Partnerships in Care (Vancouver) Limited

Vancouver House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 26 October 2016 and was an unannounced inspection.

Vancouver House is a purpose built building for up to 32 people who require nursing care. It is located in the Gateacre area of Liverpool. There are four separate units. There are communal lounges in each unit, a dining room, and bedrooms. All bedrooms have en-suite wet rooms incorporating toilet, wash hand basin and shower. There is a passenger lift for ease of access and the home is fully wheelchair accessible. There is also a shared games room with pool table. There is a large outdoor space and car parking available.

At the time of the inspection 32 people lived at the home. Three units were for people with learning disabilities, mental health difficulties and behaviour that challenged and one unit for people with acquired brain injury.

At the last inspection in November 2013. The service was meeting the requirements of the regulations that were inspected at that time.

There was a registered manager in place. 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.

Where possible we spoke with people about their experiences. However about a third of the 32 people who lived at Vancouver House had limited communication and were unable to converse with us. To understand their experience of Vancouver House we observed the care and interactions by staff.

People told us they felt safe living at Vancouver House nursing home. The management team had procedures in place and there was an open and transparent culture in the home. Risk assessments, guidance and management strategies were in place including those around behaviour that challenged. These reduced the risk of distress or injury. People we spoke with told us staff were good and helpful. We saw people's health needs were met and any deterioration in health was managed promptly.

Staff had all received safeguarding training and knew what to do if they saw or suspected abuse. We saw care was usually good, with staff showing kindness, patience and consideration to people they supported.

We looked at how the home was being staffed. We saw there were enough staff on shifts to ensure safe care and to support in house and in the community.

Appropriate checks were made when recruiting prospective staff. This gave senior staff information about their employment history and character and reduced the risk of employing unsuitable people. Staff were trained and had the skills and knowledge to provide support to the people they cared for.

Staff managed medicines safely. Staff gave people their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

The home was clean and hygienic when we visited. There were no unpleasant odours and staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Applications had been submitted where needed. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

Most people spoken with said they liked the meals. These were provided pre-cooked by a specialist food company. Staff made sure people's dietary and fluid intake was sufficient for good nutrition.

We saw staff were familiar with people's history and support needs. They encouraged people to make decisions and choices. Staff were respectful and usually considered people's needs and wishes.

Care records were personalised but not always reviewed regularly.

Staff recognised the importance of social and leisure activities. People went out on activities daily and there were some in-house activities offered . These varied on each unit. People told us they enjoyed the activities.

People able to talk with us told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said they could talk to staff and make their views known.

There were procedures in place to monitor the quality of the service. Senior staff sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

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.

There were suitable procedures in place to protect people from the risk of abuse.

Staffing levels were sufficient and staff appropriately deployed to support people safely. Recruitment procedures were safe.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Is the service effective?

Good

The service was effective.

Procedures were in place to assess peoples' mental capacity where there were concerns about their ability to make decisions for themselves. Also to support those who lacked capacity to manage risk.

People were offered a choice of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good

The service was caring.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

People we spoke with told us staff were kind and patient. They told us they were comfortable and looked after.

People were satisfied with the support and care they received and said staff were caring and respectful.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People experienced a variety of activities which encouraged socialising in the community. Staff were welcoming to people's friends and relatives.

Care plans were personalised, involved people and where appropriate, their relatives but were not always reviewed.

People were aware of how to complain if they needed to. Any complaints were listened to and acted on.

Is the service well-led?

Good

The service was well led.

People who lived in the home and their relatives were encouraged to give their opinions. People told us staff were approachable and easy to talk with.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and provided care and support for people in their care.

Vancouver 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.

This inspection took place on 26 October 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spent time on each of the four units. We spoke with a range of people about the service. They included 14 people who lived at the home and one relative. We also observed staff interactions and care provided to people and spoke with two senior managers, six nurses, and eight care staff.

We looked at care and medicine records of three people. We also checked the previous four weeks of staff rotas, recruitment, staff training records and records about the management of the home.

We spoke with health care professionals and Healthwatch.

Good

Is the service safe?

Our findings

People told us they felt safe at Vancouver House and were satisfied with their care. One person told us, "I like the staff here. They look after me and help me." Another person said of the staff, "They have made such a difference to me. They have helped in my recovery." A relative spoken with felt confident their family member was being looked after.

Risk assessments were in place to provide guidance to staff and reduce risks to people's safety. There was a structured process in place regarding the risk management of people. The risk assessments we saw provided instructions for staff members when delivering their support. Staff spoken with told us the risk assessments were clear and informative.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support them. Where people displayed behaviour which challenged the service, we saw risk assessments, guidance and management strategies to assist staff. Informative positive management plans were also in place and all were regularly reviewed. We observed staff manage a situation where a person became angry and upset. Staff remained calm, and provided guidance and support to assist the person to become less agitated.

There was a high ratio of staff to support people in house and to enable people to access the community safely. People in the units for people with learning disabilities were supported to go out daily. Several people needed two to one support to keep them safe when out in the community. This was routinely provided to ensure they were able to go on activities.

We looked at a sample of accidents and incidents. Staff had recorded information about accidents and actions to manage them. These were checked for triggers to, or patterns in the accidents or incidents. This enabled staff to reduce the risk of incidents from reoccurring and to protect people from potential harm.

About half of the people who were nursed in the unit for people with acquired brain injury could go out of the unit with staff support. Others were too ill to leave the unit and were frequently nursed in bed because of their health needs. Staff made sure people were kept safe and their medical equipment in good working order. Staff were vigilant about clinical interventions needed where people were highly dependent. Where people had complicated clinical regimes and poor health, staff supported them on a one to one basis to ensure a quick response in emergency situations.

There were procedures in place to protect people from abuse and unsafe care. Staff had all received safeguarding training. Staff knew how to react if they became aware of unsafe care or abuse. They said once they had made sure people were safe they would report this to their manager and the local authority safeguarding team. From this we could see they had the necessary knowledge to reduce the risk for people from abuse and discrimination.

Staff told us they were encouraged to report any errors or omissions and were supported to learn and reflect

on these. We saw staff looked at the causes and possible reasons for accidents or incidents. They were also encouraged to reflect on any highlighted poor practice. Senior staff indicated where additional training had been provided to improve staff attitudes or competence.

We saw medicines were ordered appropriately, checked on receipt into the nursing home, given as prescribed and stored and disposed of correctly. Medicines were given safely and recorded after each person received their medicines. When required medicines were given as people needed these and there was a protocol in place to indicate the reasons for administering when necessary medicines. Where people were unable to inform staff if they were in pain, they relied on the use of pain assessment tools and staff vigilance. This reduced the risk of people being uncomfortable or in pain. There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed.

We looked around the home to check the safety of the environment. Comprehensive records and effective systems were in place to ensure the safety of people in relation to the environment. These were consistently reviewed and updated. Records confirmed gas appliances and electrical facilities complied with statutory requirements and were safe for use. Legionella checks had been carried out and equipment had been tested for safety. Medical and other equipment had been serviced and maintained as required. We found windows openings were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure clearly outlined action to be taken in the event of a fire. People had personal evacuation plans. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. Staff had taken part in fire drills so they understood what to do to keep people and themselves safe.

People told us the home was always clean, tidy and fresh smelling. This was the case on our inspection. All the units were pleasantly furnished, hygienic and with good infection control measures in place. The home was clean and hygienic when we visited. There were no unpleasant odours and staff wore protective clothing such as gloves and aprons to reduce the risk of cross infection.

We looked at how the home was staffed. We did this to make sure there were enough staff on each unit to support people throughout the day and night. We talked with people who lived at Vancouver House, relatives and staff. We checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with safe care, nursing interventions and social and leisure activities. People we spoke with were satisfied with staffing levels. One person said, "There are enough staff for me to go out to the shop." Another person said, "I go out swimming and on my bike with staff." A relative said, "There are always enough staff. We are so pleased with the care here."

Staff we spoke with told us there were enough staff to support people within the home and in the local community. One member of staff said, "We have enough staff to go out on different activities." There was a stable and established staff team who were familiar with people's needs.

We looked at the recruitment and selection procedures for the home. We looked at four staff files. The application forms had a full work history and any gaps and discrepancies in employment histories followed up. However, changes in the new online application form had reduced the employment history information routinely requested. Senior staff were aware this would need them to make additional checks to ensure they had a full work history.

A Disclosure and Barring Service (DBS) Check had been received for each member of staff before they commenced employment with the organisation. This allowed the employer to check the criminal records of potential employees to assist in assessing their suitability to work with vulnerable adults. References had also been received before new staff were allowed to start work.

We spoke with three members of staff; who confirmed they were unable to commence work before appropriate checks had been made. The organisation checked when recruiting nurses that they were registered with the nursing and midwifery council (NMC) and therefore able to practice as a registered nurse. They were also checked throughout their employment to ensure that the nurse was still registered with the Nursing and Midwifery Council (NMC)

Good

Is the service effective?

Our findings

The majority of meals in the home were provided by a specialist catering service who delivered a variety of pre-cooked meals, which were heated in the home. People told us they enjoyed the food and had a good choice of meals. One person told us, "The meals are nice. I like them" Another person said, "The food is great. I've put on weight." We talked with one person who said they didn't always want the meals so had a food budget to buy an alternative meal when they wanted with staff support.

We saw staff used a nutritional risk assessment as part of their nutritional screening to identify those people who were at risk of obesity or malnutrition. People`s weights were monitored on a regular basis. Staff recorded people's food and fluid intake where there were concerns over their nutritional intake. Care records showed people's dietary needs allergies or special diets and textures of food. Staff spoken with were familiar with people's dietary needs, likes and dislikes.

We observed a mealtime in one unit. We saw people eating together quietly in the dining rooms with discrete staff supervision. Drinks were supplied at frequent intervals throughout the inspection. Where needed, thickeners were added to drinks to help people with swallowing difficulties.

Records seen showed people had received specialist dietary, mobility and equipment needs. We saw they had regular health checks and their healthcare needs were well met by staff. People's healthcare needs were met and staff quickly acted on any illness or health issues. People told us they were referred to relevant health professionals where needed. Care records seen confirmed this. A relative spoken with said staff quickly responded to any changing needs and informed them of any concerns. Staff had a good understanding of people's needs. Most staff had worked with people for a long time and were an established and trained team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The management team had policies in place in relation to the MCA and DoLS. We spoke with the staff to check their understanding of these. Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

We looked at records to see that people had consented to their care where they had mental capacity.

People we spoke with told us they had the freedom they wanted to make decisions and choices. We saw people given choices during the inspection in relation to activities. They told us staff gave them sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do. We also looked at the care and support provided to people who may not have had the mental capacity to make decisions.

We saw staff were working within the law to support people who may lack mental capacity to make their own decisions. Best interest decisions were carried out where people lacked mental capacity to make particular decisions. All relevant people were involved in the process to protect the rights of people who lived at the home. People who could communicate verbally told us they could make choices and decisions. Our observations confirmed the atmosphere in the units was relaxed and people had unrestricted movement around their units and could go to their rooms if that was their choice.

Relevant staff had been trained to understand when a DoLS application should be made. Staff demonstrated awareness of the MCA code of practice and confirmed they had received training in these areas. The management team showed us DoLS applications were in place or waiting for approval from the local authority. The external unit doors were kept locked. This was because people had been assessed as being at risk if they left Vancouver House without someone to support them. Several people needed one to one or two to one supervision to go into the community.

We saw new staff were provided with theory and practical induction training when they started working for the organisation and were then supernumerary for a period of time to enable them to develop basic skills and knowledge of the nursing home. Staff told us this was informative and helped them understand their role. A member of staff said, "My induction has been really helpful and given me confidence to carry out my job well. I have been able to shadow other staff a lot."

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Nurses spoken with told us they had received clinical training to support them in their roles including tracheostomy and ventilation care to assist them in providing care for highly dependent patients. Almost all care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; safeguarding vulnerable adults Mental Capacity Act and Deprivation of Liberty training, infection control, managing behaviour that challenged, moving and handling, food hygiene, health and safety and fire training. This helped staff to developing their skills and knowledge.

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt supported through supervision.

Good

Is the service caring?

Our findings

People we spoke with told us staff were good and kind. They told us they were happy and liked living at Vancouver House. One person said, "They are all lovely – they help you. [Staff member] goes to slimming club with me. I have lost weight." Another person told us, "I like it here. It's good." A relative told us they were pleased and grateful their family member was at Vancouver House. "The improvement in [family member] is in no small measure to what they have done here. They are so good."

The atmosphere on the units varied from relaxed to lively and active, depending on the unit. The unit supporting people with acquired brain injury was quieter than the other units as people were very dependent and needed intensive nursing support. The units supporting people with learning disabilities and mental health difficulties were mainly more active with frequent interaction and off site activities.

We observed staff in the main to be caring and attentive in the ways they supported people. They interacted with the people in their care in a positive and supportive way. On one unit one person became angry and distressed as they did not agree with travel arrangements for an activity. Staff calmly offered to change these as the person wanted but the person was unwilling to go on the activity. Staff continued to explain the changes that could be made and made a number of attempts to encourage the person to travel. Even though they continued to angrily refuse, staff remained calm and encouraging. On another unit we talked with one person who was moving on to other accommodation. They said they were looking forward to their new home but sad to leave the staff behind.

People looked cared for, dressed appropriately and well groomed. Staff knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. People were treated with kindness and compassion and cared for in a way that promoted their dignity. Where one person's clothing was amiss, staff quickly supported them to make changes, so their dignity was protected.

People able to speak with us said they could trust staff and they were friendly and polite. We saw staff spoke with people respectfully and spent time answering any questions they had. Almost all staff involved people in decisions and choices and encouraged them to engage in conversations. Staff knocked on bedroom and bathroom doors and checked if they could enter and closed doors when they provided personal care, so people's privacy was assured. A member of staff told us, "Privacy is so important. You would want that yourself."

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support from independent advocates where there was a specific decisions to be made. This enabled people to have a 'voice', particularly where there was no family involved.

Requires Improvement

Is the service responsive?

Our findings

People said staff supported them to have the best quality of life they could. One person told us, "The staff are just lovely. They will do anything for you." A relative said of the staff, "They are great. They have made such a difference to [family member]."

Staff recognised the importance of social contact, companionship and activities. We saw people were assisted to follow the routines they agreed to. On three units people went out frequently to a variety of social and leisure facilities. On the fourth unit most people's nursing needs limited their activities on the unit and outside. Their activities tended to be quieter and on an individual basis and on the unit, although two people went out with their family.

People told us they got up and went to bed when they liked and chose their food and whether they wanted to go out on activities. We observed staff encouraged people to be involved in a variety of social and leisure activities. One person told us of a recent theatre trip which they thoroughly enjoyed. Another person said, "I get to do so many activities, I go to Southport and Blackpool, to the hydro pool and ball pool." Other people told us of the disco and a day centre they attended and going out for a drive.

People were involved in frequent activities in the local community. We saw and heard people went out on individual activities with staff. However staff and service users told us many of the activities involved people going out in groups, rather than individually. This could limit people's choices. There was a games room which was frequently used for pool games which many people enjoyed. However there were less activities 'in house' particularly for people who had limited communication and complex needs and few games or activities in use on the units.

People told us their relatives were encouraged to visit and stay involved with their family member. People told us they had family visit them or went to see family and enjoyed this. A relative said, "The staff always make us feel welcome."

We spoke with the nursing staff about how they developed care plans when people were admitted to the home. They told us assessments were carried out before people moved into the home and from these care plans and risk assessments were completed. These were commenced soon after admission with the person and their relative, if appropriate. We looked at the care records of three people. While the information was personalised and some information was up to date and informative, other information was out of date or not dated. We saw this had been noted on a recent audit and care records were being updated by staff when we inspected. Risk assessments and guidance and management of behaviour that challenged were in place.

We looked at the complaints policy and saw people had been given information on how to complain. People able to talk with us told us they knew how to complain if they were unhappy with something. They said if they had any concerns they told staff or their families. We saw there had not been any recent complaints; however there had been several written compliments about the care provided.

We spoke with health and social care professionals and Healthwatch who told us there were no concerns about the care in the home.

Good

Is the service well-led?

Our findings

People told us the registered manager and staff team were kind and easy to talk to. They said the home was well organised and staff encouraged people to discuss any preferences and ask questions. A relative told us, "We researched and this was the nursing home we wanted [family member] to come to. We have never been disappointed."

People who lived at Vancouver House said they could talk with staff when they wanted. Relatives said the senior team were almost always available if they needed to discuss anything. A relative said, "They always make time to talk with you."

The registered manager and senior staff had frequent informal chats with people about their views of the home. People and their relatives felt their needs and wishes were listened to and acted on and they were well supported. They were encouraged to complete surveys about the care provided and any improvements they would like. Comments from the surveys and written compliments included:
'Thank you so much for the care and therapy.'
'The staff are a credit to the company and the high standards of care are clear in each individual.' 'The work carried out at Vancouver House is something to be proud of.'

The home had a clear management structure in place. The registered manager and senior team had clear vision of where they wanted to be and worked well as a team. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff we spoke with told us the registered manager and senior team were supportive and approachable and motivating. One member of staff told us, "[Registered manager] is always there for us, and is so supportive. They're fair and take on board what we say as well." Another member of staff said, "We get really excellent support from our manager. We can always ask for help."

Daily shift handovers and regular staff meetings were held to inform, involve and consult staff. They said they could suggest ideas or give their opinions and discuss care practice. We found staff had a pride in their work and were motivated to support people in the best way they could. One member of staff said, "We have a great team, we work brilliantly together." Another member of staff said, "Everyone works together to make things work here."

There were procedures to monitor the quality of the service. Audits were regularly carried out by the registered manager and senior managers in the organisation. These covered the environment and equipment, care plan records, medication procedures, accidents, incidents and complaints and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. We saw that recent audits had identified people's care records were not always up to date. We saw evidence that these were being updated when we inspected.