

Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

Wellow Road
Old Ollerton
Mansfield
Nottinghamshire
NG22 9AD

Tel: 01623824689

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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 is a residential care home which provides accommodation and personal care for up to fourteen young adults whom are living with a learning disability. At the time of our inspection, thirteen people were living there. The home is split into six areas; two single apartments, one apartment for two people, the main house for four people, another apartment for four people and a cottage for two people.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported by staff to exercise choice in how they lived their lives. Independence and inclusion were important aspects of people's lives as they participated in home and leisure opportunities.

Staff understood their responsibility with keeping people safe. Staff assessed, managed and regularly reviewed risks to people's health and wellbeing. Care plans detailed how to manage behaviours that challenge in a positive way that protected people's dignity and rights. Staff recorded accidents and incidents appropriately. There were enough staff to ensure that people's needs were met safely. People received their medicines as prescribed and there were good infection prevention and control practices in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They ensured that people were supported to maintain good health and nutrition. The environment was adapted to meet people's needs. People were supported by staff who had relevant training, skills and experience to care for them. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing.

Staff had meaningful relationships with people and shared interests. We received many positive comments from people, relatives and health and social care staff. Staff respected people's privacy and dignity.

People had personalised support plans which were regularly reviewed. People's support plans included information about their wishes and incorporated information about empowering people to be independent. People were supported to live full and active lives. Staff identified people's information and communication needs and provided this support so people had a voice. Complaints were appropriately followed-up by the provider.

There was a strong and positive focus on continuous learning and improvement. Regular audits took place to measure the success of the service and to continue to develop it. People, staff and the registered manager described a culture which focussed on people and ensuring they received good care. Staff worked well with other health and social care professionals to support people. The providers rating was displayed on their website and within the home. We had received notifications of events and incidents and this enabled us to

reflect on the action the provider is taking to ensure people's ongoing safety.

More information is in the full report below.

Rating at last inspection: Rated as requires improvement, report published 19 June 2018.

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

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.

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.

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:

An inspector and inspection manager completed the inspection.

Service and service type:

The Old Vicarage is a care home. People in care homes receive accommodation and 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. The registered manager was on annual leave at the time of the inspection.

Notice of inspection:

The inspection was unannounced.

What we did:

We used information we held about the home which included notifications the provider sent us to plan this inspection. The provider completed a Provider Information Return but due to our technical error, we did not receive this in time to inform our planning. 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. However, we gave the provider throughout the inspection the opportunity to provide us with any ongoing developments or improvements.

We used a range of different methods to help us understand people's experiences. Some people were unable to communicate verbally with us and some declined consent to be spoken to. We observed the

support people received from staff when in communal areas. We spoke with one person who lived at the home about the support they received. We also spoke with two people's relatives to gain their feedback on the quality of care received.

We spoke with the deputy manager and the operations manager to gain an understanding of the management of the service. We also spoke with two senior care staff and two care staff. We reviewed care plans for two people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management and quality assurance records. After the inspection, we spoke with two health and social care professionals on the telephone to gain their feedback.

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.

At our last inspection we found that this required improvement. At this inspection, we found improvements had been made in medication record-keeping and the management of health and safety.

Using medicines safely

- Medicines was managed safely. Staff followed organised systems to ensure safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- One person with limited mental capacity required their medicines to be given without their knowledge. We saw records which confirmed the decision had been made in the person's best interests with involvement from appropriate health and social care professionals.
- Some people had specialist diets due to the risk of choking. One person told us, "I have my medicine with yoghurt to help me swallow them." The care plan included these details to ensure the person would be supported in this way.
- When people went out for the day or went to visit family there was a system in place to ensure people still receive their medicine as prescribed.

Preventing and controlling infection

- Practices were in place to ensure prevention and control of infection protected people.
- We observed each area of the home to be clean and everywhere was free from odours.
- Staff had access to personal protective equipment such as gloves and aprons.
- One member of staff told us a recent food hygiene inspection had been satisfactory.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "I feel safe with the staff."
- All the staff had received suitable and effective training in this area. Staff were able to tell us what constituted abuse and they understood their responsibility with keeping people safe. A member of staff told us, "It is about making sure people are protected from harm but also from each other. You have to make sure their wellbeing and health needs are met."
- Staff told us they were aware of the safeguarding policy and felt confident they would be supported if they were to raise any concerns.
- We saw staff had followed up any safeguarding concerns correctly and other health professionals had been involved where necessary.

Assessing risk, safety monitoring and management

- Staff assessed, managed and regularly reviewed risks to people's health and wellbeing.
- Risk assessments were person-centred and some were in an easy-read format to make them accessible to people. For example, we saw personal evacuation plans included details of where people spent their time and the best way to support them in the event of an evacuation.
- People were cared for in line with their care plans and risk assessments. One person told us, "I have to have my food chopped up to stop me choking." Staff we spoke with were aware of people at risk of choking and their records confirmed this.
- Care records included information on positive risk-taking to maximise people's control and independence. For example, how to support people to cook their own meals and do their own shopping.
- Staff told us a maintenance team checked and managed the premises and we saw members of this team working throughout our inspection.
- Care plans included details of how to manage behaviours that challenge in a positive way that protected people's dignity and rights. The provider had started a new care model to approach behaviours that challenge differently. This included information about triggers, proactive, active and reactive strategies to try and prevent the use of restrictive action.

Learning lessons when things go wrong

- Lessons had been learnt following analysis of incidents.
- Staff recorded accidents and incidents appropriately. The staff and registered manager regularly reviewed and analysed accidents and incidents to identify themes and gaps in knowledge. With this analysis, staff were able to see as required medicines were used more effectively and there were little to no incidents on a Friday. Staff then applied this practice throughout the week to reduce the number of incidents.
- The provider held workshops regularly for staff to be able to review incidents for individuals and across the service. A health and social care professional told us, "I'm always getting phone calls asking for analysis and they are willing to help with this. They are doing fab and you can see the trends in restraint and incidents going down."

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. Staffing levels were designed around individual needs and planned activities.
- Staff told us how a change in shift patterns had allowed for more consistency and there was a positive impact for people. One member of staff told us, "The shift changes have freed up time for management and so we can be flexible if people need 2:1 to go out or if we need to move around the units." Another staff member told us, "The separate staff for 2:1 support stops people's hours being used for core care. Now people go out much more." A relative told us, "The staff are consistent which is reassuring for us."
- We observed staff being moved around units to accommodate for a last-minute shift change. One member of staff told us, "There has always been enough staff. If people go off sick, it is covered straight away. Management will always stay on shift to help."
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed. Staff told us they were unable to start work until all their checks had been completed.

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.

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

- People's needs, and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.
- A health and social care professional told us, "They are so person-centred."
- Staff told us how support plans were regularly reviewed, and people and their relatives were involved in this process.

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

- People had a balanced diet and could exercise choice with their meals.
- People were supported to make their own meals depending on their abilities.
- One care plan read, 'I like staff to do a weekly menu with me, so I have a choice of the meals each week.'
- Staff showed understanding of people's dietary needs and these were clearly documented in care records. One person required a special type of milk, they were supported with their shopping and to learn how to buy this.

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- Staff completed an induction before working unsupervised. One member of staff told us, "I have done some shadow shifts and was slowly introduced to the people."
- We saw records of training and this included specialist areas such as epilepsy, positive behaviour support and restraint. Staff confirmed that outside agencies would deliver more training when requested. For example, an Occupational Therapist completed some sensory training at a recent staff meeting.
- Staff felt their training equipped them to be able to carry out their role. One member of staff told us, "It is good to work here. They give you loads of training."
- Staff had ongoing support through supervision and appraisals. One member of staff told us, "I have regular support and we talk about how things are going. All the staff have made me feel really comfortable."

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

- People received good outcomes for their health and wellbeing.
- Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing.
- A relative told us, "They do really well with [name's] condition and even new staff are able to recognise changes."
- A health and social care professional told us, "Staff liaise with other professionals to support people's ongoing health needs."
- We saw care records included information about any referrals and correspondence with health professionals.
- When people required care from other professionals, for example in hospital, a plan was completed which would travel with them, this is called a health passport. Staff had developed, maintained and used health passports consistently to ensure appropriate transition through care.
- Staff supported people with ongoing health needs. One person had recently had a blood test for the first time in years with staff support.

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

- People were involved in decisions about the premises and environment. Individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- People's rooms were designed and decorated to their taste. For example, we saw one person's apartment was decorated with photographs of their friends. Another person showed us their bedroom which was full of train memorabilia to reflect their interest in trains. One person told us, "My room has lots of posters of my favourite band."
- People were supported to access the garden and on the day of inspection, two people had been into the garden for a picnic.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of mental capacity and how to support people to make their own decisions. One staff member told us, "People have more capacity in some decisions than others. You need to understand people can make unwise decisions as well. With [name], we have to show them choices with food as their understanding can be different some days."
- 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.
- Where people were under the local authority restriction of a DoLS. We saw the appropriate information had been recorded and shared with staff.
- Staff supported people in the least restrictive way. A health and social care professional told us, "Their knowledge of capacity is very good. They have certainly got the idea about least restrictive practice."

Another health and social care professional told us, "Their aim is to be as least restrictive as they can be." A staff member told us, "It is all about seeing them as a person not a behaviour."

- Staff told us how after training and collaboration with health professionals, the use of physical restraint had been reduced.

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; respecting equality and diversity

- People had caring, kind supportive relationships with the staff who supported them.
- We observed kind and caring interactions between staff and people throughout our inspection.
- Relatives we spoke felt the staff were kind and responsive. One relative told us, "I think they have done tremendously. [name] is happy here." Another relative told us, "It is fine here. [Name] is well looked after." We read feedback in the quality assurance records which said, '[Name] clearly has a good relationship with the whole staff team.'
- Staff had meaningful relationships with people and shared interests. One member of staff told us they were asked about their music interests and had been matched with someone who shared those interests.

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

- People were supported to be involved in their care. One person told us, "I can do what I like. It is very nice here."
- Care records detailed people's likes and dislikes and how staff should offer choices in a way each person would understand.
- We saw information about advocacy was available in an easy-read format to make it accessible for people.
- Relatives were invited to be involved in people's care. One member of staff told us, "[Name]'s family are invited to the reviews. We generally update parents daily." A relative told us, "Staff are fully aware of [name's] changes in their mood and epilepsy and they help us with that."
- Staff recognised the possible difficulties in managing the views of the person versus their parent's views. One staff member told us, "It's that fine line between the person and the parent's choices. We try to manage this as best we can." For example, staff had mediated for a person when they had a desire for a music system.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One person told us, "The staff always knock."
- Staff had clearly recorded people's protected characteristics in care plans and there was information on people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.
- We saw staff responded promptly to any discomfort and understood people's needs. Staff were observed to be discreet when supporting people when they became anxious.
- A member of staff told us, "We want people to be as independent as they possibly can. That's our aim."
- Staff told us how different levels of support was given with daily tasks. For example, some people liked to

be involved in the laundry and support was given to enable them to do this.

- Staff respected people's choices about their health and wellbeing. One member of staff told us, "I talked to [name] about what they wanted to do. They like to go out but also like some one to one time." Another staff member told us, "People have a choice. Some people like chill time and that's also important."
- People were supported to maintain relationships. Staff told us about a local disco that people attended where they had been able to build relationships with other people from different care settings. Staff had also supported a person to attend a family event.

Is the service responsive?

Our findings

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

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 support plans were personalised and included preferences, interests and dislikes.
- One care plan read, 'Be patient with me whilst I explain and talk. It is best to include someone with me who knows me well so that they understand.'
- Staff were able to articulate to us what people liked and did not like.
- Care records included a pictorial health action plan. People and their relatives were able to be involved in this plan and there was evidence of health professional involvement.
- People were supported to live full and active lives. On the day of our inspection people had enjoyed going out to the zoo, the shops and to medical appointments. Some people were going out to a local disco later that evening. A relative told us, "They definitely try to provide a full life."
- Each person had an activity plan, and these were updated regularly with the person. One person told us, "I like to go bowling and to the pub." A member of staff told us, "They all get asked what they want and what they'd like to do."
- A health and social care professional told us, "Staff support [name] to the disco even though it can sometimes make the day more challenging. Staff keep pursuing it as they know how much the person loves it."
- People had received an assessment so that staff were confident in the way each person communicated. Staff understood the Accessible Information Standard and could meet identified needs. The Accessible Information Standard was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, one person used sign language and they had a communication book to aid them also.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt confident they would be listened to.
- One person told us, "I would speak to the staff if I was worried. Staff listen to me."
- Easy-read posters about how to make a complaint were displayed around the home.
- Records showed us complaints were addressed, reviewed and followed up appropriately by the registered manager.
- Other informal complaints had also been addressed. One member of staff told us, "We tend to deal with concerns and grumbles at parents' meetings and at service user meetings."

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The provider understood the importance of talking about this topic and they had recently sent letters to

parents to initiate a conversation around people's end of life needs.

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.

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because systems and processes designed to assess, monitor, improve and mitigate risks had not always been effective. The provider submitted an action plan to tell us how they would improve the service. At this inspection we found improvements had been made and the regulations were being met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Following their last inspection, the provider had a re-organisation and introduced a new audit system.
- Regular audits took place to measure the success of the service and to continue to develop it. A member of staff told us, "The audits have helped as we are looking at things from a different perspective."
- The provider showed understanding of challenges they faced and was acting to address these. A member of staff told us, "We have worked to the level of getting things safe and now we start the innovation. I'm excited for the work we've got to do."
- There was a strong and positive focus on continuous learning and improvement. A staff member told us, "We really have a culture for improvement." Another member of staff told us, "We want to celebrate our successes. There are challenges here but it is exciting."
- The provider had been working closely with a specialist in positive behaviour support and staff gave positive feedback about this. One member of staff told us, "Our culture with restraint has improved with positive behaviour support input and the new staff." Another member of staff told us, "We have a positive behaviour support strategy framework now to help us recognise values and service accomplishments."
- People, their relatives and visiting health and social care professionals were invited to give feedback. The provider then used this information to inform changes. For example, one person asked to be involved in the recruitment of staff and staff were working to make this happen.
- Steps had been taken by staff to ensure people's voices were being heard and regular meetings had been planned. One member of staff told us, "We had to adapt the meeting to meet people's communication needs. For example, one person, contributed by writing their thoughts down and placing it on the wall."

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

- People, staff and the registered manager described a culture which focussed on people and ensuring they received good care.
- A staff member told us, "I want us to be more innovative. There is a whole world of opportunities out there for people and we just cannot take our foot off the pedal."
- A relative told us, "We have been very reassured by the improvements they have made."
- People told us they knew the registered manager and other management staff well. One person told us, "[Staff member name] is awesome. They listen to me."
- Staff spoke positively about the management of the service. A member of staff told us, "You really can talk to the managers and they listen. They are all welcoming." Another member of staff told us, "The management are approachable. I feel confident in them and they keep any concerns we raise confidential." A health and social care professional told us, "I have really seen quite a lot of improvement at the Old Vicarage. The manager is so fabulous."
- Staff received regular feedback about their performance and they told us how a recent change in shift patterns had a positive impact. One member of staff told us, "The team managers have more time now for staff."
- The registered manager understood their responsibilities of registration with us. They ensured we received notifications about important events so that we could check they had taken appropriate action.
- We saw the rating from the last inspection was visible in the home and on the provider's website.

Working in partnership with others

- Staff worked well with other health and social care professionals to support people.
- A health and social care professional told us, "They have taken all our suggestions on board and really listen to what we have to say."