Creative Care (East Midlands) Limited

The Old Red Lion

Inspection report

Old Red Lion
Town Street, Treswell
Retford
Nottinghamshire
DN22 0EJ

Tel: 01777248877
Website: www.creativecare.org.uk

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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

The Old Red Lion is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates six younger adults across two separate buildings: the Main House and the Coach House with specially adapted facilities. There were five younger adults living in the care home on the day of our inspection.

The care 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems and processes were in place to keep people safe from the risk of harm and abuse. People had their medicines administered safely by trained and competent staff. The service was clean and staff adhered to safe infection control practices.

Where people were unable to make decisions for themselves staff supported them in the least restrictive way possible and adhered to national guidance.

Prior to admission people had their care needs assessed and their care was planned in line with up to date guidance and legislation. There were sufficient staff to care for a person's individual needs and staff were trained appropriately. People were provided with a balanced and nutritious diet and had timely access to a range of healthcare services.

People were cared for by kind, caring and compassionate staff and staff had a good understanding of individual needs. People and staff got on well together and the service had a family atmosphere. People were cared for as unique individuals and their privacy and dignity were respected.

Staff communicated with people in a way that helped the person understand what was being said to them. People had a structured programme of internal and external activities tailored to individual needs and skills.

Relatives spoke highly of the care they received and the attitude of staff. Staff enjoyed working at the service and were proud of their achievements. The provider had a robust approach to monitoring the quality of the care people receive. The registered manager had built a good relationship with key organisations and the

local community.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Old Red Lion

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 was planned to check 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 comprehensive inspection took place on 21 March 2018 and was announced. This was because we wanted to be sure that the people who lived in the service would be at home. The inspection team consisted of one inspector.

We did not request 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. However, we offered the provider the opportunity to share relevant information with us during the inspection.

Before the inspection we reviewed any information we held about the service. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the area manager, two team leaders and two support workers. We also observed staff interacting with people in communal areas, providing care and support. Following our inspection we spoke with two relatives by telephone and the registered manager. In addition, the area manager sent us further information to support our inspection.

We looked at a range of records related to the running and the quality of the service. These included three staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for four people and medicine administration records for five people.

Good

Is the service safe?

Our findings

People were supported by staff who understood how to protect them from avoidable harm and to keep them safe. Staff had access to safeguarding and whistleblowing policies and we saw information on how to raise a concern was on display in the office. We spoke with a member of staff who had recent experience of raising a safeguarding concern. They told us that the registered manager referred their concern to the local safeguarding authority, their concern was fully investigated and appropriate action was taken to keep people safe from harm.

Risk assessments were undertaken for all aspects of a person's life, both inside and outside the service. For example, the person who lived in the Coach House has been assessed as competent to be on their own overnight and could alert staff if needed by using assisted technology. We saw where a person enjoyed "shed time" that they had their risk of harm assessed when using woodwork tools.

Weekly health and safety compliance checks were carried out to ensure that the environment and equipment checks were up to date, including electrical appliance testing, window restrictors and vehicle checks.

Relatives told us that they were confident that staff kept their loved one safe. One relative spoke of incidents involving another person who lived in the service and said, "I've been assured that appropriate action has been taken to reduce these incidents." We looked at the other person's care record and saw that steps had been taken to keep the person and others safe.

There had been a high staff turnover towards the end of 2017. In response to this the provider introduced a new role; a senior team leader, to support care staff to deliver safe care to meet people's needs. One member of staff told us, "Staffing has improved. We have safe staffing levels." We looked at the duty rota and saw that staffing levels varied from day to day, depending on the structured activities that people were scheduled to take part in and the associated risks. For example, if a person was having a trip out in the minibus then they would have two to one support, but if they were being supported to tidy their room and help with their personal laundry then it would be one to one support.

A robust recruitment and selection process was in place and staff had been subjected to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. A staff member told us, "I have been involved in interviews. It is a robust process. Candidates are given care scenarios to work through and their care ethic is assessed."

Robust systems were in place for the safe ordering, storage, administration and disposal of medicines. We found that peoples' medicines were managed consistently and safely by staff who were assessed as competent to do so. We looked at medicine administration records (MAR) for five people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were

recorded. Support staff had access to current national guidance, internal policies and individual protocols signed by the person's clinical psychologist or GP to enable staff to administer medicines safely.

Staff had access to and used appropriately, protective equipment such as single use gloves and aprons. Some areas of the kitchen required attention to prevent the risk of infection, such as the seal between the work surface and backing tiles. The area manager sent us photographic confirmation the following day to show that these risks had been put right.

Some household detergents were stored in an unlocked cupboard in the kitchen. We brought this to the area manager's attention who immediately took action to rectify this and keep people safe from harm. All household detergents are now stored in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

Good

Is the service effective?

Our findings

People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice.

Staff had the skills and knowledge to deliver care effectively. New staff undertook an induction programme, before they worked without supervision. A senior member of staff told us, "They do a full induction week, supernumerary for their first four shifts to observe more experienced staff." Staff and families told us that the provider's approach to training had recently improved and took a person-centred approach. A member of staff said, "Training is very good…it is structured around the individual person." Another member of staff who had recently completed their induction programme said, "I'm on a six month probation period. During my induction I was given time to read all the care plans and ask questions and discuss things with the team leaders."

In addition to induction and mandatory training, staff were provided with training relevant to the needs of the people who lived in the service. A staff member told us about the benefits of a training programme they were undertaking called Management of Actual and Potential Aggression (MAPA). "I'm learning how to keep people safe and recognise the triggers than can make them aggressive."

We saw that staff understood a person's capabilities and limitations. For example, we observed one person and their support worker prepare their breakfast. We were told that this person could easily become upset. We saw that their support worker used their name and remained with them all time. With gentle prompting and praise the person was enabled to be as independent as was possible and got their cereal bowl from the cupboard and choose their cereal..

One person had a structured activity programme and looked forward to their weekly horse riding lesson. However, their lesson was cancelled at short notice. Staff were aware of the negative effect this could have on the person and diffused a potentially volatile situation by suggesting to the person that they went out to lunch. The support plan supported this action and recorded that the person needed structure to their day, wanted to be kept busy, did not want to be kept in the house all day and did not want to be alone.

We looked at the personal files for three members of staff with varying levels of experience in caring for a person living with a learning disability. We saw that the received regular supervision sessions and areas for improvement and training needs were identified and actioned.

The menu plan for the week was on display in the kitchen. Staff knew peoples' individual likes and dislikes and the menus were planned to acknowledge these. Where a person was at risk of putting on excess weight, they had been referred to their GP and staff now supported them to eat a healthier diet.

The staff had a good relationship with health and social care professionals who were involved with people who lived in the service. We saw evidence of multi-professional meetings to discuss individual health and social care needs. One relative told us, "The registered manager will not hesitate calling the GP if needed

and secures an appointment for the same day."

People were supported to maintain good health and had access to healthcare services such as their GP, dentist and clinical psychologist. In addition, people had a health action plan, presented in large print and easy read versions. It was a record of all aspects of their health and wellbeing, including medical and dental consultations and health checks relevant to their age, gender and cognitive and physical ability.

People had their own bedroom and these were decorated and adapted to meet the needs and preferences of the individual. For example, wall decoration, curtains and bedding were chosen by the person and their relatives.

There was an on-going programme of improvements to the décor, fabric and design of the service. The stable block had recently gone through a major conversion and provided people with a supervised kitchen to improve their skills in food preparation and cooking and a ball pool room. In addition, we saw that work was in progress to introduce an art and craft room and a new sensory room. Plans were in place to convert a room in the main house into a cinema. This was in response to feedback from people who lived in the service.

The decoration of public rooms reflected individual needs. For example, the walls in one television lounge were painted in a neutral colour. We discussed this with a senior member of staff who explained that patterned walls or bright colours may over stimulate some people and this could impact on their behaviour and wellbeing. Whereas, a second television lounge was decorated with pictures of Disney characters, this was in response to the preferences of the people who used that room who had chosen the pictures.

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. Staff understood the principles of MCA and acted in accordance with the law. For example, people who lived in the service had received polling papers for a local government election. Support staff had undertaken individual mental capacity assessments and found that people lacked the capacity to understand and make a decision on how to cast their vote.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Five people living in the service at the time of our inspection were subject to a DoLS authorisation.

When a person was unable to make an important decision for themselves, they were supported by an independent advocate to speak on their behalf. One person and their family were being supported by an advocate to make the right decision when moving to another home.

Good

Is the service caring?

Our findings

People were supported by kind, caring and compassionate staff. Staff had enrolled on a five day course to deliver positive behavioural support to people who lived in the service. This model of support was designed to improve the wellbeing and happiness of people living with a learning disability and give their life meaning. After our inspection we spoke with the registered manager who shared the positive impact this had on one person's life. The person has had fewer incidents of challenging behaviour, their medicines have been reduced and their two to one support needs have been reassessed and input reduced. However, overall the person's access to the community has significantly increased and their high sensory needs have been addressed with an annual pass to a well-known theme park.

People's relatives were made to feel welcome in the service and could visit or contact their loved one anytime. One person's relative told us, "I speak every night to staff and have a handover on their day. [Person's name] likes being with staff. They enjoy their chores and food shopping. They push the trolley and put the food on the conveyor belt." We saw that people had regular visits from their relatives and often went home for the weekend or out for meals.

People living in the service had difficulty to communicate verbally. Staff used different verbal and non-verbal communication methods with each person to enable them to express themselves. For example, one person did not speak English as their first language. In order for the person to have a greater say in their life, staff adapted a well-known evidence based functional communication system, Picture Exchange Communication System (PECS) from English into the person's first language. In addition, staff learnt how to use and pronounce these words to improve the person's engagement with them. The immediate benefit of this was that the person now visits shops and restaurants from their own cultural background. Another person used key words to express their needs, such as "keys" meant that the wanted to go out and "purple ouchie", meant that they had a bruise.

Staff respected peoples' need for their personal space. For example, a person had a sensory room off their bedroom that they could retire to and relax. To promote another person's independence in choosing their own clothes to wear each day, they had photographs of their clothes on their wardrobe and chest of drawers to help identify the contents.

The Coach House had been converted to provide self-contained accommodation over two floors for two people. There was one person living there at the time of our inspection. The objective for this accommodation was to promote independence. Staff told us that the person who lived there was encouraged and prompted to undertake their own laundry and food preparation to improve their living skills. We saw that the accommodation had been personalised and was a reflection of the person's organisation skills.

Good

Is the service responsive?

Our findings

Before a person moved into the service staff worked in partnership with them and their family to ensure a smooth transition from their family home into the service. Several "small steps" were taken to enable the person and staff to get to know each other and build mutual trust. One person's parent provided a slide show of their loved one's life. A member of staff told us how valuable this was and said, "We really got to know and understand who [person's name] was." A relative told us, "[Name of person] can't make decisions. Before they moved in the registered manager was fantastic. Put so much effort in. She came to our house for tea, and then brought staff for tea. We had lots of visits to the home and they bought their favourite foods when they went to the home for tea. The transition was fantastic."

We found that relatives were involved in reviews of the person's care. One relative said, "I go to annual reviews and I have a say. We work as a team."

People were supported to develop and maintain an interest in hobbies and pastimes and access education programmes. On the day of our inspection two people were attending a local college, studying life skills. One hoped to take up voluntary work and the other farming on completion of their course. We spoke with the relative of the person who wished to do voluntary work and they told us that they were currently on work experience in a charity shop.

Photographs were on display in the kitchen of some of the recent activities people had taken part in, including trampolining, discos, a picnic by the sea and walks in the park. We noted that people were engaged with and focussed on what they were doing.

The relatives we spoke with told us that their loved ones needed structure in their daily lives. One relative said, "Going to college has given their life structure. It's important for [name of person]. I'm having a meeting with [registered manager] and their key worker to look at a structured weekly plan when college is finished". Another relative said, "He has an activity planner. He likes routine and structure. They keep him motivated and he is happy."

We observed one person enjoying one to one time with their support worker. They were singing popular nursery rhymes together in the person's first language and English.

Staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of person- centred care. Additional messages were exchanged through a communication book, such as confirmation when a swimming session was booked or a GP appointment.

Care plans and other documents were written in a user-friendly way according to the Accessible Information Standard so that information was presented to people in an accessible manner. A "pen profile" was kept with a person's care file. This was completed in partnership with the person's key worker, their family and the person if able. It provided staff with information about important things in the person's life that enabled

staff to treat the person as a unique individual.

People were provided with easy read pictorial information on compliments and concerns and how to make a complaint. The registered manager maintained a complaints log and we saw that people and their families received feedback to their concerns in a timely manner. One person's relative told us that they could approach the registered manager with any concerns and was confident that they were addressed and they would receive feedback.

Good

Is the service well-led?

Our findings

The registered manager was on leave on the day of our inspection. 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 encouraged staff to give their feedback and make suggestions on how to improve the service. Staff could do this openly at team meetings, privately with the registered manager or anonymously by posting their feedback in a suggestion box. A member of staff said, "Our ethos of care is that we value everyone, we have a good care ethic. We come to work to make a difference." A relative told us, "They are streets ahead in terms of ethos." Another relative said, "There is a lot to look forward to in that home. It's going in the right direction. Staff are putting training into practice. It's an ideal environment."

Staff members and relatives had praise and gratitude for the registered manager for their leadership and positive impact they had made to the service in the last year. A member of staff said, "Can go to [name of registered manager] if a problem. Not just professional, but personal too. Also shares knowledge to staff about legislation. I have learnt so much from her. It has helped me grow as a person." A recently appointed member of staff told us how they found the registered manager and team leaders approachable and said, "The staff are brilliant. I love it here." A relative told us, "Since the registered manager came they have turned things round. Has made improvements to the place, tries very hard. She is approachable, empathetic and supportive."

The provider had recently introduced a "News Bulletin". We read the first issue, circulated in March 2018. The Chief Executive thanked all staff for the progress they had made in the last 12 months. In response to staff feedback they had introduced "employee of the month" and a staff pay increase in recognition of their contribution to the service.

A programme of regular audit was in place that covered key areas such as health and safety, and infection control. Action plans with realistic time scales were produced to address any areas in need of improvement in a timely manner. In addition, regular quality assurance checks were made on matters relating to the safety and quality of the service. We looked at the report from the quality monitoring visit carried out on 14 February 2018. Areas for improvement had been identified, but the overall outcome was positive. Copies of the completed report were shared with the local commissioners of services for health and social care who funded people who lived in the service

The provider recently restructured the organisation, to improve the support to registered managers. As a result the area manager visited the service at least twice a week. Furthermore, in response to comments received in the 2017 staff survey, that staff engagement with the provider was poor, the provider had introduced a staff forum, to ensure that staff had a voice and were heard. Lessons learnt from events in other locations within the parent organisation had led to improvements in the quality monitoring at The Old

Red Lion.

The provider had tried to raise awareness of the service within the local community. Local residents had been invited to events in the village hall, such as a Christmas party, however, none of the local residents attended. Since the registered manager came into post in 2017, concerns raised by the local community to the local authority about noise at the service had significantly reduced. Relatives we spoke with told us that the Christmas party was good and one said, "I've met other parents once or twice, it feels like an extended family." Another relative said, "I know the locals were invited, give them time and they'll come round."

In addition, procedures were in place to investigate when things did not go so well in the service. Lessons had been learnt from a potential volatile incident involving a vulnerable person. This enabled to staff to recognise the triggers that led to changes in a person's behaviour. Staff were supported to reflect on the incident, recognise triggers that led to a change in the person's behaviour and put into practice their de-escalation techniques to calm the person. A staff member said, "We have a debrief for incidents, look at the triggers, reflect on what we could do better and aim to prevent."

The registered manager shared with the local authority contracting team the impact their adapted PECS cards had on one person who did not speak English as a first language. As a result staff from The Old Red Lion have been invited by the local authority to present their adapted model to other health and social care staff.