

# Parkcare Homes (No.2) Limited

# Vaughan House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Vaughan House is a residential care home. It provided personal care to eight people who were living with different types of learning disabilities and health needs, at the time of the inspection. The service can support up to 10 people.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Currently eight people were using the service. This is larger than current best practice guidance. There had been a reduction in people living at the home due to an embargo on admissions put in place by the local authority due to the last rating. Relatives told us that their family members were happier with the reduction of people at the home. There were deliberately no identifying signs, intercom, cameras, but there were industrial bins located outside which could indicate it was a care home. However, when we spoke with the provider's representative and the registered manager, they had not considered this new guidance of 'Registering The Right Support' in a meaningful way. This is to ensure the size of the home and the care provided meets people's social, physical, emotional and mental health needs. They had not reviewed the number of people the service supports. To ensure the accommodation could meet people's needs.

People's experience of using this service:

We have made a recommendation about the provider reviewing and implementing our 'Registering the Right Support' policy to ensure the service is meeting people's needs now and in the future, including the amount of people the home accommodates.

Improvements had been in terms of people's care and experiences at the home. However, we still found some hygiene and infection control issues in people's rooms and the storage of cleaning items in one person's room had not been risk assessed. Another issue effecting one person had not been identified with any action taken to reduce this risk.

There had been improvements in the leadership of the home, but there were still issues with the registered manager and provider's oversight about aspects of the quality of some of the care provided. Such as the hygiene issues and a development plan had not been created. To demonstrate existing and future improvements to the building and managing the service, in order to improve people's experiences of living at the home.

People's medicines were stored and administered in a safe way. When in place people had good risk assessments and care plans to assist staff in meeting their needs. Staff knew how to promote people's identified needs. People told us they felt safe and people's relatives agreed with them.

Staff had a good knowledge of people's needs and what was important to them. Staff now received regular checks from the management to test if they were competent and knew their job well. People had choice

with what they ate and drank, and the staff were promoting healthy options. People were supported to have more choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests.

Staff were thoughtful and caring towards the people they supported. It was understood by staff that Vaughan House was people's own home. People's privacy was respected by staff. People were involved in the planning of their care.

People had personalised assessments and care plans. People had been asked to identify goals and ambitions that were important to them. Staff had been supporting people to realise these. Further work was still needed in this area, but progress had been made. Events and outings were also taking place.

Staff were well directed. Relatives commented on this positive change.

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

Rating at last inspection (and update) The last rating for this service was Inadequate (published on 20 December 2018) and there were multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection the provider had resolved some breaches of the regulations. However, some improvements had not been made and the provider was still in breach of the regulations.

This service has been in Special Measures since 19 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Vaughan 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type

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

The 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.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from partner agencies such as the local authority. We used on-going monitoring such as information received from the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who lived at the home and three people's relatives about their experiences of the care provided. We spoke with five members of staff, the registered and deputy manager, and the quality

director.

We reviewed a range of records. This included two people's care records and multiple medication records. We checked staff files and records in relation to the management of the service. We completed observations throughout the inspection.

After the inspection

We requested an update of some people's records and we reviewed these.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider and registered manager had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we still found issues relating to people's safety. So not enough improvement had been made and the provider was still in breach of regulation 12

- There were still hygiene and infection control issues.
- We found mould in some people's showers. There was mould on one person's blind in their bedroom. One person's electric fan had dust and mould like matter on it. In one bathroom there were chips on the side of the bath and the bath transfer equipment was rusty, making it impossible to clean effectively.
- Some bedrooms were dusty. Some bedrooms had cobwebs by the windows. One person's blind had dead insects behind it.
- We identified some risks which had not been assessed or identified. One person had a collection of cleaning products in their bedroom. This had not been risk assessed by the management to show if this posed a risk to this person or others. In another person's bedroom there was a mark on the ceiling eave. Indicating they were hitting their head when they turned their television on and off. The registered manager or staff had not been identified this and no action had been taken regarding this.
- There was a pool of water left after the wet room had been used. This had collected in an indentation in the floor and posed a risk to people slipping. Staff had not identified this risk and taken action. The registered manager was not aware of this potential risk.

We found that there was a risk of people experiencing harm in certain situations. Systems were either not in place or robust enough to demonstrate safety was effectively managed in these areas. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they felt safe. One person said, "Yes I do [feel safe]. I am happy as it is a nice place and I like being here."
- When people had risk assessments these explored in detail the risks which people faced.

Using medicines safely

At this inspection we found enough improvement had been made in relation to the safe use and storage of medicines.

- Medicines were now securely stored. There was a system for when people went out and needed their medicines.
- We completed a count of people's remaining medicines and these tallied with what people's medicine records stated. We concluded that people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were being protected against the potential of experiencing abuse.
- Staff had a good knowledge about what abuse could look like and what they must do about it.
- Staff knew they could report their concerns to the provider and to the local authority, and how to do this.

Staffing and recruitment

- There were effective systems in place to ensure the staff recruited were safe to work at the home.
- New staff had Disclosure Bureau Service (DBS) checks. Staff also had full employment histories and references which were checked.

Learning lessons when things go wrong

- More effective systems had been put in place by the provider to respond to the previous significant shortfalls at the home. We saw improvements at this inspection.
- A person was potentially unwell and staff had not responded quickly and appropriately to this by speaking with a health professional one evening. However, the registered manager quickly identified this the next morning and took appropriate action. This person did not experience any harm. The registered manager took further action which included retraining staff in catheter care.



# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

At our last inspection the provider had failed to robustly assess and ensure staff were effective in their work. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff now spoke positively about their training. They told us how they found it useful and relevant to their work. They said there was more face to face training which they preferred as an effective way of learning.
- Staff showed us that they had a good knowledge of people's social and physical needs. They knew the identified risks to people's safety and what they must do to reduce these risks.
- The registered manager was checking staff practice and knowledge.
- Staff had regular supervisions which the registered manager also used as an opportunity to explore their knowledge in areas of their work.

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

- When people's physical needs were assessed. Guidance from professionals and national standards were included in these assessments and care plans.

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

- People were now being offered choice with their food.
- People now had one to one sessions where staff asked what they wanted to eat that week. They created menus based on this information.
- The deputy manager showed us how the management team and staff promoted a healthy balanced diet. One person said, "The food is delicious, I have to eat healthy food."
- The registered manager told us how they now wanted to focus on promoting a more active lifestyle for people.
- We could see the dining area had been improved to make it a more appealing space to spend time in. The deputy manager showed us that menus were produced for some evenings. The deputy manager said, "To give a restaurant style, which people like."

Staff working with other agencies to provide consistent, effective, timely care

- We saw in people's records other agencies being involved to improve the care people received.

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

- Improvements had been made on adapting the design of the home to support people's changing physical needs. Professional advice had been sought about this. For example, an occupational therapist had reassessed two people's needs and equipment had been installed to support their mobility about the home. A new step had been purchased to support a person to go out into the garden.
- Some redecoration had been completed.

Supporting people to live healthier lives, access healthcare services and support

- The management team were now seeking advice from external professionals when people's needs changed. We saw referrals to specialist teams in terms of managing a person's risk of choking, their skin care, and mobility needs.
- Records showed staff were supporting people with routine healthcare appointments. The outcomes of these were also recorded.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People now had detailed capacity assessments relating to specific decisions.
- Staff had a good understanding about what mental capacity meant and the importance of promoting choices. We saw staff doing this during our inspection. For example, by giving people choices and asking them in an open way about what they wanted to do that day.
- Staff now had a good understanding what a DoLS was and how they were to follow authorisations. Staff were also clear that this should be done in the least restrictive way.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 10.

- People told us that staff treated them well and they liked the staff who supported them.
- People's relatives told us that staff were consistently kind and considerate towards their family members.
- Every interaction we observed between staff and people was respectful and polite. We saw staff playing a board game with a person which they enjoyed. Their conversations were kind and thoughtful. The person was leading these conversations. Staff asked this person what they wanted to do next. Staff suggested an outing that day which happened.
- Staff were mindful they were in people's own homes. A member of staff said, "This is their home, not ours." We saw this understanding was put into practice during the inspection.

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

- People told us that they felt they were treated fairly and equally by the staff at the home. One person said, "They (staff) are good to us."
- We saw that people appeared calm and comfortable amongst staff.
- We observed that people appeared happier this time than at the last inspection. The atmosphere of the home was calmer than during our last inspection. There was now fewer people living at the home. Two people's relatives had also noted this change.

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

- We saw examples of people being supported to contribute to their care planning. People were being asked about their views of their care in their reviews. One to one sessions and group meetings were held. We saw people being asked their opinions about what they wanted to do that day.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure that people's social needs and preferences were met. This was a breach of regulation 9 (Person Centred) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- Records showed people had been involved in planning their care. People's assessments and care plans reflected in detail their physical, emotional and social needs.
- Staff had clear written guidance on how to meet people's known needs. Staff told us that they routinely looked at people's records. One member of staff said, "[Name of registered manager] is very good at that, he keeps telling us to look at the care records...and we do."
- We saw staff meeting people's needs during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, their relatives, and staff spoke positively about the changes in this area of people's lives. One person's relative said, "[Name of person] seems happy and has come on leaps and bounds. We have seen such a change [person] talks more." Another person's relative said, "To be honest in my experience of the last 20 odd years, it's the best it has ever been... [Person] has blossomed."
- People told us what they were doing now in terms of exploring and realising their interests. One person and their relative told us how the management team had enabled them to maximise their enjoyment in their hobby. This person and their relative were both excited about this.
- Goals were being identified and realised. One person's particular dream was realised. We saw photos and spoke with the registered manager about the plans which were made to make this happen. Another person had identified an item they wanted, and this was purchased, and placed where they wanted it. A person had asked for an item to be placed in each room downstairs, staff said they were working to do this.
- Some events and outings were taking place. A visit to a place of interest was arranged and happened when we inspected. Staff spoke about the increase in events. One member of staff said, "It's the best in four years."

- It was positive to see this change. Although, we noted that work was needed to explore with people their interests and ambitions, to promote ideas and new goals. The registered manager said they were aware of this and this will happen in the future.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were explored in people's assessments. Written guidance was given for staff about how to do this.
- Staff told us about people's communication needs. We saw staff responding to people, clearly, giving them time to express themselves. In one person's case clarifying they had understood them, and they were ok with what they had agreed.

#### End of life care and support

- People had end of life plans in place. These did lack some personal detail about how they wanted to be cared at this time. Although there was a lot of detail about people's wishes after they had died.
- A person had recently died. People's relatives and staff told us how this person's friends at the home were supported to deal with this bereavement. People were also supported to attend the funeral.
- One relative told us, "I have to take my hat off to the staff, they arranged a wonderful send off, and it was all so delicately done."

#### Improving care quality in response to complaints or concerns

- No formal complaints had been made. There was a process to follow and information for people to access about this.

# 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure that there was effective leadership and quality monitoring at the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made but not enough improvements had been made and the provider was still in breach of regulation 17

- We had identified some shortfalls which the registered manager and the provider had not identified.
- Such as in the hygiene and in infection control practices. We also found that some risks which some people were exposed to were not fully assessed and explored. Despite the previous inadequate rating, there was still a lack of oversight and checking in this area.
- There was no environmental development plan with costs and target dates of completion. Although there had been some environmental improvements made there were still areas in need of developing such as the garden, which could have a positive impact on people's lives at the home.

We found that there was still shortfalls in the monitoring of the quality of the service. Systems were either not in place or robust enough to review the quality of the service provided. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other lessons had been learnt from the previous inspection. New systems had been created to test the quality of the care provided.

- The provider and registered manager were not considering the values of 'Registering The Right Support.' No work had been completed on this despite this being raised six months ago at the last inspection.
- There were two vacancies at the home due to the embargo the local authority had placed on the service. People's relatives also partly attributed to their relative's improved wellbeing, to the fact there were less people at the home. We were not confident that this aspect of people's care and support was being

considered and worked on.

We recommend the provider review the 'Registering the Right Support' guidance on our website in order to implement this guidance at Vaughan House.

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

- At this inspection we saw that improvements had been made. Such as staff were clear about their roles. They were knowledgeable about people's needs, the identified risks they faced, and how to promote people's safety and their rights.
- The staff team responded to the direction of the registered and deputy manager.
- A person's relative commented on this. "They [staff] are a good team, but they needed a lot of guidance, and I think they were left to their own devices before." They spoke about how this had changed, and staff were now being directed. Staff also commented on this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives and staff talked about how the culture at the home had changed for the better. Staff talked about how they now worked better as a team and they feel valued by the deputy and registered manager.
- We saw that the management and the staff were helping people to fulfil their interests and ambitions. People were treated as adults and in a respectful way.
- One relative said, "Sometimes you felt like you were banging your head against a wall, now things are changing." Relatives and staff spoke positively about the registered manager in helping these improvements to happen.

Working in partnership with others

- The registered manager and the provider have been working with the local authority and other professionals to support people and make improvements.
- However, further work was needed to involve other organisations and seeking out guidance to develop the service further.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment</p> <p>The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks.</p> <p>Regulation 12 (1) and (2) (a) (b) (d) (h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA 2008 (RA) Regulations 2014: Good Governance</p> <p>The provider had failed to have effective systems and processes in place to monitor and improve the safety and the quality of the service.</p> <p>Regulation 17 (1) and (2) (a) (b)</p>