Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

Bullock Lane
Ironville
Nottingham
Nottinghamshire
NG16 5NP

Tel: 01773541254
Website: www.creativecare.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 27 and 28 November 2017 and 4 December 2017. The first day was unannounced. The scheduling of this inspection was partly prompted by an incident which indicated concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which was referred to the police, we did look at associated risks

We previously carried out a responsive inspection in April 2017 following concerns from local authorities and a whistle-blower about the quality of care provided. A whistleblower is a worker who reports certain types of wrongdoing. In April 2017, we rated The Old Vicarage as Inadequate, and issued the provider with a notice of decision to impose conditions on their registration at The Old Vicarage. As a result, 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.

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. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection. The Old Vicarage is a Georgian property near Ironville, with a large secure garden area. People live in three separate buildings, which share a secure courtyard and garden space. The Old Vicarage is registered to provide accommodation for nine people who require nursing or personal care. The service does not provide nursing care. At the time of our inspection there were seven people living there. The Old Vicarage supports younger people who have diagnoses of moderate to severe learning disabilities and other complex healthcare needs.

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 the manager was not registered but was going through the process to become registered. The manager is now registered.

People were not consistently kept safe from the risks of avoidable harm and abuse. People were not consistently kept safe from risks associated with their health conditions. The provider could not be assured safe recruitment practices were in place.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. People were kept safe from risks associated with the environment. Medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation.

People were not consistently supported to maintain their health. There was a lack of clear information in

people's records to evidence how their health needs were being monitored and met. Staff knew what action was needed to ensure people received care they needed, but there was a risk that these actions were not undertaken in a timely way.

People's needs and choices were assessed and care delivered in a way that helped to prevent discrimination. People received care from staff who had skills and training to support them.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider followed the requirements of the Mental Capacity Act 2005 (MCA), and people were protected from care practices that were overly restrictive and unlawful. People were kept safe from the risks associated with physical restraint. People were supported to have sufficient to eat and drink.

People and relatives were positive about the kind and caring attitudes of the staff team. People were encouraged to communicate in ways which suited them. People's dignity, privacy and choices were respected by staff. Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately.

People and relatives were given information about raising concerns and making a complaint. However, there was no clear process in place for the provider to ensure concerns or complaints raised by people or relatives were managed consistently.

People were encouraged to express their views and wishes in relation to their daily lives. However, people were not consistently supported to participate in designing or reviewing their care. People received personalised care that was responsive to their needs. They were supported by staff who understood their needs and followed their care plans. People were supported to communicate effectively by staff who understood their verbal and non-verbal communication.

The governance of the service required improvement. The provider had not appropriately notified the Care Quality Commission of all significant events as they are legally required to do. Quality assurance processes to ensure people's care was safe were not consistently implemented or effective. Relatives and staff were positive about how the service was managed. Staff felt supported by the provider and manager to deliver care well. Staff understood their roles and responsibilities, and demonstrated their knowledge and understanding of people's physical and emotional needs.

We found one breach of the Care Quality Commission (Registration) Regulations 2009. Full information about CQC's regulatory response is added to reports after any representations and appeals have been concluded.

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.

People were not consistently kept safe from the risks of avoidable harm and abuse. People were not consistently kept safe from risks associated with their health conditions. People were supported to have their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider could not be assured people were supported to maintain their health. The provider followed the requirements of the Mental Capacity Act 2005 (MCA). People's needs and choices were assessed and care delivered in a way that helped to prevent discrimination.

Is the service caring?

Good

The service was caring.

People and relatives were positive about the kind and caring attitudes of the staff team. People were encouraged to communicate in ways which suited them. People were not consistently supported to participate in designing or reviewing their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There was no clear process in place for the provider to ensure concerns or complaints raised by people or relatives were managed consistently. People received personalised care that was responsive to their needs. People were supported to communicate effectively by staff who understood their individual styles and methods.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not appropriately notified the Care Quality Commission of all significant events as they are legally required to do. Quality assurance processes to ensure people's care was safe were not consistently implemented or effective. Relatives and staff were positive about how the service was managed.

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 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.

The scheduling of this inspection was partly prompted by an incident which indicated concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which was referred to the police, we did look at associated risks. We were also aware of safeguarding concerns in relation to specific incidents since The Old Vicarage's last inspection in April 2017. These had been brought to the attention of the local authority.

The inspection took place on 27 and 28 November 2017 and 4 December 2017. The first day of the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. The inspection team consisted of two inspectors on 27 November 2017, and one inspector on 28 November and 4 December 2017. The expert by experience undertook telephone interviews on 29 November 2017.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the provider is required to send us by law. For example, incidents resulting in serious injuries or allegations of abuse. We sought the views of the local authority commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. 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.

We did not request a Provider Information Return (PIR) from Creative Care (East Midlands) Limited for this inspection. 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.

During the inspection we spoke with three people who used the service and four relatives. We spoke with seven staff, the deputy manager and manager. We also spoke with two senior staff of Creative Care (East Midlands) Limited about the governance of the service. We also received the views of two social care professionals. Not all of the people living at the service were able to fully express their views about their care. We spent time observing how people were supported by staff in a range of activities during the three days of our visit. We looked at a range of records related to how the service was managed. These included three people's care records, three staff recruitment and training files, and the provider's quality auditing system.

Requires Improvement

Is the service safe?

Our findings

On our last inspection at The Old Vicarage we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found care and treatment was not being provided in a safe way for people. We also found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have sufficient numbers of staff to meet people's needs. Following our inspection the provider sent us plans to show what action they were taking to make improvements. On this inspection, we found that some had been made, but there were areas where further improvement was needed.

People were not consistently kept safe from the risks of avoidable harm and abuse. We looked at evidence held by the provider in relation to how allegations of abuse were managed. We checked this evidence against information provided to CQC by local authorities. We found that there were several incidents which had not been reported as safeguarding concerns to the local authority in a timely manner. For example, one person's records said staff noted unexplained bruising on 11 September 2017. This was not reported to the local authority until 20 October 2017, and staff did not report to CQC until prompted. We spoke with the manager and senior staff and they recognised action was needed to ensure all concerns relating to safeguarding people from the risks of abuse were reported appropriately. This was especially important for people at the service who could not clearly communicate concerns themselves. There was a risk that concerns about potential abuse were not identified quickly to enable action to be taken to ensure people's safety.

People were not consistently kept safe from risks associated with their health conditions. Since the inspection in April 2017, the provider had started to review the risk assessments and care plans for all people at The Old Vicarage. The manager confirmed that three people's care plans had been completely reviewed, and one was in the process of being reviewed. Three people's care plans still had to be reviewed. This meant three people's care records did not consistently contain sufficient information about their health needs. For example, one person had a history of epilepsy. There was no documented assessment of risk around bathing in relation to potential seizures. Staff confirmed the person had one to one support for waking hours, and was always supported whilst bathing. Staff said this was because of the level of support the person needed with personal care, and because they had a history of epilepsy. There was a risk that specific guidance about the person's epilepsy needs would not clearly be available to all staff. The manager had identified that these people's care plans needed to be reviewed, and told us they planned to take action to ensure information about risks and how to mitigate them were accurate and up to date.

Staff told us the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people living at The Old Vicarage. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with vulnerable people. All staff had a probationary period before being employed permanently. We found there was inconsistent recruitment information available for some staff. For example, there was no identity information or employment history on two records we looked at, but a third had all relevant information available. We saw an audit undertaken by the provider that had identified these issues but there

was no action identified to rectify this. The provider could not be assured safe recruitment practices were in place.

People did not consistently have enough staff available to them in accordance with their assessed needs. Relatives had mixed views about the number of staff available to support their family members with activities, particularly outside the home. Three relatives spoke positively about the range of activities their family members were supported with, including swimming, a local disco, climbing, and going on holiday. One relative said, "They are out every day if there are enough staff." Another relative said some activities got cancelled because there were not enough staff. Staff we spoke with told us staffing numbers were not always sufficient to meet people's needs. They told us that this could affect how often they could take people out. However, during the three days of our inspection visits, there were enough staff available to support people to go out on planned and ad-hoc activities, including both leisure trips and to attend essential appointments.

We looked at planned and actual staffing levels. Information from the manager identified the level of staff needed to support people in accordance with their assessed needs. We saw evidence that the provider had made additional staff available to support one person because their needs had increased. The manager told us they required three staff in the bungalow, two staff in The Stables building and four staff in the main house between 8 am and 10pm. During the night, there should be one staff in the bungalow, one staff in The Stables, two staff in the main house, and a fifth "floating" staff member. There were nine care staff on duty on the daytime shifts on the day of our inspection visit. Rotas and daily handover records we looked at showed that there were occasions when less than nine staff were on duty. This was when people were visiting relatives or on holiday.

We identified that record keeping in relation how many staff supported people was not always clear. For example, where people needed two staff to support them with an activity, records did not always state which two staff were involved. This made it difficult to identify whether people were being supported by the correct amount of staff. The provider was in the process of recruiting staff to ensure there would always be enough available to provide cover for planned and unexpected staff absences. However, evidence from our inspection showed there were times when there were not sufficient staff to meet people's assessed needs.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. There were cleaning schedules with specific tasks for staff on each shift to carry out. Where people were able to participate in household cleaning tasks, they were supported to do so. Staff described and understood infection control procedures, and followed these, using personal protective equipment when required. We found there were no other audits in relation to cleanliness and infection prevention and control. The provider had identified that this was an area of care that was not being audited regularly. They showed us audit processes that were to be introduced, but these were not in use at the time of our inspection.

Relatives felt their family members were safe living at The Old Vicarage, and felt that any concerns about safety would be listened to and acted on. Staff told us they felt confident to recognise abuse and report any concerns. Staff we spoke with knew who to report concerns to, and understood they could also share concerns with local authorities, police and CQC if this was necessary and appropriate. The provider had clear policies and guidance for staff on their role on protecting people from abuse or neglect.

People were kept safe from risks associated with the environment. The provider ensured regular checks were carried out. Checks undertaken to ensure the safety of equipment and premises were up to date, for example gas safety, portable electrical appliances and the hoist.

There were weekly checks to ensure the fire alarm system worked. A fire risk assessment had been carried out and reviewed, and action taken to ensure the risks associated with fire were minimised. The provider had also changed the window restrictors in the main building to ensure they worked effectively. Window restrictors are designed to prevent people falling from windows. This meant people were protected from risks associated with their environment.

People were kept safe from the risks associated with physical restraint. Since our last inspection, people who were assessed as needing any physical intervention had clear risk assessments and care plans for staff to follow. Staff we spoke with had received training to ensure any physical interventions techniques were safe. Staff understood what other techniques to use to reduce the likelihood of physical intervention being needed. We saw staff support one person during an incident, where staff followed the guidance in the risk assessment and care documents. The actions staff took reduced the risk of the person injuring themselves. Risks associated with physical intervention were assessed. All episodes of restrictive care were recorded, and the manager and provider analysed these to ensure staff supported people in ways that were less restrictive and safe. For example, for one person, there had been an increase in incidents where physical intervention was required. The review of these incidents had prompted the manager to involve external health professionals, review the person's care plans and arrange for additional staffing to support them. This had resulted in a reduction in the number of times staff needed to use physical restraint techniques. This meant people who required staff to use physical interventions were protected from the risk of harm.

People were kept safe from risks associated with unsafe moving and handling techniques. Staff told us how to support one person correctly using assessed safe moving and handling techniques. We observed them using these techniques in accordance with risk assessments and care plans. This meant people were kept safe when staff supported them.

People's files contained emergency information and contact details for key people in their lives. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be supported safely if there was an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained information on how to support each person to remain safe in the event of an emergency. PEEPs were focused on fire safety equipment, with information about people's needs coming secondary to this. This meant there was a risk that essential information to ensure people's safety was not easy to find in an emergency.

People were supported to have their medicines as prescribed. Relatives felt their family members received their medicines correctly, although one relative identified there had been several medicines errors with their family member. Evidence from the provider and local authority showed that these errors were identified quickly and action taken to seek medical advice and, where appropriate, staff undertook training and had their competency assessed. Staff told us and records showed they received training to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified and action taken as a result. Guidance for "as required" medicines was available for staff. The provider had an external medicines audit completed by a pharmacist on 11 October 2017, which had identified several minor issues. Action had been taken in response to the audit. Medicines were stored, documented, administered and disposed of in accordance with current guidance and legislation. This meant people received their medicines as prescribed.

Learning from incidents and accidents was acted upon. When people had an accident or incident, staff recorded what happened and what immediate action was taken. The manager and provider reviewed these records to identify where further lessons could be learnt.

Requires Improvement

Is the service effective?

Our findings

On our last inspection at The Old Vicarage we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate induction, training and support to enable them to meet people's assessed needs. We also found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not protected people from abuse and improper treatment. People had been subject to control and restraint that was not properly assessed or reviewed, or a proportionate response. Following our inspection the provider sent us plans to show what action they were taking to rectify the breach. On this inspection, we found that some improvements had been made.

People's health action plans were not consistently kept updated with information about health appointments and outcomes. Relatives felt their family members were supported to attend appointments, for example, with GPs and dentists. They also felt the manager was proactive in contacting professionals in relation to people's health needs. However, some health professionals expressed concern that people's health needs were not being acted on consistently or in a timely manner. There was a lack of clear information in people's records to evidence this. Information about appointments was recorded in several different places, making it difficult for staff to clearly identify when people had attended appointments. This also made it difficult for staff to identify whether any actions required had been followed up. One staff member said they were using one format to record health needs for one person, whilst another staff member showed us a different format for another person.

Records in relation to daily health monitoring were not always completed. For example, one person's bowel monitoring daily record was not always completed. There was no information about what action staff should take if the person went without a bowel movement for a period of time. Although staff told us they would report any concerns about this to health professionals, there was no guidance to ensure all staff would do this consistently. We spoke with staff and the manager about the systems used to support people with their health needs and appointments, and they acknowledged that they needed to improve. The provider could not be assured people were supported to maintain their health.

Staff told us and evidence showed they kept daily records of key events relating to people's care. Information about people's care was recorded and staff shared key information with colleagues throughout the day and at shift handover. Staff also told us they held "core meetings" every month to review each person's care and support, and records supported this. However, issues recorded for staff to follow up and action did not always happen. The provider held meetings for staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor to discuss their work performance, training and development. This was in accordance with the provider's policy, and records confirmed supervision meetings took place. This meant that staff knew what action was needed to ensure people received care they needed, but there was a risk that actions were not undertaken in a timely way.

People's needs and choices were assessed and care delivered in a way that helped to prevent discrimination. Assessment of people's diverse needs, including in relation to protected characteristics

under the Equality Act, were considered in people's care plans with them. This helped to ensure people did not experience any discrimination. For example, people's care records contained information about their disabilities and how this could affect people's access to services. This information was then used to ensure staff understood how to support people in ways which reduced the risk of discrimination.

People received care from staff who had skills and training to support them effectively. Staff we spoke with said they had an induction, regular training, supervision and support to carry out their duties. One member of staff said, "All the training has helped." A second staff member described how their training in supporting people with effective communication had improved how they communicated with one person. We saw evidence of this training being put into practice during our inspection. They told us they had received training in supporting people with autism and in behaviour that challenged, which was relevant to the needs of the people they supported. Staff also told us they received supervision and guidance to support them in their role, and were given time to read people's care documentation when it was updated.

We reviewed training records for staff, and saw the provider had undertaken work since our last inspection to ensure staff had received training in a range of areas they felt necessary to provide safe and effective care. There were still areas where the numbers of staff who had completed training needed to be improved. In particular, there were gaps where half the staff team were recorded as not having done autism awareness training. One relative had commented that they felt staff needed more training in autism awareness. We noted the provider had identified training undertaken by staff that had not yet being recorded. The manager was updating records to ensure information about staff training and skills were accurate. This meant people were supported by staff who had the skills and experience to provide them with the individual support they needed in a consistent way.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 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 the MCA and DoLS. They were able to describe what they would do if they felt someone's liberty was being restricted for their safety. They told us they had received training in this area and records we saw confirmed this. A recent audit carried out by the provider identified where some improvements needed to be put in place in relation to recording capacity assessment and best interest decisions. For example, some people did not have decision specific assessments for some aspects of their daily care and support.

Since our last inspection, the provider had taken a number of steps to ensure that the use of physical restraint was minimised. People who were assessed as needing any physical intervention had clear care plans for staff to follow. Staff had received specialist external training in supporting people to ensure any physical interventions were safe and less restrictive. We discreetly observed staff supporting people when they were distressed or anxious. Staff worked together as a team to ensure people were supported with their behaviour to reduce their distress, using less restrictive support. The techniques and skills used by staff were consistent and in accordance with clear guidance in the person's care plan. People's behaviour support plans had been reviewed and designed in accordance with nationally recognised guidance. Staff demonstrated they understood what other techniques to use to reduce the likelihood of physical intervention being needed. All episodes of restrictive care were recorded, and the manager and provider analysed these to ensure staff supported people in ways that were less restrictive and proportionate.

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 Mental Capacity Act 2005. The application 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 provider had sought authorisations appropriately for people. People who were subject to DoLS had their care reviewed regularly to ensure that restrictions continued to be proportionate and in their best interests. People who were deprived of their liberty had access to Independent Mental Capacity Advocates (IMCAs). People deprived of their liberty also had a Relevant Persons Representative (RPR). IMCAs and RPRs ensure people have support to exercise their rights in relation to the MCA and DoLS. The provider was working in accordance with the MCA, and people were protected from care practices that were overly restrictive and unlawful.

People said they liked the food and were offered choices. They were encouraged to be involved in food shopping and preparation. People were supported to have regular drinks throughout the day, and had unrestricted access to kitchen areas if they wished to get their own drinks or food. People who needed adapted cutlery and equipment to enable them to eat and drink independently were given these. People who were at risk of not having enough food or drinks were assessed and monitored, and advice sought from external health professionals. Guidance about people's individual dietary needs was available to all staff. Staff knew who needed additional support to eat or had special diets, for example, fortified diets or appropriately textured food and thickened drinks. People were supported to have sufficient to eat and drink.

People were encouraged to make choices about decorating their personal space. We saw people's bedrooms were personalised. Staff were knowledgeable about people's environmental needs in relation to their autism. For example, one person required objects in their environment to be in particular places. This helped to reduce their anxiety, and enabled them to move on to the next activity they had planned. Staff understood how and why this had to be done, and we saw that they supported the person appropriately. This meant the person's anxiety was reduced. People had access to a large secure garden area. They were free to choose which parts of the buildings they wished to spend time in, and were not restricted to certain areas of the service.

Good

Is the service caring?

Our findings

People who were able to communicate their views to us felt supported by staff who cared about them. Relatives also spoke positively about the kind and caring attitudes of the staff team. Two relatives commented how staff always made them feel welcome when visiting their family members. Throughout our inspection visit, staff supported people in a caring, friendly and respectful way. They ensured people were comfortable and took time to explain what was happening around them in a patient and reassuring manner. Staff had sufficient time to spend with people who appeared anxious or agitated. For example, one person appeared unsettled, and staff supported them in a calm and unobtrusive manner. This enabled the person to show staff what they wanted, and they appeared happier. We also staff speak with people respectfully, for example, always checking that support being offered was what people wanted.

The provider had ensured there were sufficient staff available to meet people's immediate needs, and this meant support was given to people promptly. Since our last inspection, the provider had reviewed staffing levels and training to ensure staff were able to support people in ways which suited them, at the times they needed.

People were encouraged to communicate in ways which suited them. One relative commented that staff understood their family member's non-verbal communication well. Staff told us they had received training and support in identifying and meeting people's different communication needs. For example, one person had a detailed care plan which told staff how to promote communication. This included using short clear sentences, and giving the person time to process the information and respond. Staff we spoke with were knowledgeable about this person's preferred styles of communication. We saw staff support the person to use verbal and non-verbal communication to participate in conversations throughout our inspection. The support was consistent with the guidance in their care plan. This meant people were enabled to communicate in ways which were accessible to them.

People were not consistently supported to participate in the design or review of their care plans. Staff told us, and records showed care plans were reviewed monthly Four people had been involved in recent work to improve their plans of care. This meant staff had detailed information about people's needs, personal histories, and lifestyle choices. For the other three people, staff had good knowledge of the support they needed and knew people well, but some of this information had not yet been recorded in the care plans. We spoke with the manager and provider, who had identified this and were taking action to improve everyone's participation in planning and reviewing their care.

People were supported to access advocacy support for significant decisions relating to their care and support. Information about advocacy services was displayed in the service and we saw advocates had been involved in supporting people to make decisions about their care and life choices. Information was available in easy-read format for people, and this made the information more accessible.

We saw people's dignity, privacy and choices were respected by staff. Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully,

offering choices and respecting decisions. For example, we saw they responded promptly, calmly and sensitively when prompting a person to move around the building. All care staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this – closing curtains, approaching people respectfully, and covering people when they received personal care. One member of staff said, "Dignity is respected here."

People's confidentiality was respected. Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. We saw staff did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private. Staff had access to the relevant information they needed to support people on a day to day basis. Records relating to people's care were stored securely. Other records relating to the management of the service, which contained confidential information, were also stored securely.

Requires Improvement

Is the service responsive?

Our findings

On our last inspection at The Old Vicarage we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported in a person-centred way which met with their needs and reflected their preferences. Following our inspection the provider sent us plans to show what action they were taking to rectify this. On this inspection, we found that some improvements had been made.

People and relatives were given information about raising concerns and making a complaint. This information was available in alternative formats, for example, large print or an easy read version. However, there was no clear process in place for the provider to ensure concerns or complaints raised by people or relatives were managed consistently. Relatives spoke positively about staff listening and taking action when they raised concerns about the quality of care. However some health and social care professionals expressed concern that issues they raised were not always addressed in a timely manner. For example, one person's mobility car access was first noted as an action to look into in August 2017. Evidence from health professionals showed this had still not been followed up in November 2017. The provider could not evidence how issues or concerns raised were documented and dealt with appropriately or in a timely manner. No formal complaints had been recorded since our last inspection. The provider had still not improved opportunities for people and relatives to give feedback on the quality of care, which could drive improvements in the service.

People were encouraged to express their views and wishes in relation to their daily lives. We saw interactions between people and their staff, and it was clear people felt listened to and had their needs met. However, people were not consistently supported to participate in regular reviews of their care. Staff had monthly meetings to review people's care, where they identified what was working and what needed to improve. Staff confirmed that people were not always involved in these reviews. There was a risk that people's views about their care were not always included in care reviews, and their opinions would be overlooked. The manager told us they were working with the staff team to identify how to ensure people had the opportunity to be more involved in their care reviews. The manager also said this would not be a "one size fits all" approach, because each person had their own communication needs and would need an approach tailored to their style of expressing themselves.

People received personalised care that was responsive to their needs. The manager confirmed staff were in the process of reviewing everyone's care plans. This meant some people's care plans were more detailed than others. However, staff were consistently knowledgeable about people's care needs. We spoke with the manager and provider, who said they had reviewed everyone's care documentation following our inspection in April 2017 to ensure they were up to date with essential information. They were now half way through detailed reassessment of people's needs.

The new style of care records we looked at contained much more personal information about people's physical and emotional needs, hobbies, interests and aspirations. It was also clear how people and their relatives had been involved in updating their care records. This meant staff had enough information about

people's needs and preferences to ensure they were supported in ways that worked for them.

People were supported by staff who understood and followed their care plans. Information about people's needs and preferences were recorded in care records. Staff told us they were able to contribute to updating people's care plans by sharing information with senior staff responsible for this. We saw where key information had been shared with staff so they knew how to provide support that met people's needs and preferences. For example, one person had very specific preferences for drinking cups. They would only accept drinks from a small selection of cups. Staff had created pictorial guidance which was kept in the kitchen to make everyone aware of what cups to use for drinks. We saw throughout our inspection that the person's preferences were respected, and this meant they had regular drinks. Another person had a detailed bathing support plan that specified if the person preferred male or female staff, what support they required and what they could do for themselves and what products were needed. Staff told us about the person's bathing routine, and demonstrated they knew how the person wished to be supported. This meant people received care and support required which was personalised for their wishes and needs.

People were supported to communicate effectively by staff who understood their verbal and non-verbal communication. Staff were knowledgeable about people's different communication preferences. They demonstrated different ways of promoting communication with people throughout our inspection. For example, one person was assessed as needing communication support using Picture Exchange Communication System (PECS). PECS is a communication technique for people with autism spectrum disorder and related developmental disabilities. Their care plan described when PECS should be used. Staff showed us how they used this with the person to promote better communication about events and activities. Information about people's different communication needs was recorded in their care plans, and we saw staff followed the guidance.

Requires Improvement

Is the service well-led?

Our findings

On our last inspection at The Old Vicarage we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not operate effective systems and processes to ensure people received care which met the fundamental standards required by law. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The registered person did not notify CQC of incidents of abuse, or allegation of abuse as they are required to do. Following our inspection the provider sent us plans to show what action they were taking to rectify the breach.

On this inspection, we found the provider had not appropriately notified the Care Quality Commission of all significant events as they are legally required to do. For example, there were four occasions where allegations of unsafe care or abuse had been brought to CQC's attention, and the provider was aware of the allegations. The provider had liaised with the local authority, who had investigated. However, CQC did not receive notifications in relation to these incidents, as required, until prompted to do so. This meant the provider was not consistently informing CQC of significant events that occurred in the service which assist us to monitor the quality of care.

This was a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The Old Vicarage did not have a registered manager in post at the time of our inspection. The service had a manager who started in June 2017, and following our inspection, they completed the registration process. 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 governance of the service required improvement. Systems and processes in place had identified a range of issues relating to the quality of care. The provider's own audits and action plans sent to CQC since the last inspection showed where progress was being made in addressing areas of concern. However, there were areas where improvements had not been made in a timely manner. The most recent audit carried out by the provider on 12 November 2017 identified many of the issues we picked up on this inspection. For example, half the staff team had still not undertaken person centred care training, despite this being identified as an issue in April 2017 on our last inspection. Action had not been taken in relation to the systems for ensuring people's medical needs were consistently met. Health and social care professions expressed concern about the provider's ability to consistently ensure action was taken in relation to people's health needs. We spoke with the provider about this. They said they had recruited an operations director and other senior management staff. This would ensure the manager and staff had the support to implement effective auditing systems to improve the quality of care. We saw evidence of how the provider intended to do this, but at the time of our inspection, this was not in place.

Relatives spoke positively about the impact the manager had since starting in June 2017. One relative said, "Since the new manager things have improved. She is working to improve things [for our family member] and has been a positive influence." Relatives described communication between them and staff and the manager as having improved, with one relative commenting, "[The manager] is very proactive, and open and honest."

Staff also spoke positively about the manager and said they received the right support. One said there has been, "A massive improvement" since the manager started and another said, "You can go to the managers about anything." They said they have monthly staff meetings and team leader meetings and records confirmed this. One staff said, "It's a very nice place to work." Staff told us suggestions they made were listened to and one gave an example of a proper door stop being provided on the kitchen door (instead of a brick). The provider had recently carried out a staff survey to seek their views on how the service was being managed. This had identified issues raised by staff about their pay, and the provider was looking at how this could be addressed.

During our inspection, staff were open and helpful, and demonstrated their knowledge and understanding of people's physical and emotional needs. Staff understood their roles and responsibilities, and demonstrated they were supported to provide care in accordance with the provider's statement of purpose. A statement of purpose is a legally required document that includes a standard set of information about a provider's service, including the provider's aims, objectives and values in providing the service. The registered manager understood their responsibilities and felt supported by the provider to deliver good care to people.

The provider had organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw they were up to date and reflected professional guidance and standards. Staff said if they had any concerns they would report them, and felt confident the manager and provider would take action. They felt confident to share concerns within Creative Care (East Midlands) Limited, and also with local authorities and regulatory bodies such as CQC. Evidence from notifications we received demonstrated staff felt able to report concerns about the quality of care. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. This demonstrated an open and inclusive culture within the service, and gave staff clear guidance on the standards of care expected of them.

The provider was displaying their ratings from the previous inspection, as required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.