Serving All Limited

Vauxhall Court Care Home

Inspection report

Vauxhall Court Residential Care Home
Vauxhall House, Freiston Road
Boston
Lincolnshire
PE21 0JW

Tel: 01205354911

Date of inspection visit:
28 March 2019
01 April 2019

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14 June 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service

The service provides accommodation and personal care for up to 33 older adults and people living with dementia. There were 30 people living in the service on the day of our inspection.

People's experience of using this service

People were kept safe from avoidable harm and abuse. Systems were in place to support this. Risks were assessed and managed. People received their medicines safely, procedures, systems and checks were in place. Accidents and incidents were recorded and reflected upon to ensure that lessons were learnt.

Assessments were undertaken to ensure that people's needs, and wishes were captured and acted upon. People and relatives told us that the food was good. The cook had systems in place to ensure that people got to eat and drink what they wanted and liked. Fresh fruit and snacks were available. Staff told us that they received the training they need to do their job well and are supported in their roles. People's consent to care was sought. The principals of the MCA were being met.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring, attentive and kind. Staff interacted with people in a friendly and supportive manner. People were provided with opportunities to express their views and were involved in their care. People's privacy and dignity was respected.

Care planning reflected people's needs. Staff knew people well and understood their needs. Care records were person centred. People knew how to complain, raise concerns and were listened to.

The registered provider demonstrated enthusiasm to provide good standards of care to people. The team were supported by experienced leaders who led by example. Processes to ensure that the delivery of care was monitored and checked regularly were in place. Managers effectively used governance systems to improve the quality of care in the home.

Rating at last inspection

At the last inspection the service was rated Requires Improvement and was published on 16 May 2017.

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well-led

Details are in our Well-Led findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Vauxhall Court Care Home

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 a single inspector.

Service and service type

Vauxhall Court Residential Care Home 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 provides accommodation and personal care to up to 33 older adults and people living with dementia.

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

The inspection was unannounced. The Inspection was completed on 28 March and 01 April 2019.

What we did

Prior to the inspection we reviewed information we had received about the service, this included details about incidents the provider must notify us about. We sought feedback from the local authority, the local safeguarding authority and other professionals who work with the service. The provider completed a

Provider Information Return prior to the inspection. Providers re required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people and three relatives. We also spoke with four care staff, the cook, the activities coordinator, the deputy manager, the registered manager and the nominated individual. We spoke with one visiting health professional. We reviewed records related to the care of six people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and four staff files. We also looked at documentation related to the safety and suitability of the service. We spent time observing interactions between staff and people within the communal areas of the home.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• People were cared for by staff who knew how to protect them from abuse. The registered provider had a safeguarding policy which staff were aware of. A staff member told us, "Safeguarding policies are kept upstairs in the office. Most of us have a safeguarding app on our phone too."
• The registered provider ensured that staff received safeguarding training so that they knew how to identify abuse. When asked about what type of thing might need reporting one staff member said, "Abuse, verbal, physical, neglect. If I saw someone not being treated properly for instance and wasn't getting what they needed, such as meals and clothing I'd report it straight away."
• Staff were aware of the whistleblowing policy and what it was used for. One staff member we asked about the whistleblowing process told us, "It's about reporting something about a colleague, we have information on the notice board about it."

Assessing risk, safety monitoring and management

• People were supported to manage risks associated with their health and reduce them to ensure that they remain Risks identified within assessments and care plans were recorded and reviewed regularly. For example, one person was deemed to be a high risk of choking. The risk assessment had clear step by step instructions for supporting the person during mealtimes and with drinking. Professional advice from the speech and language therapist was held in the care records and cross referenced in the risk assessment to ensure that the professional guidance and advice was followed.
• Risks regarding fire safety were assessed by professionally qualified people. Evacuation processes were clear, and each person had a personalised plan to ensure that they could be evacuated safely. Regular safety checks were done to make sure that fire safety equipment was in good working order. Staff received training to ensure that they knew how to respond in the event of a fire.
• Environmental hazards and risks were managed safely. Regular safety checks were carried out to ensure that utilities such as electricity, gas and water were safe for people to use.

Staffing and recruitment

• During the inspection we noted that there were enough staff to meet people's needs. People and relatives told us that staffing at the home was sufficient. We asked people about how quickly the staff respond to them, one person said, "Sometimes they are very quick, sometimes you have to ring the bell again."
• We checked staff rosters for the previous month and saw that staffing levels were regularly consistent with the staffing levels we saw during the inspection. Staff told us that the home did not use agency staff. A staff member told us, "We could always do with more staff. If someone [staff member] phones in sick it makes

things difficult, but we always cover for each other. If there are six care staff it works brilliantly. We don't use agency [the nominated individual] stopped all that.
•Recruitment files showed that the registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

• People we spoke with were aware of their care needs regarding medicines. One person said, "I know what medication I am taking, I've stopped taking paracetamol now though."
• Care plans and risk assessments described what support people required to ensure that medicines were administered correctly. People who required medicines on an 'as needed' basis had a written plan to ensure that staff were aware of how and when to administer them.
• We observed that administration of people's medicines was done safely. We looked at the registered provider's policy relating to medicines and found that it reflected current legislation and guidance and was reviewed regularly.
• Training records confirmed that staff were trained to administer medicines and were observed annually thereafter to ensure that they were competent.

• Medicines were stored safely and securely and at the correct temperatures.
• The registered provider worked closely with a nationally recognised pharmacy, who visited the home every three months to undertake detailed audits of administration. We noted that the checks had identified very few shortfalls. Where shortfalls had been identified the registered manager had created an action plan to rectify them.

Preventing and controlling infection

• Training records showed that staff had been provided with infection control training. Staff confirmed to us that they knew how to reduce the spread of infections. A staff member told us, "Yes, we use PPE [personal protective equipment] at all times, we wash our hands and use hand sanitiser, and don't come to work with infectious diseases."
• The home appeared very clean throughout and had no malodours.
• Facilities were available to ensure soiled clothing and bedding were washed separately.
• The registered provider had provided two staff with additional training so that they could act as infection control ambassadors within the home. The role of an ambassador is to support other members of the team to increase their own knowledge and awareness and to provide advice and support.

Learning lessons when things go wrong

• Accidents and incidents were reported and recorded. The registered manager and deputy manager had a system in place for analysing accidents and incidents to inform future risk planning.

Good

Is the service effective?

Our findings

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

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

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

• People's care records contained a full initial assessment of their needs which was carried out before the person moved into the home. Assessments were undertaken by either the registered manager, the deputy manager or a senior member of staff.
• Care plans contained good levels of detail and included information obtained during the initial assessment.
• People had given consent for their care to be carried out in the way that they had agreed. Where people lacked capacity to consent there was clear information about who was agreeing the plan on the person's behalf.

Staff support: induction, training, skills and experience

• All staff were provided with an induction when they began working at the home and we saw that they completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Records showed that staff were provided with a wide range of training. that the provider had identified as essential
• Staff were provided with additional training to meet more specific needs in the home. For example, end of life care.
• Staff were enthusiastic about learning and developing in their role. One staff member told us, "I never turn down training, I've just had training to administer a specific medication for people with epilepsy, we also get trained on diabetes and Parkinson's, I have also done an NVQ level four." Another staff member said, "I am very happy with the training, the last one I did was about diabetes – it was very good."

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

• People told us that they enjoyed the food available to them. One person said, "Yes it's good, usually you get a set meal and the choice of two main courses, they get to know what you like. They know I don't like fish, so on a Friday I have something else. I have snacks in my room too and can ask for more when I need them."
• We observed lunch in the dining area of the home. People were supported to sit where they wanted and were offered the choice of two main courses and a desert. Some people were provided with support to eat their meal, staff were professional and attentive when assisting people to eat.
• We observed that one person was finding it hard to cut up their food. A staff member noticed this and

discreetly asked if they needed help, we noted that the staff member approached the situation with sensitivity and reassured the person in a friendly and warm manner.
• One person became distressed during lunch and got up to leave the table, we observed staff talking to the person calmly and offered them the choice of eating desert in their own room. The person seemed reassured and happy with the offer.
• During lunch we noted that the kitchen staff came into the dining area and checked with people to see if they were happy with the food being served.
• People benefited from two experienced cooks who both held a nationally recognised qualification in food hygiene and preparation. One of the cooks we spoke with said, "I love cooking, that's my passion."
• Systems and processes were in place to ensure that important information about people's allergies and risks associated with choking were available to the kitchen staff, the cook told us, " We get the information from the speech and language team sent to us, when someone new comes to live at the home, the senior gives us the information we need so we know how to mash or blend their food."

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

• People's care records included important information about their health needs and the involvement of relevant health professionals. Records showed that people were supported to access a range of healthcare services.
• We spoke with one visiting healthcare professional who told us that communication with the home was good and that they regarded the home as one of the 'top three' care homes in the area. When asked if they would be happy for a family member to receive care at the home the response was, "I'd place my family in here – no argument."

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

• Accommodation and shared facilities in the home were on the ground floor which meant that people were able to move freely around the home without the need to climb stairs or use a lift.
• The home had been decorated to ensure that people with dementia were able to identify their own room by the colour of their door and from a placard outside their door which incorporated personal photographs and easily recognisable personal memorabilia.
• Corridors in the home had been decorated with interactive displays put together by staff which showed the local history of the town, staff told us that people were encouraged to discuss the display and reminisce. We also saw other displays in the corridor with tactile fabric patches for people to touch and feel.
• In the dining area we were showed an art display which had been built into a bay window by the staff. The display included coins from around the world. We were told that people often enjoyed talking about coins they could remember from many years ago.
• People were encouraged to personalise their own rooms with pictures and photos.
• The registered provider showed us a business plan for the year ahead which listed several refurbishments taking place.

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. We found they were working in line with the principals of the MCA.
• Staff demonstrated that they understood the principals of the MCA. One staff member said, "It's about what people can or can't do and respecting their rights to take risks and helping them make decisions that are in their best interests and letting them be themselves".
• Records showed that mental capacity assessments had been undertaken to establish what support people required with decision making. We saw best interest meetings held when people were deemed to lack capacity to make particular decisions involved appropriate health professionals and family to ensure any decisions made with the least restrictive options and in the person's best interest.

Good

Is the service caring?

Our findings

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

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

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

• People and relatives consistently told us they were well cared for and treated by staff. One relative said, "[My relative] came in quite poorly and on the second week was told that they would need end of life care. Four months on and [my relative] is thriving, they are doing so well. I have never seen them eat so much. The care has been amazing, the staff have had a good hand in [my relatives] improvement."
• Relatives told us that they were made to feel welcome by the staff and managers, one relative said, "I know just about everyone here, they are all really friendly I always get offered a coffee, it's like a big family and I get a warm welcome as soon as I come through the door."
• Staff were asked if they would be happy for one of their relatives to live at the home. Without exception all said yes. One staff member said, "Yes, because there are plenty of care staff who are good and very nice, my manager is a very nice person, and everyone has been very nice to me".

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

• Care plans reflected the wishes and views of people. Records showed that people were involved in developing their care plans and where appropriate they had provided written consent for the care and treatment they received.
• Reviews of care plans were undertaken regularly to make sure information held in care plans was relevant and up to date.
• People and relatives were asked to provide regular feedback about their care and support. Records showed feedback was generally positive, and people had expressed high levels of satisfaction. Where recommendations had been made to improve care, the registered manager had added them to an action plan and they were subsequently addressed.
• People and their relatives were encouraged to provide spontaneous feedback to the home. We saw several compliments from relatives. We noted that one written compliment stated; "It is difficult for me to put into words how caring your staff were towards [my relative] but in simple terms, it was above and beyond what we expected, and we are so grateful for that."
• Residents meetings were held regularly to give people the opportunity to present ideas and views about the running of the home.

Respecting and promoting people's privacy, dignity and independence

• People told us that staff respected people's privacy and dignity. One person said, "Yes, staff always knock on my door before coming in."

• Staff demonstrated a good awareness of how to ensure that people's privacy and dignity was upheld. One staff member said, "First I close the door, you can't do personal care with the door open. I'd also close the curtains. I would ask first if they want personal care, you need to listen all the time and watch for facial expressions if they are unable to speak."
• Records showed that staff were provided with training relating to dignity in care.
• Staff described how they maintain people's confidentiality.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery

At our last inspection published on 16 May 2017, there was a breach of Regulation 9 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014. This was because we found evidence that the provider had not ensured that care was designed to be appropriate and to meet people's needs and people were not involved in designing their care. After our inspection we requested the registered provider sent us a plan to tell us about the actions they would be undertaking to improve. At this inspection, we found the service had taken steps to ensure that people had been involved in designing their care and it was appropriate to meet their needs.

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

• Staff had a good understanding of what personalised care should look like. One staff member told us, "We make sure it is about them, it isn't a one size cap fits all, it's about what they want and how they want it." Another staff member said, "Some residents like to get up later and want to do the things that they want to do. We don't push anyone to do anything they don't want."
• Staff told us that they knew what people's care needs were and what was written in people's care plans. One staff member said, "If something isn't clear I can look at the care plan and read up about the person. We have handover meetings and share information and we can change the plan if something has changed."
• People benefitted from having access to a wide range of activities. We observed people engaged in meaningful leisure activities, such as reading, playing cards and playing dominoes. We also observed people participating in household tasks such as folding washing and clothing.
• The registered provider had developed relationships within the local community for example, the local vicar would visit the home and facilitate church services for people living in the home.

Improving care quality in response to complaints or concerns

• The registered provider had a policy and procedure relating to complaints and had responded fully within the specified timescales.
• People told us that they knew how to complain and who to complain to. One person told us, "If I have a problem, I go to [Manager] they sort things out straight away."

End of life care and support

• Staff received training relating to end of life care and were knowledgeable about how to care for someone at the end of their life. A staff member told us, "Yes I have had the training. It's about making sure people are comfortable and pain free. We make sure people have good mouth care and plenty of fluids. We make sure they are kept clean and have the right pressure relieving equipment. We keep family informed of any

changes when they happen".
• People's care plans were personalised to reflect their needs and were comprehensively detailed. People were supported to consider what care and support they would like at the end of their life and had a 'thinking ahead' plan which showed this.

Good

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

• At our last inspection we had concerns about the safe administration of medicines, care plans not reflecting the needs of people accurately, safeguarding notifications and a lack of meaningful activities for people. We also identified that governance systems at the time were not effective enough to identify shortfalls. In contrast we found at this inspection that these issues had been addressed, and the service was now delivering better outcomes for people.
• Governance systems were in place to ensure that audits and checks were done to improve the quality of care. The registered manager was completing regular themed audits. Information obtained from the audits was added to an action plan which was used to ensure that shortfalls were addressed quickly and thoroughly. This information was shared with staff individually at supervision meetings and with the team during team meetings.

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

• People and their relatives told us that there was a culture that was open and transparent. One relative said, "The manager and deputy manager don't just sit in the office, they are there with the residents and staff, they are both very open and approachable.
• One relative told us that they appreciated that openness of the management team, they said, "[The deputy manager] is so understanding, she really does take the time to listen to you."
• The registered provider clearly understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.
• Our previous inspection ratings were displayed prominently on a notice board in the reception area of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

• Morale within the team was consistently described by staff as good. One staff member told us, "Morale is really good, we support each other – there is real team work here."
• Staff had respect for their managers, one staff member said, "Managers are good to work for. The minute we need help and information they give it to us."

• People were encouraged to voice their views and opinions. Records showed that quality assurance surveys were sent out to people, their relatives, staff and health and social care professionals. The most recent surveys showed that feedback was mostly very positive. Where people had made suggestions for improvements these were added to an action plan.
• The management team had developed professional relationships with a range of health and social care professionals such as district nurses, GP's, community psychiatric nurses, social workers, opticians and the local dentist. Feedback we requested from social care professionals before the inspection was positive.