

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

The Old Vicarage

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Date of Inspections: 20 November 2013
19 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Creative Care (East Midlands) Limited
Overview of the service	The Old Vicarage provides accommodation for up to 4 adults with a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 November 2013 and 20 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We also spoke to the local authority.

What people told us and what we found

As part of this inspection we spoke with one person who used the service. We were unable to speak to any of the other people who used the service due to their complex needs and therefore we spoke with three relatives. We also spoke with six members of staff including the area manager.

People we spoke with were very positive about the provider and the care provided. One person whose relative used the service told us "We absolutely think its top notch", another commented that their child had "come on leaps and bounds since they been there". One relative described the home as "One of the top quality ones". We found that support and behaviour plans, and risk assessments were specific to the person and updated on a regular basis.

We found that the provider had accurate records of medication and that all staff were up to date with training in this area. There were protocols in place for people who had medication that was given as "as required".

Staff were up to date with mandatory training in key areas such as safeguarding and first aid. There was evidence that staff had also completed additional training such as understanding the Mental Capacity Act 2005.

We saw that appropriate checks had been made to ensure that the premises were safe.

The provider had not received any complaints since our previous inspection and had a procedure in place for dealing with any complaint.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People we spoke with gave us very positive feedback about the care provided. One person who used the service told us that they liked living there. A relative we spoke with told us that "I am confident they (their relative) are well cared for and safeguarded and more than happy there". another relative told us "they do more things with them (relative) than I've ever been able to do. They have a quality of life there".

All the staff we spoke with were able to tell us about the people that used the service. They were able to describe people's needs, triggers and behaviours were which correlated to people's care plans. People we spoke with felt that that staff knew their relative's very well and how to work with them. We observed that staff engaged well with people who used the service

We reviewed two support and behaviour plans and found that these had been reviewed on a regular basis. We found that these contained specific information about the person who used the service and gave instructions for staff about what care was needed and how this should be delivered. They also contained information about the person's ability to make decisions for themselves such as whether they were able to choose their own clothes or what activities they wanted to participate in. Families told us that they had been involved with developing the care plan and always received a copy when they had been updated.

We saw that the provider had detailed plans for how to deal with a person's specific behaviours. The correct procedures had been followed to ensure that these were in the person's best interest and this had been approved by the local authority. There was evidence that others such as family members and a community care officer had been involved in this process.

Each file also contained risk assessments that were specific to the person and had been regularly reviewed. These covered areas such as using transport, use of cutlery and bike riding. This helped to ensure that risks had been addressed and that there was clear guidance for staff helping to ensure that any risk were minimised.

There was evidence that people had accessed services such as a GP and dentist on a regular basis and people we spoke with confirmed that their relative's health needs were addressed.

We saw evidence of an emergency hospital grab sheets for each person at the home. The sheet contained essential information about the person and how to care for the person should they be admitted to hospital. This showed that the home have considered and put into place arrangements for dealing with this kind of emergency.

There was evidence that the provider had business continuity management plan in place for dealing with emergencies which may arise such as the heating breaking down or the loss of accommodation. This showed that the provider had plans in place to help mitigate the risks arising from such emergencies to people using the service

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that all staff who were currently administered medication were up to date with training. We were informed that they would not administer medication until the manager had completed a competency assessment. This helped to ensure that staff were giving medication in a safe and correct way. The provider may wish to record these assessments. Due to the small size of the service, we were told that managers would regularly observe staff administering medication and address any concerns. We saw evidence that the provider had carried out regular audits on the stock levels of medication.

We looked at the medication and records for two people who used the service. We found that the provider had clear records of all medication received into the home. We found that Medication Administration Records (MAR) had been fully completed. We checked the stock levels against the medication records and found that these were correct. The provider required that medication was given and signed for by two staff members to help ensure that there were no errors made. The provider had a system in place to dispose of any unused medicines.

Both people were on medication that should be administered as and "when required". There were protocols in place to give staff guidance. These included what the medication was for, how the person may present that they are in pain and whether they could communicate that they needed it. This helped to ensure that people were given these medications according to their needs and in a safe and consistent way.

We observed that the temperature of the room where medication was stored was being monitored on a daily basis. This helped the provider be sure that medication was appropriately stored to ensure that it was fit for purpose.

There were systems in place for when people who used the service were on activities or overnight visits. This helped to ensure that medication was available at all times. One relative told us that there had been a slight error with them not receiving the medication on a visit home, but this was rectified immediately by staff.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We were told that the manager of the home carried out regular audits on the building through the course of their everyday work. There was a system in place to ensure that any concerns were highlighted and work carried out to rectify any issues. These helped to ensure that the building was maintained. The provider should ensure that these audits are documented on a regular basis to ensure accurate records.

We observed that the building was of good repair. Several bedrooms had recently been redecorated. The building was a four bedroomed detached house set in large gardens and was of suitable design and layout for its purpose. One relative we spoke with told us that their relative's bedroom was "huge" and that there was "so much space and freedom" which was important for their relative. Another relative described the building as "Lovely".

We found that one out of four wardrobes had not been attached to the wall. This is required so that they cannot cause any harm to people. We were told that this was because the room had recently had a new carpet and the wardrobe had not been re-attached. This was rectified during our visit.

We saw that electrical testing of appliances had been carried out in July 2013 and that the electrical wiring had been checked in March 2013. The homes gas supply had been checked in March 2013. This helped to ensure that people were protected from any potential risks.

We looked at the fire exit and routes for the home and all were kept clear. Emergency lighting was checked on a monthly basis to ensure that it worked. This had last been completed in October 2013. There was evidence that extinguishers and fire alarms had been serviced by an external company in September 2013. Derbyshire Fire Service had completed an inspection of the premises in July 2013. They had deemed the provider "broadly complaint" and that no follow up visit was needed.

The building was secured to ensure that people living at the home were safe. The home had a garden which had a secure fence and gate helping to ensure that people were kept safe. We did note that a double door on an outbuilding was rotten and the hinges were not stable and presented as a risk. We were informed that the maintenance person had been

made aware of this and that it was due to be fixed. We were told that people who used the service were not allowed to access the garden without staff, who would then supervise them to ensure they were not at risk. We saw evidence that this would be rectified by the 25 November 2013.

The premises had been inspected by Environmental Health in July 2013. They had been awarded the highest rating.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff we spoke with on the whole felt supported. One person told us that they "could phone any manager and they are willing to help". A relative we spoke with commented that "staff are considerate, kind and approachable", another stated that "staff are very good with them (relative) and always enthusiastic". One person told us that staff "have a really good understanding of autism".

We saw that the provider had an annual schedule for supervision. We were told that they aim to complete supervision every two months. There was evidence that supervision had occurred but was not in line with this frequency identified by the provider. The provider told us this is because they are currently having a change of manager. The provider should ensure that this is completed in line with their recommended frequency. This helped the provider ensure that staff were supported and monitored to make sure they were meeting the needs of people who used the service.

Staff members had an annual appraisal. These looked at the employee's strengths and progress over the previous year.

There was evidence of team meetings for staff. We were told that it was difficult to get all staff to attend staff meetings due to shifts and so regular meetings occurred with the team leaders who then passed information on to their team. These helped to ensure that people were kept up to date with changes and were able to discuss issues with their colleagues and manager. One person stated "If we request a staff meeting for whatever reason they will try and fit it in as soon as possible". A handover for all staff took place at the end of each shift which helped to ensure pertinent issues were discussed.

We saw that the provider had a programme for training including first aid, safeguarding vulnerable adults and about the Mental Capacity Act 2005. We saw that all staff members were up to date with training. This helped to ensure that people had the relevant training to do carry out their job.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The provider had a complaints policy which had been reviewed in April 2013. It detailed what information that staff should obtain from the complainant. Any complaint would be acknowledged within seven working days, this would also contain clear timescales and action the provider intended to take.

The provider had not received any complaints since our previous inspection.

People we spoke told us they would know how to complain and felt that complaints would be looked into and dealt with by the provider. One relative told us that there had been "one or two niggles" but that these had been "dealt with brilliantly" and that the issues had been rectified.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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