Creative Care (East Midlands) Limited

The Old Vicarage

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection visit took place on 4 and 10 February 2016 and the first day was unannounced.

The Old Vicarage is a Georgian property near Ironville with a large secure garden area. The location has the main house and a purpose built bungalow. The home is registered to provide accommodation for persons 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. Four people were living in the main house, and three people lived in the bungalow. The Old Vicarage supports younger people who have diagnoses of moderate to severe learning disabilities and other complex healthcare needs.

There was a registered manager in post at the time of our inspection, and they were present during the inspection visit. 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.

People were protected from the risk of avoidable harm. The provider took steps to minimise the risk of harm or potential abuse.

People's care records contained enough information to enable staff to support them to be as independent as possible. Care records showed risks to people's health, safety and well-being had been identified and plans were in place to reduce or eliminate risk.

We found people were cared for by sufficient numbers of staff who were suitably skilled, experienced, and knowledgeable about people's needs. The provider took steps to ensure checks were undertaken to ensure that potential staff were suitable to work with people needing care. Staff were knowledgeable about how to recognise if people were at risk of abuse, and what steps they should take to protect people from avoidable harm.

Appropriate arrangements were in place to assess whether people were able to consent to their care. The provider was meeting the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). This ensured that legal safeguards were in place to protect people who could not consent to aspects of their care.

The systems for managing medicines was safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate care and treatment in a timely manner.

People were supported to be as involved as possible in their care planning and delivery. The support people received was tailored to meet their individual needs, wishes and aspirations. People were supported to maintain contact with family and friends who were important to them, and relatives praised staff for their

kind and caring attitudes.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people and their relatives in relation to the standard of care. Regular checks were undertaken on all aspects of care provision and actions were taken to improve people's experience of care.

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.

People were protected from the risk of avoidable harm. There were enough staff to support people in their daily care and activities. Medicines were stored, managed, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were skilled and experienced. The provider ensured that staff received regular training and supervision. The provider met the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, patient and respectful of their views and wishes. People were given information about their care in ways which were meaningful for them, and were supported to take part in planning and reviewing their support. People's privacy and confidentiality were respected.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities they enjoyed and found meaningful. Relatives felt that people were supported to maintain relationships that were meaningful to them. The provider was responsive to people's and relatives views about the quality of the service.

Is the service well-led?

Good

The service was well led.

People and relatives knew who the registered manager was and felt they were open and approachable. Staff understood their roles and responsibilities and felt able to share ideas for improvement or concerns. The provider had systems in place to monitor and review the quality of the service and make improvements.

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 inspection took place on 4 and 10 February 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. We spoke with the local authority and health commissioning teams and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. No concerns were raised by them about the care and support people received.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

During the inspection we spoke with two people who used the service and two relatives. We spoke with four care staff, the registered manager and the director of operations for the provider. We also received the views of two healthcare 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 two days of our visit. We looked at a range of records related to how the service was managed. These included two people's care records, two staff recruitment and training files, and the provider's quality auditing system.

Good

Is the service safe?

Our findings

On the first day of our visit, the front door to the main house was left unlocked for a period of approximately 30 minutes. One person living at The Old Vicarage was at high risk if they left the house unsupported. However, this person was not present in the house at the time the door was left unlocked. Staff took immediate steps to lock the door after our arrival. We spoke with staff and the registered manager about this, and the registered manager investigated the situation. They could not establish who had left the door unlocked. As a result of the investigation all staff were booked to redo appropriate training and reminded of the need to lock all doors to minimise risk to the person. This showed that in the event of a risk being identified, staff took steps to prevent avoidable harm occurring, and the registered manager investigated and took action.

Relatives said they felt people were supported well and kept safe from the risk of harm. One relative said, "[Person] is safe there [at the service]," and commented staff were, "Quick to spot hazards and really keep any eye on [person] very closely." They also said, "I want the best care for [person] and I know they'll get it there [at the service]." Health professionals said they had no concerns about the ability of the provider to keep people safe.

Risk assessments were in place which were detailed, and these were reviewed regularly. The provider recorded accident, incidents and near misses. Records showed these were reviewed frequently by the registered manager to look for patterns or trends, any action taken, and care plans were updated if needed. Risk assessments for people's activities were clearly linked to care plans which gave staff information on how to support them. For example, one person had a risk assessment in place for travelling in a vehicle, which asked staff to assess their mood and behaviour before going out. This meant people were supported in a way that minimised the risks involved in care.

The provider had up to date personal emergency evacuation plans for everyone living at the home. These contained important information about how people needed to be supported in the event of an emergency, for example, if people needed to leave the building in the event of a fire. The provider had a contingency plan in place to ensure people continued to receive support in the event the building became unusable, for example, if there was a fire or disruption to utilities.

Staff knew how to identify people at risk of abuse and how to report this. Staff were confident to raise concerns about abuse or suspected abuse. They also knew how to contact the local authority with concerns if this was needed, and the records we looked at supported this. Staff received regular training in safeguarding people.

The provider had enough staff to support all of the people living at the service. Relatives and staff said they felt there were enough staff to support people in their daily lives. Staff told us staffing levels were flexible to enable people to be supported to go out. For example, extra staff were employed during the week to ensure people could go to activities and appointments. One staff member said, "They do increase staff in the week's planning based on what people have planned and want to do." We saw during our visit that people

had one to one support, and two people had two staff supporting them when they went out. The registered manager told us, and records showed people had this level of support every day.

Recruitment procedures included checking references and carrying out disclosure and barring checks to ensure prospective employees were suitable to work at the home. All staff had a probationary period before being employed permanently. They also undertook an induction period of training the provider felt essential. We saw evidence the provider clearly set out what they expected from staff and if there were issues with their skills they took action to manage this. For example, one staff member raised concerns about the conduct of other staff, and a subsequent team meeting record showed action was taken to improve this. This meant people and their relatives could be reassured that staff were of good character and remained fit to carry out their work.

Staff had received training in safe management of medicines, and had their skills reviewed by the registered manager. They told us they felt they had sufficient training to be able to manage people's medicines safely. We checked the storage and records staff kept in relation to the administration and management of medicines. These showed medicines were stored, administered, managed and disposed of safely and in accordance with professional guidance.

Good

Is the service effective?

Our findings

Relatives felt staff were skilled and experienced to provide support and care for people living at The Old Vicarage. One commented, "Staff are very knowledgeable about [person's] needs. It's taken a lot of the worry away. I don't feel anxious about [person]." Staff were knowledgeable about people's individual care needs. They were also familiar with how people liked to be supported, and what was important to them. For example, one staff member was able to describe in detail how one person needed to be supported in the morning. The person had a diagnosis of autism and their routine was very important to them. This showed that staff knew how to support people according to their individual preferences and needs.

All staff had a probationary period before being employed permanently and undertook an induction period of training the provider felt essential. The Care Certificate is a set of standards that social care and health workers apply in their daily working life. It sets the new minimum standards that should be covered as part of induction training of new care workers. The Care Certificate was introduced in April 2015, and the provider's induction for new staff covered all aspects of the Care Certificate. During the induction period, staff shadowed experienced colleagues so they could learn people's individual needs and preferences. One staff member described how a new colleague had shadowed them to provide support to a person. The person had no verbal communication, so the staff member explained how to understand the person's communication style. The records we viewed showed the staff member was knowledgeable about the person's communication needs.

Staff had regular meetings with the registered manager to discuss their performance, and to look at training needs. One staff member said this supervision was, "Generally good: I can make suggestions about people's care, and reflect on how support works for people." Staff also received regular training in a range of skills, including first aid, understanding autism, supporting people with epilepsy, and health and safety. One staff member said that a lot of the training was done using an on-line training provider. They said that they preferred face to face training for some skills. The registered manager and director of operations told us the provider was improving their approach to training, and this included an increase in face to face training as they felt this encouraged staff to understand more about the skills needed for their role. This demonstrated that staff were supported to develop the skills the provider felt necessary to support people.

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 when this is in their best interests and legally authorised under the MCA. 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.

People were assessed in relation to their capacity to make decisions about their care. Where they were able

to make their own decisions, their care plans clearly recorded this. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA and ensured best interest decisions were made lawfully. Capacity assessments and best interest decisions were reviewed regularly.

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to provide restrictive care that may amount to a deprivation of their liberty. The provider had assessed people as being at risk of being deprived of their liberty and had made applications to the relevant Supervisory Bodies appropriately. At the time of our visit, none of the people had yet been assessed by a Supervisory Body or were subject to a DOLS authorisation.

All staff at The Old Vicarage undertook training in positive behaviour management, which is accredited by the British Institute of Learning Disabilities. This training is designed to give staff skills and confidence in defusing situations and minimising risk where people may behave in a way which is potentially harmful to themselves or others. The training is also designed to support people to develop positive coping strategies in situations which cause stress. Staff told us the training gave them the confidence to support people, and could describe how to support people in accordance with the provider's policies on managing behaviour. Records showed that any episodes of behaviour that challenged staff were recorded and analysed regularly to look for patterns or trends. The provider demonstrated staff were working in accordance with the least restrictive principle of the MCA, and we saw the level of support people had enabled them to participate in activities as they wished to.

People were supported to maintain a balanced diet. Staff were familiar with people's food and drink preferences, and we saw people had access to the kitchen and food areas throughout the day. Both the main house and the bungalow had kitchens where staff supported people to participate in meal preparation. We saw people and staff ate together, with staff offering support to people who needed this. People were involved in food shopping and meal planning, and were given choices about meals. One person had specific dietary requirements. We saw staff followed the guidance from speech and language therapy for food and drink preparation for this person.

People were supported to maintain good health, and to attend health and social care appointments. Relatives said staff were good at supporting people to receive medical care in a timely manner. One relative said, "Staff managed to work with [person] and the doctors to get [my relative] off some medication as it was making them very drowsy." Another relative said, "Staff are very good at taking [my relative] to the doctors and keeping on top of medicine issues." A health professional said staff were quick to identify changes to a person's health and contacted professionals in a timely way to ensure their healthcare needs were met.

People had clear plans in place identifying what their health needs were and how staff should support them. These plans included people's own views and wishes where they were able to express them. We saw, where health appointments caused anxiety or distress to people, staff had arranged for medical professionals to visit them at the home. Staff kept daily notes regarding any health concerns for people and any actions that had been taken. People's health and social care appointments were recorded in a diary, and we saw where medical advice was recorded by staff, this was then followed up if action needed to be taken. This meant people were supported to monitor their health and get access to health professionals when required.

The provider had ensured people and health professionals had key information available in the event of a hospital admission. For example, one person had a document which summarised their health conditions and medicines. The document also had clear information about how the person needed to be supported and information about effective communication.

Good

Is the service caring?

Our findings

Relatives said staff treated people in a kind and caring way. One relative said, "They are very good with [my relative]," and described how staff supported them to express their views and feelings. Another relative said, "Staff spend a lot of time with [my relative]. They're very patient and they don't rush him." The same relative commented, "The way they [staff] talk with [my relative] is very good. They encourage [my relative] to express views even though his communication is limited." Relatives commented on the ability of the staff team to build positive relationships with the people they cared for. One relative said, "[My relative] seems happy – I would know if they weren't by their body language. They respond well to staff." We saw staff supported people in a relaxed and caring manner during our visit. For example, one person wanted to talk about how they were feeling, and we saw staff sat with them and allowed them to express their views in a patient and kind way. We saw a lot of interaction between people and staff was good humoured; people used lots of smiles and laughter to indicate they were happy and felt comfortable with staff supporting them.

People had information about daily routines and activities given to them in ways that were meaningful for them. For example, one person had a weekly calendar of activities in picture form. Staff demonstrated that people were offered choices about their daily activities. One staff member described supporting a person to choose a new activity they wanted to do and supporting them to do this, as family members had different views. This showed people were supported to make their own choices about their day to day lives.

People's bedrooms were individually decorated and personalised. One person showed us their bedroom and said they had chosen the colours, carpet and furnishings themselves.

Staff told us, and records showed, that people were supported to express their views and wishes about their daily lives. People's care plans showed, where possible, people's preferences about how they were supported were documented. For example where people had limited verbal communication, staff had completed detailed notes recording how non-verbal communication and behaviour indicated people's wishes and preferences.

During our visit, we saw people were supported to maintain their personal appearance and to receive care in a manner which was dignified and respected their privacy. Six of the seven people had en-suite bathroom facilities so they could be supported with their personal care in privacy. Both the main house and the bungalow had several communal rooms which people could choose to spend time in. This meant people were able to have space to have private time away from other people if they wished.

People's records about their care were stored securely. Staff understood how to keep information they had about people's care confidential. Care staff had access to the relevant information they needed to support people on a day to day basis. The registered manager showed us that staff did not access all of the provider's information about people's care. For example, information about people's finances was only accessible to staff who needed to know about this. This showed people's confidentiality was respected.

People were supported to maintain contact with their families. Three people had support to stay with family at weekends. One relative said this was a positive experience, enabling people to continue to develop relationships. Another relative said staff were, "Very supportive" of family visits and trips out, and that family contact was promoted by the provider."

Good

Is the service responsive?

Our findings

People were supported to take part in activities they chose and enjoyed. One person said, "I love bands and music. I'm going to the disco tomorrow – I like to sing there." We saw picture evidence of a person being supported to make a present for a family member, and staff explained how the person had made their own decision about doing this. During our visit, most people at The Old Vicarage were out doing activities for a large part of the day. One person told us about their plans to go to watch a football match on the evening of our visit, and we saw staff support two people to go and do this.

Relatives told us that they were happy people were supported to lead full lives and participate in planning and reviewing their support where they were able to do so. One relative said their family member was quite physically active, and that staff encouraged and supported this by taking the person walking and climbing. They said, "They give him choices about what he wants to do, and he likes this. They listen to him." A health professional commented, "It's great to work with care staff who have a 'can do' attitude rather than a 'can't do' attitude."

The provider had recently introduced monthly meetings with each person which focussed on what support they needed and wanted. People's relatives attended when they could. Staff said that although these planning meetings were relatively new, they enabled people and everyone involved in their care to review what was working. People, relative and staff were encouraged to make suggestions for improving people's quality of life. We saw that the provider recorded activities people were offered and how they responded to the experience. This included people's views expressed verbally and non-verbally. Staff told us they used this information to establish whether people enjoyed the activity, and to guide them on future activities.

The provider created areas where people could spend time when they were stressed or anxious. Each building had a quiet low-stimulus room with soft chairs and beanbags where people could spend time safely if they were angry or upset. Staff told us and records showed when people were expressing behaviour that could cause alarm or distress to others, they had the option to spend time here either with staff or on their own. The use of the rooms was monitored and people's care plans recorded how best to support them if they were angry or upset. For example, one person chose to spend time in a specific part of the service and told us that going there helped calm them down when they were feeling anxious or angry. During our visit, we saw this person tell staff they were angry, and then went to spend time in the area they felt safe in. When they came back, the person told us this had helped them feel happier. By offering these options, the provider supported people to manage behaviour in a safe way.

Relatives felt confident to raise concerns and knew how to make a complaint. One relative said, "I know how to make a complaint, but I've never had to. Staff respond straight away if I raise any issues." Staff were familiar with the provider's complaints procedure and felt confident to support people and their relatives to make a complaint. Staff were aware of how to refer people to advocacy services, but at the time of our visit, no-one was using an advocacy service. Information about raising a concern and the full complaints procedure were available in accessible formats at the service. We saw complaints were managed and resolved in accordance with the provider's policy.

Good

Is the service well-led?

Our findings

Relatives knew who the registered manager was, and said they were very approachable. One relative said, "I can always talk with [registered manager]. She's always around." Another said, "I can always go to [registered manager]; she'll always listen and explain things." Staff also felt the registered manager was approachable and open. The provider's director of operations spoke positively about the registered manager's approach to ensuring that people's health needs were met promptly.
The service had a clear set of values which were central to developments and improvements. These values included respecting people's human rights, privacy, dignity, independence and choice. Relatives we spoke with praised the service for employing carers who demonstrated these qualities on a daily basis.
Staff understood their roles and responsibilities and spoke positively about the support they received from the registered manager. They felt able to raise concerns or make suggestions to improve the quality of the care people received.
People, relatives and staff were involved in the development of the service. Relatives and staff told us they felt involved in making changes to improve people's care. For example, one staff member said the new way in which people's care was reviewed monthly was better for people because everyone contributed views about what had worked well or not.

The registered manager was clear about their responsibilities and felt supported by the provider to deliver good care to people. They said, "I do feel supported by [director of operations] and I speak with them several times a week. When I raise concerns, I feel I am listened to." They appropriately notified the Care Quality Commission (CQC) of any significant events as required. The provider had notified us about a number of safeguarding concerns since our last inspection. We discussed this with the registered manager, who showed us evidence to demonstrate what changes they had made in the service to improve the quality of care and reduce the risk of harm to people that used the service.
The registered manager told us they continued to develop links with the community and that staff were actively involved in supporting people to use local facilities such as leisure facilities and social clubs. They maintained professional contacts with relevant agencies such as local medical centres, dentists and hospitals. They told us they were trying to improve the service and ensure that it supported people to meet their needs and aspirations.
We saw 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 that these were up to date and reflected professional guidance and standards. 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. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated the open and inclusive culture within the service.

The provider had systems in place to monitor and review all aspects of the running of the home. These included essential monitoring, maintenance and upgrading of the facilities, monitoring people's care and obtaining their views, regularly seeking feedback from relatives about the service, responding to comments and complaints, and investigating where care had been below the standards expected. We saw that the

provider took action to improve the service. For example, extra checks on locked doors and a system of staff signing for keys was introduced following the front door being left unlocked on the first day of our visit.