Cambridge Housing Society Limited

Vera James House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 and 26 February 2018. It was unannounced.

Vera James 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 care home accommodates up to 41 people in one purpose built property. There were 41 people living at the home at the time of our inspection visit.

At our previous inspection the service was rated as Good. At this inspection the service had deteriorated to Requires Improvement. This was because incidents of possible harm or abuse were not reported to us (CQC), which is a legal requirement. They were also not referred to the local authority safeguarding team. This put people at risk of further harm and prevented independent investigation of these incidents if this was appropriate. This was a breach of our regulations. You can see what action we told the provider to take at the back of the full version of the report.

People's personal and health care needs were met but care records did not provide staff with guidance in how to meet people's diabetes needs. There were activities for people to do and take part in but not everyone was able to continue hobbies or pastimes, or use social media to keep in touch with relatives. A complaints system was in place, although not all people knew who to speak with if they had concerns.

The provider's monitoring process looked at systems throughout the service and identified issues. Not all of these issues were addressed and not all of the issues found at this visit had been identified.

There was a registered manager at the service. 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 felt safe and staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were usually shared with staff members quickly to ensure changes were made to staff practise or the environment, to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely, and records were completed correctly. Regular cleaning made sure that infection control was maintained and action was taken to address issues.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. People were referred to health care professionals as needed and staff followed the advice

professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members. Staff gathered information about people's end of life wishes, so that they could support and care for them in the right way.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. People's views were sought and changes made if this was needed.

We found one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Incidents of possible harm were not reported to external organisations.

Staff assessed risks and acted to reduce risks to people. Staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were undertaken before they started work to ensure they were safe to work within care.

Medicines were stored and safely administered.

Infection control practices were in place and staff followed these to maintain a clean, hygienic home.

Systems were in place to learn lessons from accidents/ incidents and reduce risks to people.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Staff worked with health care professionals to ensure people's health care needs were met.

Adaptations to the building were made so that people could be as independent as possible.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff supported people to be as independent as possible.

Staff treated people with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have all of their care needs planned for. Staff were knowledgeable about how to meet all aspects of their needs. Not all people were able to pursue hobbies or pursuits to keep in touch with others.

People had information if they wished to complain, although not everyone knew who to complain to.

People's end of life needs were supported by staff who had appropriate guidance and information.

Is the service well-led?

Requires Improvement

The service was not always well led.

Other organisations were not always contacted to report issues and provide joined-up care to people.

Staff members and the registered manager worked well with each other so that people received a good service.

The quality and safety of the care provided was regularly monitored, although it did not always result in issues being identified or addressed.

People's views were obtained about changes to their home and what they would like to happen.

Vera James House

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 was prompted by a complaint about the service. This inspection took place on 20 and 26 February 2018 and was unannounced.

The inspection was carried out by two inspectors and a pharmacist inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection we contacted health and social care professionals about their views of the home.

During our inspection, we visited the service and observed how staff supported and interacted with people. We spoke with eight people and one visitor. We also spoke with nine members of care staff, a member of the house keeping staff, the deputy manager, the registered manager and the project manager. We also spoke with a visiting health professional. We checked eight people's care records and medicines administration records (MARs). We also checked records relating to how the service was run and monitored, such as audits, training and health and safety records.

Requires Improvement

Is the service safe?

Our findings

At our inspection in July 2017 the service was rated as Good. At this inspection it had deteriorated to requires improvement. Information we hold about this home showed that we had received no notifications since our previous inspection in July 2017 in relation to possible harm or about safeguarding people. We contacted the local authority safeguarding team, who confirmed that they had not received any safeguarding referrals from the home. Staff told us that there were few occasions where people displayed any behaviour that might upset others and generally there was no challenging behaviour. We saw that this was this case, although we did see an interaction where two people were disturbed by another person. This resulted in two people becoming angry with each other until a staff member intervened and diffused the situation.

In the incident records we looked at we found five records where people may have suffered harm, which should have been referred to the local authority safeguarding team. Three of these records showed interactions between people living at the home where there was physical aggression. We spoke with the deputy manager about this, who told us that these incidents had been dealt with as behavioural issues rather than possible abuse. The deputy manager also told us that additional support was available to look at accident and incident records, to ensure the correct action was taken in a timely way. Since our visit we have received notifications in relation to the three incidents of aggression between people and these were also referred to the local authority. However, we have not received notifications in relation to the two other incidents of possible harm. We found that although staff recorded incidents of possible harm, these were not reported to outside organisations, although this is required under safeguarding guidelines.

People told us they felt safe living at the home. One person said, "I feel safe here – they [staff] look after you well." Other people we spoke with echoed this person's comment. A visitor also told us about their relative, "The best thing - I know she's safe." Staff members told us that they spoke with people at reviews of their care and let people know that staff were there if they had any concerns. They said that they had received training, that a refresher training course was scheduled for the day after our inspection visit and they explained the home's reporting system. Training records showed that staff had received safeguarding training.

We received information before this inspection about concerns around medicines administration and the availability of medicines. We also received information during our visit from a health professional that medicines were not always started quickly enough after being prescribed. Records confirmed that people living in the care home were receiving their medicines as prescribed. There were appropriate ordering processes in place and all medicines were available and suitable for use. Administration of medicines was recorded on medicine administration record (MAR) charts and staff had recorded additions or changes appropriately. Staff kept detailed records for medicines administered by visiting health professionals. Variable dose medicines, such as analgesia, were recorded but did not always indicate what time these medicines had been given. This could mean that medicines administered four times a day were given too close together.

In most cases, protocols for the administration of 'as required' medicines were available. These protocols provide guidance as to when it was appropriate to administer medicines that were not required regularly such as laxatives or inhalers. Staff completed records for medicines applied topically, such as creams and ointments in people's rooms. However, not all people had a photograph to identify them as part of their medicines record. The registered manager confirmed that this would be rectified.
Staff made sure that medicines that required specific storage were safely stored. However, not all of these medicines were recorded in the correct way. This was rectified immediately during our inspection. Medicines were stored safely in lockable rooms, where the temperature was monitored. The refrigerator was also monitored and kept within the recommended range for storing medicines.

Staff reported medicine incidents and completed audits of medicine trolleys and records. Staff completed a self-audit at the end of each shift to ensure that all documentation had been completed, trolleys were left clean and tidy, and medicines reordered if required. If people wished to go out for the day then staff provided their medicines appropriately to take with them and staff provided comprehensive medicine records to accompany anyone admitted to hospital.

People received reviews of their medicines and we saw documents that showed what changes had been made to people's medicines following this review, such as reducing doses of medicines.

We received information before this inspection about concerns around infection control and unsanitary conditions. One person told us that there was a "strong smell of urine" in the home. We looked at the cleanliness of the home and how staff reduced the risk of cross infection. We noted that there was a malodour present in one part of the ground floor unit when we visited on the first day of our inspection. However, this smell dissipated over the course of the day. We only found one other area in the home where there was a malodour. We spoke with both the deputy and registered managers, who stated that this was a due to a problem with the macerator in that particular area. The macerator had been replaced on two previous occasions and repair works were being undertaken on the second day of our visit to try to resolve the problem again.

We saw that the home was clean. Staff used personal protective equipment, such as aprons and gloves and we saw that these were changed appropriately. Staff also used hand-washing facilities when needed. Both care and housekeeping staff told us about the different cleaning equipment that they used in different areas in the home. A housekeeping staff member told us that staff in these roles completed schedules of required cleaning on a daily, weekly and monthly basis. These records showed when the work had been carried out and by which staff member. For example, when staff changed bed linen and when each room had received a deep clean. Training records showed that staff had received food hygiene and infection control training. This showed us that processes were in place to reduce the risk of infection and cross contamination.

People told us that they usually had staff call bells within reach. We saw that this was mostly the case when we spoke with people, although these were out of reach for two people. Staff assessed individual risks to people and kept updated records to show how they had reduced the risks. They told us they were aware of people's individual risks and our observations showed that they put the actions into place. Risk assessments contained clear information and detail to show how risks had been reduced. These included everyday risks, such as for showering or bathing, and for less likely risks, such as for a missing person or the risks in the event of a fire from paraffin-based lotions. Assessments were also available to advise and guide staff on the risk to each person in the event of a fire and how they should be assisted to evacuate the building if needed.

We found that environmental checks in such areas as fire safety and equipment used by people had also been completed. Staff completed fire safety checks on a daily, weekly or monthly basis as required. They

also completed fire drills regularly to make sure all staff knew what to do if a fire occurred.

There were enough staff to care for people. Most people told us that there were enough care staff available and that they attended quickly when requested. One person told us, "It only takes staff a few minutes to come," while another person said, "Staff come fairly quickly." However, another person felt that the home "could do with a few more carers [staff]," as they preferred to get up at a certain time but sometimes had to wait. Staff members also said that there were times when there were not enough staff, such as when there was sick leave. They went on to tell us that agency staff were sought to cover these gaps but there were times when cover could not be arranged. They also went on to say that if there were shortages in the staffing numbers, they prioritised their work load to make sure people received the care they needed.

There were systems in place to determine staffing numbers. This was based on people's assessed dependency level. This allowed for seven staff members in the morning and six in the evening. During our visit we saw that staff members were available for people when they were needed. They worked in a calm way; we saw that people were supported to take part in activities, such as exercises or arts and crafts, or in other daily activities, such as reading papers or setting the table. People were able to eat lunch at a time that suited them and staff were able to spend time talking with people.

The provider had a staff recruitment policy and procedure in place that provided guidance about the required checks to be completed before new staff were able to work. The provider's human resources team supplied us with information to show that these checks had been obtained for staff before they started working for the organisation. For example, references and criminal records checks (DBS). New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

We found that there was enough information in accident and incident records to show that staff had responded appropriately and taken the required action to reduce the risk of reoccurrence. These records were passed to the deputy manager who monitored to see if lessons could be learnt. We found that no action had been taken for incidents in February 2018 due to the deputy manager's limited availability. The provider organisation had transferred a project manager to assist with this. Information was also passed to the provider organisation to contribute to their overall view of services run by the organisation.

Good

Is the service effective?

Our findings

We received information of concern before this inspection that there was a delay in obtaining advice from health professionals and people were not always helped to attend appointments.

People told us that staff arranged for them to see health professionals if they were unwell. One person said, "They soon do that," when referring to this. Other people told us that they were waiting for the chiropodist to visit on the first day of inspection. We spoke with a visiting health professional who told us that staff were "very good." They went on to say, "They [staff] will contact us instantly with any concerns." The health professional explained the system they had for recording their visits to people and for providing guidance and advice to staff members. They confirmed that staff were "very good at following instructions." Staff members also gave us the same explanations of how information was passed on to and from visiting professionals.

People's care records showed that they had access to the advice and treatment of a range of health care professionals. The registered manager told us they helped people to attend appointments outside of the home. They asked people's relatives to be with them initially, arranging transport if needed, or arranging for a staff member to go with the person if it was not safe for them to go to the appointment alone.

A needs assessment was carried out before people started to live at the home and we saw that additional information from health and social care agencies were also obtained. This allowed the registered manager and staff to assess the person's needs and whether they had staff with the skills and experience to meet those needs. The registered manager told us that staff used standards for care described in The Care Act when assessing the needs of people. This provided a recognised system to the assessment process that ensured people's needs were properly assessed.

Staff told us that they received enough training to give them the skills to carry out their roles. One staff member commented, "I think it's brilliant," while another staff member said, "I think the training here is very good." Staff also told us that they were able to spend time shadowing other staff and getting to know people before starting in their permanent roles. They were able to sign up for additional training and one staff member told us, "Nearly everyone [staff] has done the NVQ2 [national qualification]." Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately and where required they used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support on a regular basis. A staff member explained that they received individual meetings every three months and they received support in other ways, such as group meetings or observations on other months. This gave them the guidance and support to carry out their roles.

We heard complimentary comments about the meals and drinks provided at the home. Most people told us they had a choice of food and that drinks were plentiful. One person said, "[The] food is pretty good," and

another person told that as they usually did not eat meat a vegetarian option was available. They also said that alternatives were available for all meals.

We saw that people were properly supported if they needed help to eat and drink. Staff verbally encouraged people to eat their meals, and sat with people who required physical assistance. We saw that one staff member helped one person by putting food onto the person's cutlery and then helped the person to hold the spoon while it was in their mouth. The person was then able to remove the spoon when they wanted to do so. Staff asked people what they had thought of the meal as they were preparing for the next course. One person said, "Very nice thank you, but too much." They explained and showed people what dishes were; we saw a staff member explain what arctic roll was, which helped people decide whether they wanted the dessert or an alternative.

Staff completed records to monitor whether people received enough to eat and drink to maintain a healthy weight. These identified when people were losing weight. Although entries were completed accurately, not all entries were fully completed. This posed a risk that staff may not identify the appropriate actions to reduce the risk of this.

Staff told us that they worked with health and social care professionals that people had been referred to. For example, when people were admitted to hospital. One staff member explained that they spoke with hospital staff in these situations if more information was required about a person who had gone into hospital. A 'This is me' record (a document with details about the person) was completed to help staff in other health or care settings support the person in the way they wanted.

A lift was in place for people who are unable to use the stairs to move between floors. Our observations and conversations with people, visitors and staff showed that people were able to access the garden when they wished. Adaptations had also taken place to provide hand rails in toilets and bathrooms, as well as signs to identify these rooms.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. They told us that people had the right to make their own decisions as much as possible and they presumed people were able to do this unless assessed as otherwise. One staff member told us how they identified what people wanted for those who found it difficult to verbally communicate, which made sure assumptions were not made for people. Staff did this by show choices, such as those for food and drinks. We saw that people were able to spend time where they wanted. Staff made sure people were happy where they were and regularly checked if people wanted to take part in activities or change what they were doing. Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions.

Good

Is the service caring?

Our findings

At our last inspection in July 2017 we found that there were occasions when people's right to privacy and to be treated with dignity were not respected. We also received information before this inspection that people were not always treated with dignity or dressed appropriately.

People told us that staff were respectful and that they knocked on doors before entering rooms. A visitor said that staff gave them time to visit privately with their family member. One person commented, "[Staff] treat me respectfully, definitely." This was evident in the way the registered manager and all of the staff that we observed spoke and interacted with people. During meal times we saw that staff spoke with people, they took time to explain what meals they were serving. Staff had conversations and discussions with people about meals as they sat with them. One staff member confirmed that several people preferred their care to be given by staff of a specific gender. This request was adhered to and permanent male staff had been employed to ensure this.

Staff were discreet when they checked people's clothing was straight. We saw that people wore clothing that was appropriate to the weather and to their gender. People were encouraged to wear footwear and most people also wore socks or tights. We saw that people who had left their rooms still in their night clothes were encouraged to get dressed before moving into communal areas. For one person this served a dual purpose as their intention was to go into the garden for a short while.

A visitor told us that they could visit throughout the day. One person confirmed this by saying, "I can have visitors at any time." We saw that visitors were welcomed throughout the duration of our visit to the home. Staff respected people's right to have their confidential information keep safe by keeping care records either in people's rooms or in lockable cupboards.

People told us that they liked the care staff who looked after them. One person said, "All of the carers [staff] are lovely," and went on to comment that the best thing about living at the home was "being looked after and being spoilt. They look after me very well." Another person told us, "I love it when she [staff member] plays tricks on me. It makes me happy for the day." They went on to say that another staff member was "very understanding." Yet another person explained that they liked living at the home "because of the friendliness of the staff. You can have a joke with them." A visiting health professional told us, "Staff are very good, very caring, very attentive and genuinely care for people here."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people usually responded to this attention in a positive way. We saw that staff spoke to one person in a particular ear and later found out that the person had difficulty hearing in the other ear. This meant that they didn't have to raise their voices to speak with the person.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. One person told us, "I think the staff know me well." A visitor told us how they were involved in their relative's life and how staff kept them updated with any changes in the person's life. However, when we asked people if they were aware of their care records, they told us that they were not but that they would like to see them. Staff told us that people were shown their care records when they first moved to the home and again if they asked to see them.

We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line. Staff also knew people well and for those people who were less able to verbally tell staff what they needed or wanted support this had a positive effect. Staff described the circumstances under which they would ask people if they wanted support. We saw that staff had enough time to spend with people.

Staff were able to tell us that people had used the service of an advocate. (Advocates are people who are independent of the service and who support people to make and communicate their wishes.) They were not aware of any written information that was available to people, and we did not see any on display, but felt sure they could access this if it was requested.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in July 2017 the service was rated as Good. At this inspection it had deteriorated to requires improvement. We received information of concern before this inspection that people were not always able to follow the hobbies and pastimes they had before they moved into the home, particularly in relation to internet use. A visitor told us that they and their relative were unable to use the internet that had been advertised as being available in the home. This meant that their relative was unable to keep in touch with their loved ones in other countries. The registered manager told us that a representative of the provider had sent engineers to address the problem, but that the WiFi signal to one part of the home in particular was compromised. They went on to say that the provider's representative was continuing to look at how to resolve this. Since our visit we have been advised that an alternative solution has been identified for one person. However, this continues to mean that some other people do not have the opportunity to use this service.
People gave us mixed comments about whether they had enough to do during the day and were able to pursue their interests. One person said, "[There's] not a lot to do during the day time unless you like TV," and another person told us that their neighbour was not able to get out at all as they had no family to help them do this. However, they described all of the things, such as doing the crossword and playing scrabble, that they liked to do to keep occupied. They commented that one staff member had played scrabble with them, but that other staff were busy.

The registered manager told us that they had deployed an extra two staff to spend time with people throughout the day. We saw that staff were able to spend time with people in communal areas and they had arranged for people to take part in activities. An art and craft table had been set up in one dining area and we saw that two people were taking part in this. However, it also attracted other people who wanted to sit and have a coffee and conversation. We saw that this gave people this opportunity for most of the morning and provided a relaxed and friendly environment. In another part of the home a staff member gathered people to take part in a short exercise class. This provided a stimulating environment with much laughter for both those taking part and those not taking part. Our conclusion was that people could enjoy some hobbies and pastimes and additional staff were beginning to explore areas where they could help people with these. However, there were areas where people were not satisfied with the service they received.

People told us that staff provided them with the care that they needed. One person said, "I need help with washing – they do [help]." Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal care preferences and leisure pastimes. We looked at people's care plans and other associated records. Staff members told us that they felt records were written in enough detail and gave them the guidance needed to support people appropriately. An agency staff member confirmed that they felt there was enough detail to guide them.

Care plans contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. They were written in enough detail, which provided guidance for staff members care practice. Information was also available that described how people communicated

when speaking was not easy for people. This enabled staff who may not know people as well to have some understanding of what each person was telling them or experiencing.

However, plans for the care of more individual needs, such as for diabetes, were not written in detail. These did not provide enough guidance regarding people's diabetes, what staff should look for or when they should contact health professionals. One person's plan gave brief guidance about what staff should do, although other people's plans provided very little information. There was no guidance for one person about when to check blood sugar levels if they were unwell, which staff would be required to do. The person's plan simply told staff to contact the district nurses if the person's blood sugar levels fluctuated. However, there were no guidelines about the range of fluctuation or at what point to contact emergency services. We spoke with the deputy manager, who confirmed that the District Nurses who visited were responsible for routine checks of people's blood sugar levels and giving insulin.

We saw the care plans were reviewed on a regular basis and staff recorded when people's care had been given. This provided information to assess whether any changes to the support given by staff was needed. Daily records provided evidence to show people had received care and support in line with their care plan.

We received information before this inspection that not enough action was taken to deal with complaints. Most people told us that they knew who to go to if they were not happy about something, although two people commented that they did not know who this person would be. A visitor also told us that they would be able to make a complaint and knew who to go to initially and if nothing was resolved, who else to contact.

The home's complaints policy and procedure contained enough information for people to make a complaint, including details for most relevant external organisations. There had been one complaint since the beginning of the year. This had been dealt with and the appropriate action taken.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in July 2017 the service was rated as Good. At this inspection it had deteriorated to requires improvement. Information available to us before this inspection showed that there was limited interaction with some other organisations, such as the local authority safeguarding team. Information we hold about this home showed that no safeguarding notifications had been submitted to us. We checked accident and incident records and found three incidents of possible physical abuse between people living at the home, an incident of possible psychological abuse and a possible theft. We spoke with the deputy manager, who confirmed that the incidents of physical aggression had been dealt with as behavioural issues, but had not been considered as possible abuse.

We found from records we held that notifications involving people's safety had not always been reported to the Care Quality Commission as required by law. This put people at risk of harm and limited the information available to external organisations in responding to the safety of people using the service. This put people at risk of not being as safely supported as they could have been.

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

The registered manager and deputy manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as care records and infection control. The audits identified issues and the action required to address them, however we found that this was in regard to whether records were available, rather than the quality of information within them. We also saw in the most recent manager's care plan audit that not all actions were addressed. The action had not always identified who was responsible for making these changes. We also identified during our visit that changes had not been made across the home. For example, one care plan audit identified that tool for screening people at risk of malnutrition (MUST) had not been fully completed and we saw that this had subsequently been completed for that person. We identified that for another person the record only had the person's weight recorded; the MUST part of the risk assessment had not been completed.

The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. However, due to limited senior management staff availability, checking of these records had not been completed for February 2018. Therefore, records were not examined to ensure appropriate actions had been taken. An additional member of senior management had been very recently introduced to cover this work, although at the time of our visit they had not checked these records. This showed that systems were not always effective in identifying issues quickly and ensuring staff had taken the appropriate actions to resolve them.

We received information before this inspection that communication between staff was not always clear. Staff told us that they were able to pass information on about people during handover meetings. We spoke with staff about one person who we had wanted to speak with and their whereabouts in the afternoon. The staff member initially was not able to tell us where the person was and a short search of communal areas was undertaken. When the person could not be found, this staff member spoke with another staff member

who confirmed that the person had gone out. This showed that staff spoke with each other to determine whether concerns were valid before instigating further action.

There was a registered manager in post, who was available for our visit to Vera James House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was supported by a deputy manager, senior care staff and care staff. A project manager had also been transferred from another service to support the registered manager while the deputy manager was working reduced hours. We saw that people and staff knew who the registered manager was due to the visible presence they had around the home. A staff member explained, "I find him a really good support." Other staff members commented, "He will put his hand to anything if it's needed," and about the deputy manager, "She's brilliant." We saw that staff liked working with people who lived at the home and that they had respect for the registered manager.

Staff told us that they had a number of opportunities, such as regular staff meetings and handover meetings, to discuss the running of the home. One staff member told us, "We support each other, it keeps the morale up." An agency staff member described how they found working at the home, "Everyone is smiling. It is important as agency, getting treated the same as everyone else." They went on to say that Vera James House was the home they most looked forward to working in. Staff were supported by senior staff and felt they could discuss any issues or concerns they had with them. A staff member said, "[We are] able to pass information on to the manager and it would be listened to." Staff were further supported in supervision meetings, where they were able to discuss their performance.

A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

The registered manager told us that a formal satisfaction survey had been completed by people. We found that there were generally positive comments about the home, care and the service people received. There were areas that identified the need for improvement or people's and relative's understanding of systems, such as the complaints procedure or the keyworker system. We found that people were still not aware of who to speak with if they were not happy with something. We also found, however, that action had been taken to improve one area in particular. Additional staff were available for activities, although this was a recent introduction.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents People who use services were not protected against the risks associated with the possibility of harm because notifications had not been submitted to the Care Quality Commission.