

# Ilminster And District (Opw) Housing Society Limited

## Vaughan Lee House

### 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

About the service: Vaughan Lee House is registered to provide accommodation and personal care for up to 30 people. The home specialises in the care of older people. At the time of the inspection there were 28 people living in the home.

People's experience of using this service:

People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.

Risk assessments were in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities

People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The provider had invested in improvements to the property and people had been involved in decisions about décor and changes made to the home. There was a bright warm atmosphere in all areas of the home.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

The provider looked at innovative ways to support people in maintaining their choice, control and independence. They also supported people to continue to follow hobbies and interests, as well as maintain links with their local community. People were supported to access health care services and to see healthcare professionals when necessary.

People were supported by a team that was well led. The registered manager and provider demonstrated an open and positive approach to learning and development. Everybody spoken with said they felt the manager was open, approachable and the home was well led.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

Rating at last inspection: At our last inspection we rated the service Good. The report was published September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Vaughan Lee House

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's experience was related to the care of older people.

**Service and service type:** Vaughan Lee House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced. The inspection site visit activity was carried out over one day on 8 March 2019.

#### What we did:

Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection. We also received feedback from six health care professionals involved with the home.

During the inspection, we found most people who lived at the home could verbally express their views to us. We spoke with 12 people who used the service and two visiting relatives/friends. We spoke with three staff members as well as the registered manager and nominated individual. The Nominated Individual is the providers representative and legally responsible for how the service is run and for the quality and safety of the care provided.

We looked at a range of records. This included, three people's care plans and medicine records. We also looked at two staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

We observed safe practices during the inspection and people told us they felt safe with the staff who supported them. One person said, "I feel really safe here, my room is my sanctuary." Another person said, "It's like a hotel. I am waited on hand and foot. I feel secure, good windows and doors." One comment in a satisfaction survey said, "You and your staff are superb. I would not be able to lead a worry free life if [the person] was anywhere else."

Systems and processes to safeguard people from the risk of abuse.

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately. This included who they could approach if they had concerns both within the organisation and external bodies.

Assessing risk, safety monitoring and management.

- People's care plans included detailed risk assessments linked to their needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks related to nutrition and hydration and preventing pressure ulcers. Where a risk was identified action was taken to mitigate the risk. For example, one person at risk of falls had a full assessment and agreement in place to provide a mat which triggered an alarm to warn staff they were walking about their room. This meant the person could remain in their room as they wished but be safeguarded from the risk of falling.
- Another person had a risk assessment in place for mild challenging behaviours. There was very clear guidance for staff on how to work with the person to reduce risk to both the person and the staff.
- To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance.

Staffing and recruitment.

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. One person said, "There are always enough staff

around." However, another person said, "Sometimes they [staff] seem to be a bit pushed. But they always respond in record quick time if you need them." A relative said, "I visit regularly and there's always plenty of staff around."

- Staff told us they felt there was sufficient staff as they could take time to talk with people and join in activities.
- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

#### Using medicines safely.

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- When people managed their own medicines a risk assessment was carried out and the person signed to say they understood the risks. This meant people could maintain their independence whilst remaining safe.
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used. One person said, "Staff give me my medicines, so I don't need to worry about it. Never late always and always right." Another person said, "If I need pain killers they are always ready to help."

#### Preventing and controlling infection.

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- Domestic staff had special wipes to clean all the door handles daily and PPE was made available in each person's room. These measures had helped to ensure the home had not experienced any recent infectious outbreaks.

#### Learning lessons when things go wrong.

- Accidents and incidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made. Recent changes made to the documentation meant they were compatible with the local authority and local surgery falls audits. This meant any increase in falls was promptly identified and referrals made where necessary.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

One person told us, "They seem to be very keen on training here, always doing something. I think they are all very good." Another person said, "I have no worries they are all very good at what they do."

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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. Most people we spoke with told us how they had been involved and knew what staff had written. One person said they were not aware of their care plan but said they were not interested as the care they received was, "Very good."

- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This meant staff could provide appropriate and person-centred care according to individual needs.

- People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

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

- People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. Records showed staff assisted people to see the dentist and the opticians.

- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, the home liaised with the falls teams to raise awareness around the cause of falls and how to prevent them. They also referred people to the Speech and Language Therapy (SALT) team to assist with safe eating and drinking.

Staff support: induction, training, skills and experience.

- People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. Staff told us there were training opportunities and they could suggest additional training they were interested in or thought was needed.

- The training manager told us how they ensured all staff completed the organisations mandatory training. They said they also focused on training that was specific to people's needs and had recently done pressure care and preventing pressure ulcers. One recent training had included a visit from South West Ambulance to talk about the new 111 change scale monitoring system. This would enable staff to record changes and obtain prompt support from the 111 service.

- All staff had recently attended training in sepsis awareness. One staff member said, "It was really good, it is something we all need to be more aware of."

- All new staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "It's really good, when you complete the care certificate they do a presentation with something like a bunch of flowers. It makes you feel really good."

- The training manager explained how they had used innovative ways of making training more interesting. They said, "I now use crosswords, word searches and bingo to make learning about legislation more interesting. We have also looked into using special paper and glasses for anyone with dyslexia."

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

- People's nutritional needs were assessed, and they were supported to have a well-balanced diet. Staff sought appropriate advice regarding people's food and fluid needs and put recommendations into practice.

- Most people spoken with were complimentary about the food served in the home. One person said, "Excellent. We are very lucky. We can have our meals in our room if we want to or if we are feeling under the weather." Another person said, "Cook or a member of staff comes around and asks us what's on offer and we can choose. It is all home cooked and fresh." However, another person said, "Not bad could be better choice and variety." The minutes of resident meetings showed people's opinions on the menus had been sought and changes had been made following suggestions.

- We observed lunch which had an informal, social feel. People were offered drinks of their choice and there was a warm cheerful atmosphere. People who required help to eat were supported in a dignified way.

- There was tea and coffee making facilities that people and their visitors could use when they wanted to. One visitor said, "I am always offered a drink when I arrive. Seems like tea on tap which is like being at home isn't it?"

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

- The home was adapted to meet the needs of the people living there. Some people benefited from additional signage/adaptations to help them recognise where their room or the toilet was. There was wheelchair access throughout the home and people could access the garden areas with ease.

- The registered manager and nominated individual explained that they had invested a lot of money over the last years refurbishing the premises and updating water, electricity and heating. People had been involved in decisions made about the décor and how they would like the home to look. People told us they liked the bright entrance area where they could sit and look out over the town. All areas were clean and well-lit with a welcoming atmosphere.

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

- People only received care with their consent. One person said, "They [staff] always ask. It's good really because I know if I said I didn't want to do something they would listen and come back later."
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).
- We checked whether the service was working within the principles of the MCA. Records showed the registered manager liaised with the local authority to find out the progress for existing applications and to renew those that may have expired. An Independent Mental Capacity Advocate (IMCA) had also been consulted to support people when necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

One person said, "Very nice team." Another person said, "All very kind, good, lovely people." A relative commented, "Staff are calm and show feeling. Superb. I can't fault them, welcomed with open arms."

Ensuring people are well treated and supported; respecting equality and diversity.

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a close relationship with staff which could be seen when they were talking and laughing with people.

- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. One person told us they enjoyed the services. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.

- People contributed to decisions about the activities they attended or wanted to attend. People decided on what they wanted to do and what trips they wanted to go on at resident meetings. One relative explained how they had asked for the timetable to be provided. Meeting minutes showed people had been involved with discussions around the menus in the home and how they would like to spend their time.

Respecting and promoting people's privacy, dignity and independence.

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.

- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to respect people's confidentiality and to develop trusting relationships.

# Is the service responsive?

## Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans included clear information for staff about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. Some people told us they had been involved in developing their care plan, whilst others said they did not know about their care plan but were happy with their care and support. Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans.

- People and relatives told us they had the chance to discuss their care and make any changes they might not agree with. One person said, "It's my life and they look after me exactly as we agreed." Another person said, "I wouldn't change it for the world. I was worried that I would lose control if I came into a care home. That is far from the truth. It is all about me and what I want."

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. People's care plans included an accessible information section explaining how each person preferred information to be shared with them. For example, one care plan said, "[The person] prefers information writing with an easy read font." All staff said they knew the person needed a large print if reading.

- People participated in a range of activities that met their individual needs, hobbies and interests. The home had a very varied activities programme, which looked at ways of involving people, and supporting them to actively follow their hobbies and interests. One person made and sold greetings cards whilst another person enjoyed making woollen pompoms. Another person knitted baby clothes.

- The activities organiser told us how they involved local charities and organisations in the programme. For example, the local history society presents a talk with pictures about the history of Ilminster. They had also arranged for visiting speakers from the local fire station, Guide Dogs for the Blind and St John's Ambulance. Future plans included visits from the library, a local Cider farm and the Freewheelers volunteer blood transporters. They had also approached other care homes about joining them for a 'silent disco' and there was a lot of interest.

- The home was supported by volunteers who came weekly to take people out on trips. People had decided on where they wanted to go in the resident meeting. People told us about trips to the Seaton tram, local cider farm, regular trips for shopping and tea and cakes in the town. One volunteer also came in to do arts

and crafts the most recent session had involved colouring stained glass windows. One person told us they had enjoyed the session and showed us their work.

- The home had developed links with a local preschool nursery and ran their own toddler group. On the day of the inspection the children learnt about flying and made paper aeroplanes. One person who had flown aeroplanes was asked to judge the best plane to fly. This person was really engaged with the children and the task at hand. The activity organiser told us how another person who had been a scout leader used to remain in their room but now engaged with the children and enjoyed their visits.
- The home had also formed links with a local learning disability centre. People from Vaughn Lee House would visit the centre to do pottery, whilst people from the centre came to the home to join in cookery sessions.
- One person told us, "There is always something to do no time to get bored. I love it when the children come in and sing and dance with us." The activities organiser told us how they had recently introduced Moo Music. This is a popular way for children to enjoy music, it is an interactive session when children sing, dance play and learn whilst also involving parents, grandparents and carers.
- Throughout the inspection there was a buzz of activity. People told us they enjoyed joining in but could also go and do their own thing. The activities organiser said they made sure there was plenty left out in a lounge area, so people could just do something they were interested in. One person liked jigsaw puzzles, so an area was set aside with puzzles for them to do. The activities organiser had also sourced some extra-large puzzles for people with difficulty seeing the small pieces, these were age appropriate and not children's puzzles.

Improving care quality in response to complaints or concerns.

- There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint.
- Care plans identified what format the person would like the policy in for example large print or easy read pictures.
- The Nominated Individual explained they had only received three complaints over the last 'couple of years.' Records showed they had followed their policy for responding to complaints. Lessons had been learnt and shared with staff at meetings or on a one to one basis. One person said, "I would talk to the seniors they know what to do." However, another person said, "I would keep it to my self and tell my son." A relative said, "They [staff] really listen I was concerned about another resident and they listened to what I had to say, and they encourage them to eat now."
- Compliments received included, "Lovely surroundings and fantastic atmosphere, with very pleasant and helpful staff." And, "We can't thank you enough for your kindness, cheerfulness and care." One staff member had written, "What a pleasure it's been to work with staff that are truly here because they want to be."

End of life care and support.

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life. The staff worked closely with local healthcare professionals to ensure

people's comfort and dignity at the end of their lives was maintained. Care plan included people's end of life wishes. Treatment escalation plans were in place for those people who did not want interventions and did not wish to go into hospital.

- One relative had written to the staff to say thank you for their care and support, they wrote, "As her life drew to a close your care and devotion assisted [the person] to maintain a dignity and quality of life to the end and for that I cannot thank you enough."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

One person said, "I know the manager and she is very approachable and friendly." Another person said, "The manager is very approachable, she is moving her office downstairs, so she will be more visible." A relative said, "I think it [the home] is very well led. They managers listen and will change things to how you want them to be done if it is possible."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager and all the staff spoken with told us how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people.
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- The service was well run. Staff at all levels were aware of their roles and responsibilities. An on-call system was available, so all staff could contact a manager at any time of the day or night for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in all aspects of the care and future plans for the home.
- Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs.
- Staff told us they were supported by the registered manager and senior staff through regular supervisions and annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.



- To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People and their families could comment on the service provided. The registered manager carried out satisfaction surveys as well as resident meetings. Comments were largely positive. Where issues had been raised action had been taken and fed back to people living in the home or their relative.

Continuous learning and improving care.

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service provided and how they worked.

- The nominated individual told us how they visited and spoke with staff and people living in the home regularly to keep a clear overview of people's opinions and any ideas for improvement. They also reviewed the electronic care planning system which would highlight any shortfalls in care planning. They would then raise any ideas and concerns with the registered manager at their monthly meeting.

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other care home managers in the area. This meant they could share what worked well and what had not worked well and how they had managed it. Staff also attended a discussion group at the local surgery.

Working in partnership with others.

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs. This include ensuring people remained in touch with the community and the people they had lived with or grown up with. People were also supported to form new links with community groups promoting an interest in the community and continued involvement.