

Cambridge Housing Society Limited

Vera James House

Inspection report

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15 April 2019
17 April 2019

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Vera James House is a residential care home that was providing personal care to 32 older people at the time of this inspection.

People's experience of using this service:

People we met and spoke with were happy with the care home and the staff that provided their care. A visitor told us that the home was, "Overall really good."

People felt safe living at the home because staff knew what they were doing, they had been trained and cared for people in the way people wanted. Risks in the home were assessed and reduced as much as possible. There were enough staff, and the registered manager also spoke with people regularly. Key recruitment checks were obtained before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the home's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints were dealt with and resolved quickly.

Systems to monitor how well the home was running were carried out well. Where concerns were identified, the registered manager followed this up to make sure action was taken to rectify the issue. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

Rating at last inspection: Requires Improvement (last report published 25 April 2018)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as scheduled in 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

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Vera James 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 inspector and an assistant inspector.

Service and service type:

Vera James 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.

Vera James House accommodates up to 41 people in one adapted building.

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 our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to assist with planning the inspection. We also asked the provider to complete a Provider Information Return before our visit. Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked for feedback from the commissioners of people's care, representatives from the local authority, Healthwatch Cambridge and Cambridgeshire Fire and Rescue Service.

During our inspection visits on 15 and 17 April 2019, we spoke with three people and three visitors. We also spoke with the registered manager, the deputy manager, six care staff, two housekeeping staff, and the cook. We looked at four people's care records. We also looked at other files in relation to the management of the service. These included three staff recruitment and training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person's relative told us they felt their family member was, "One hundred per cent safe."
- The provider had effective safeguarding systems in place, staff understood what to do to protect people from harm, including discrimination, and how to report concerns. Staff told us that they had received safeguarding training, which included what to look for and how to report concerns to outside organisations if they needed to.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falls and the risk of losing weight. They took the recommended action to reduce these risks from occurring, which made sure people were as safe as possible.
- Risk assessments in relation to the home's environment, had been completed. These included those for fire safety, and documented how to evacuate people in the event of an emergency?
- This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that staff were available when they needed them. A visitor told us that there were usually staff available, although their relative occasionally had to wait longer than was comfortable for a second staff member.
- Not all staff members felt there were always enough of them. They said this was particularly the case later in the day when there was one less staff member and if a person became upset. The registered manager told us that they had changed the deployment of staff around the home and provided another staff member to serve the evening meal. This allowed care staff to spend time with people who needed support at this time.
- There was no formal system in place to make sure there were enough staff on duty at all times. However, the registered manager had assessed that seven staff in the morning and six staff in the evening should be enough to meet people's needs. The registered manager told us there were fewer people living at the home and overall people's needs were lower. They would reassess staff numbers if this changed.

We recommend that the service consider current guidance on determining appropriate staffing levels and take action to implement a system for this.

- Pre-employment checks were carried out before staff started work. This kept people safe because it

helped the registered manager make sure that only suitable staff were employed.

Using medicines safely

- People and visitors told us that staff members gave their medicines on time.
- Staff administered medicines safely and maintained records to show this. Staff had received training in how to safely give medicines, they respected people's decisions if medicines were refused. There were instructions for giving medicines that needed to be taken in a specific way or only as required.
- Medicines were stored securely and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- Staff also put actions in place following incidents to reduce risks to people, for example to reduce the transfer of infectious conditions. They contacted other services within the organisation to ensure other locations were also aware and could take the same precautions.

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

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

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

- Staff completed assessments of people's needs before they started using the service. This enabled them to make sure they had enough staff with the right skills to meet them.
- Staff worked with health professionals and consulted national guidance about health conditions, such as Parkinson's disease. This helped them understand how to meet people's needs following recognised good practice.

Staff support: induction, training, skills and experience

- Staff had received training when they first started working at the home and this was updated each year. They said this was either e-learning or face to face training and that they also received other training, such as for dementia awareness.
- Staff members received supervision in different formats, as individual meetings or direct observation. They said that they could also contact the registered manager or senior staff at any time between meetings. They felt well supported to do their jobs. Training records showed that staff had the opportunity to develop in their careers and gain formal qualifications such as National Vocational Qualifications or Diplomas in care.

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

- People told us they liked the meals they received. One visitor said they thought their relative had put on weight since living at the home.
- Mealtime in the dining areas were a social occasion; people chose where they sat and took part in conversations around the tables. They were able to eat at their own pace and both courses and meals were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them.
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff recorded important information about people, their needs, daily routines and preferences. People were able to take this with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.

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

- People were referred to health care professionals for advice and treatment, for example to Speech and Language Therapists or mental health professionals. Advice and recommendations were followed by staff.

- Staff followed the advice given by these professionals and this was recorded in people's care records.

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

- Adaptations had been made to ensure people were able to move around the home safely. A hand rail was in place along one side of each corridor and equipment was in place in toilets and bathrooms to allow people to safely use these areas independently.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- Where people did not have capacity, decisions were made in their best interests and involved relatives and health professionals where appropriate.

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

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

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

- People and their relatives said that staff were kind and caring. People commented positively about staff members, with one person saying, "They're very good." A visitor told us, "I've never known any of them to not be nice."
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences.
- People were comfortable in the presence of staff and enjoyed positive relationships with them. One visitor told us their relative was able to have "fun" with some of the staff.

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

- People confirmed that they were consulted by staff about how they preferred to have their care and support provided. One person told us, "They [staff] know me well."
- Staff told us they provided care to people in a way that the person preferred and gave examples of how they met these preferences. Staff had enough time to support people properly and in the way they wanted. This allowed them to spend time talking with people and build meaningful relationships with them.
- People were supported to make choices about their care throughout the day. For example, they chose when to get up, what they wanted to eat and what activities they wanted to do. The registered manager confirmed that information about advocacy services was available for people who may need this support.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. For example, they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- Staff encouraged people to do what they could for themselves to maintain their independence.
- People's confidentiality was maintained; records were kept securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People's care needs were met and they were happy with the care they received. Visitors told us that their relatives were well cared for.
- People had care plans in place, which were personalised and written in enough detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. Staff had built good relationships and knew people's likes, dislikes and preferences.
- One visitor said they were involved in their relative's care through formal reviews of the person's care. They said the information, "Fits with mum's needs".
- One staff member's role was to organise things for people to do each day. A program of these activities was available on noticeboards around the home and people from all parts of the home were encouraged to take part. Staff spent time supporting those people who were not able to attend activities; one staff member helped a person read and another person was able to play the piano.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. People had information about external organisations that they could also contact about their concerns.
- Complaints had been investigated and responded to quickly and appropriate action taken to resolve them. A visitor told us that the issue they raised with the registered manager was dealt with and resolved quickly.

End of life care and support

- Guidance was available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they would consult with people's relatives in the event of this care needing to be given. One visitor told us that staff had discussed this with them, as they were their relative's representative. Staff had been "quite sensitive" when speaking with them about this.
- Additional guidance was available for staff in the form of an end of life policy and the support of the district nurses.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good.
- There had been an improvement in the reporting of possible abuse incidents to us by the previous registered manager. However, due to conflicting advice from external agencies and the provider, the new registered manager did not always continue this practice for concerns where there had been no harm. We discussed this with the registered manager during our visit. They immediately submitted all the required notifications and advised they would raise the issue at their next meeting with other managers and the provider.
- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed.
- Staff were also committed to providing high-quality care and support. They told us how staff supported each other to make sure people received the care they needed. One staff member told us, "We can speak with any other team member if there's a problem." They went on to explain that housekeeping staff helped out with evening meals if care staff were busy.

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

- All of the staff we spoke with said they could raise issues with the registered manager or other senior staff and were confident action would be taken to improve.
- Staff said that the registered manager was approachable and would work with them if needed.
- The registered manager was supported by senior staff working within the home and by the provider's operational staff. This gave the registered manager advice, guidance and the opportunity to find alternative solutions if they had concerns.

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

- People, their relatives and staff completed regular surveys on different aspects of the home, which showed mostly positive comments. Issues raised had been recognised and the registered manager had recorded how they were being addressed.

- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care.
- Staff told us that they attended meetings, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This would enable the registered manager to take action where needed and reduce re-occurrence.

Working in partnership with others

- Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. The registered manager contacted other organisations appropriately.