice for us all to get together."
- Confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery

Improving care quality in response to complaints or concerns.

At the last inspection some health and social care professionals expressed concerns that issues they raised were not always addressed in a timely manner; and the provider had not improved opportunities for people to give feedback on the quality of care. At this inspection we saw improvements had been made.

- Recent Feedback from health and social care professionals confirmed that improvements had been made at the service.
- People and their representatives were provided with opportunities to give feedback about the quality of care provided.
- Relatives told us they were confident any concerns raised would be addressed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- The support each person received was individualised to meet their needs and preferences. One person told us about their holiday plans this year, and confirmed they could choose the staff members they wanted to support them on holiday.
- Staff had a very good understanding of each person and respected their wishes and supported them accordingly. Staff were passionate about providing individualised support to people. One member of staff told us, "Everyone here gets the support they need, the support is very person centred."
- The provider complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was provided in an accessible format around the home by using pictures and signage to support people's understanding.

End of life care and support.

- At the time of the inspection all of the people that used the service were younger adults and no one was receiving end of life care. We saw that information regarding people's end of life wishes was being gathered with input from people's family members where this was relevant.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection there was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not appropriately notified the Care Quality Commission of all significant events as they are legally required to do. Since the last inspection improvements have been made.

At the last inspection the governance of the service required improvement. Systems and processes in place had identified a range of issues but improvements had not been made in a timely manner. At this inspection improvements had been made.

- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home and on the provider's website in line with our requirements.
- Audits were undertaken each month with dates for the actions required and when these had been completed. For example, where people's care plans required updating to reflect their current needs we saw this had been completed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care.

- Staff told us they felt supported and encouraged to develop in their role. Staff confirmed they received regular supervisions and felt supported by the management team. One member of staff told us, "The manager and the deputy are very supportive and always available to talk to."
- Staff told us they worked closely together to support one another and share information. They talked about the individualised support people received and the positive team work.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.

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

- Monthly meetings were held with people who lived at the home and feedback was responded to.
- Questionnaires were sent out to relatives, staff and visiting professionals to gather their views and they were used to drive improvement. One relative told us, "The manager gets things done, she is passionate about improving people's lives and giving them opportunities to develop. We are very happy with the support provided."
- Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.
- There were strong relationships with local health and social care professionals and with the local community.