Care Quality Commission

Precious Homes Limited

Vermont 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?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 13 October 2015 and was unannounced. This was the home's first inspection since it was registered in October 2014.

The home was providing accommodation and personal care for nine people with learning disabilities and /or autistic spectrum disorders. At the time of the inspection there were four people living in the home.

There was no registered manager in post at the time of the inspection. At the time of our inspection there had been no registered manager in place for over six months.

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 provider and the current manager assured us that an application for the current manager to become registered

Summary of findings

was going to be submitted soon. There was also another staff member who was being supported to develop the skills and experience required to also apply for this role if ever necessary.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions and challenges to themselves and others. Medicines were well managed and this helped to keep people well.

People were supported by enough staff to keep people safe and to give support when requested. There were recruitment and induction processes in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them and staff demonstrated skills and knowledge to ensure people were supported effectively and safely.

The care manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support and at times this meant that some people made unwise decisions or refused support that would help them. People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty. People were given choices unless multidisciplinary agreed processes were in place to act in the person's best interest.

People were supported to have a choice of suitable food and drink that met their health needs. They were supported to have food that was healthy and where required respected any religious or cultural requirements. There was access to health professionals to keep people physically and mentally as well as possible.

People were happy about the relationships they had with the staff that supported them. Staff spoke about people with concern about the difficult challenges some faced. Staff knew how to communicate with people and how to allow people to have privacy, control and confidentiality when supporting their needs.

People did not have any complaints about the support they received and two people said it was excellent. Although people told us that staff would listen, there had been complaints about the support people received in the home earlier in the year. The health professional we spoke with and the provider's independent quality assurance results indicated that the home was improving. There were some systems that needed further review to ensure that there was a consistent check on quality.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were clear about their responsibility to take action if they suspected a person was at risk of abuse.

There were enough staff to keep people safe from the risks associated with their specific conditions.

Medicines were safely administered and stored.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge needed to meet people's specific care needs.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to eat and drink enough to maintain their well-being and people had access to health professionals when needed.

Good

Is the service caring?
The service was caring.

People told us the care was excellent and staff communicated with people well and spoke with concern about the challenges to people's health and well-being.

Staff knew how to support people calmly and ensured people's conditions remained confidential.

Good

Is the service responsive?
The service was responsive

People were supported to maintain contact where possible with people who were important to them. They were encouraged to be involved in interests and hobbies as much as possible.

People were observed to be confident to raise complaints or said they had nothing to complain about.

The provider had acted to improve the service when complaints had been made.

Good

Is the service well-led?
The service was well led

Good

Summary of findings

At the time of the inspection although there was a manager in post, there had been no registered manager for over six months. The provider assured us of their intention to get the manager registered.

There had not been a consistent quality to the service although this was now improving. Some systems needed further management review so the provider could be assured the home was consistently safe.

Vermont 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 13 October 2015 and was unannounced. The home was registered in October 2014 and this was the home's first inspection. The inspection was carried out by one inspector assisted by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience was caring for a relative who was living with complex needs including a learning disability.

Before the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information sent to us by a relative and also information from the local authority. This helped to inform us where to focus our inspection.

During our visit we spoke with all four of the people who lived at the home about aspects of their care. We spoke with four care staff, the deputy manager and the manager of the home.

We spent time in the communal areas of the building observing how care staff interacted with people. We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at staff employment records, quality assurance audits, complaints and incident and accident records to identify the provider's approach to improving the quality of the service people received.

After our visit we spoke with an advocate and a health care professional who were working with or had supported a person in the home.

Good

Is the service safe?

Our findings

People told us that they felt safe. Two people told us the reason that they felt safe was because staff were around and were available when needed. Three people told us that staff spoke to them in a nice way and made them feel comfortable.

Staff spoke about their awareness of abuse and the role they had in protecting people. They knew about the possible changes in people's behaviour that may suggest abuse. One staff member told us: "It is important that you speak with person to find out what they are saying and then you have to inform the managers." Staff were aware of the agencies who may be involved investigating any allegation of abuse and would further report to these agencies if they continued to have concerns after they had spoken with managers. Staff took individual responsibility to help keep people safe.

Some concerns had been raised about the safety of people shortly after the service had opened. The local authority commissioners investigated these concerns and had required the service to take action. We saw that the provider had completed these actions and when necessary had taken additional action against when additional concerns were raised. The thorough and open investigation of concerns and a 'what we could do better' response helped to ensure that people had not been subject to repeated concerns.

At the time of the inspection there was evidence that the risks to people had been assessed and plans put in place to minimise risks of harm. However a health care professional who supported people who used the service said this had not always been done promptly. We were advised that when consideration had been given to admission of a person to the service, the provider had not always taken into account the competing risks and actions of people who already lived in the home. This could put people at potential risk. However we were also told that risk management was now much more coordinated and that strategies were in place to manage known risks to people. We saw on the day of our inspection that people were supported individually and risks were minimised.

We looked at risks that may affect people in an emergency. We checked what safeguards were in place should there be a fire. We found that service checks of the fire alarm and emergency lighting were over a year old, but fire extinguishers had been recently serviced to ensure they remained effective. There were individual fire evacuation plans for people to help ensure people left the building and drills had been completed. The manager and staff were aware that some people had specific difficulties responding to fire drills and they had made plans to support them appropriately.

People told us there were enough staff available when they needed them. Staff told us that there that they were able to provide support as people's care plans directed. We saw that staff were available when people required support. An advocate and a health care professional we spoke with told us that they had no concerns about the staffing of the home. We spoke with three staff members about how they were recruited. They told us that employment checks such as police checks and references had been carried out before they started to work at the home. We looked at three staff records which confirmed this, however some staff had police checks from when they worked at other services without having a date when these checks would be renewed. The provider had taken appropriate steps to ensure staff were safe to work with people using the service.

We found the administration of medicines to be safe. Two people told us that staff gave them their medicines and watched them take them. One person said that they always received medicines when they were due. We checked two people's medicines against the records and found that all medicines were properly accounted for. This indicated that people had received their medication as prescribed.

There was good information about medicines that needed to be specially stored and / or that were given as required. The deputy manager checked medicines routinely. Staff were aware that they were unable to administer medicines until they had the proper training and their competency checked. Storage of medicines was generally safe however we found that a disused shower unit and the unsealed surfaces on the work bench could make it difficult to ensure the medication room was suitably clean. The medication room was appropriately cool on the day of the inspection but checks were not being made to ensure that medicines were not being kept at a temperature above the manufacturer's recommendation. This meant there was a risk that medication may not be stored appropriately.

Good

Is the service effective?

Our findings

An advocate told us: "Staff know what they are talking about when discussing people's needs." We spoke to three staff about their training and about the care needs of some of the people that lived in the home. We found that staff were knowledgeable when we asked about people's care needs. They told us most of their training was on line and that they had knowledge tests to complete following this. They thought the training they received was sufficient. Records showed that these staff had or were gaining recognised qualifications in caring for people and all of these staff had experience of working in social care settings before working at Vermont House. On first working at the home they told us they had three days where they worked with an experienced member of staff and had time to look at records and meet with the people they were caring for. Records we saw confirmed that where appropriate staff had undertaken nationally recognised common induction standards for people starting work in the social care sector. The manager was aware of the new care certificate process for new staff and was matching this with the services existing training programme. People were receiving care and support from staff that had appropriate training.

Staff told us that they had regular supervision to identify how they could best improve the care people received. They discussed any concerns about: any of the people living in the home, staff or their working conditions. This helped ensure that people were supported by staff who were aware of their current health needs.

Some people living in the home were subject of legal measures to ensure their safety and the safety of other people. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. We saw that when people who had mental capacity chose to make unwise decisions, that these decisions were respected and managed appropriately by staff. Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. We saw that applications had been made and were awaiting authorisation. Staff had had training on MCA and DoLS but not all of staff were aware of the implications of these for individual people being supported and this could lead staff acting in an inconsistent way.

People told us that they enjoyed the meals provided. Their comments included: "I get enough to eat, the food is fine" and "Staff help me eat healthy food." Staff told us that every person's meals were prepared individually because the time each person wanted to eat was different and people had individual special diets. We saw people were offered individual menus on the day of the inspection. Some people told us they had a choice of food others told us they did not. We found that menus were planned on a weekly basis with people, to ensure they maintained a balanced, healthy diet. We saw that people were gaining weight where they needed to and people were also being supported to lose weight where this was an issue without being restricted from having an occasional treat. We found where people required food to maintain their religious and cultural needs this was available. Staff were aware of all the special diets people had in the home. People were offered suitable, nutritious food to meet their needs.

We checked the storage of food and found that systems to record temperature of hot food and responding to high than should be temperature of the fridge and the date of opening of foods kept in the fridge were not consistently managed.

People told us that they received support with their health. Their comments included: "I'd tell staff if I feel unwell. They would keep an eye on me," "Staff take me to hospital appointments" and "Staff take me to the dentist and my teeth are fine." We spoke with a health professional and an advocate both confirmed that they were welcomed into the home and that staff ensured their visits were managed well. Records showed that people were regularly supported to meet their health care needs such as attending routine appointments with chiropodists, opticians and dentists.

Good

Is the service caring?

Our findings

Two of the people we spoke with about the care in the home told us that it was: “Excellent.” Another told us: “There is nothing I don’t like.”

Staff were able to tell us how to communicate with the individual people who lived in the home. We saw that they were patient with people and used the methods of communication described in the individual’s care plan to good effect. We saw that staff spoke in a calm and reassuring manner when people became impatient. Both the advocate and the health professional we spoke with told us that they had seen good interactions between staff and people who lived in the home and said that staff were friendly. Staff provided support to people in a professional way.

People told us they had the choice of when they got up and went to bed. On the day of the inspection one person had decided to stay up until the early hours of that morning as they were busy with a hobby. When the person eventually went to bed, staff checked throughout the day that the person remained safe. The person came out of their bedroom late in the afternoon. We saw that people were dressed in clothes that fitted them and reflected their individual style. We saw throughout the day that people were asked to make choices of what they wished to do.

People were supported to be as independent as it was safe to do so. Where people needed more support such as with finances, best interest plans were in place to support staff practice. People were encouraged to be involved in cooking but some people’s lack of motivation and / or the suitability of the kitchen area meant that these skills were not consistently offered.

Staff knew the people who lived in the home well and spoke about their health challenges in a sympathetic way. They were able to tell us about how they helped preserve people’s dignity

All of the people living in the home had individual bedrooms with ensuite shower facilities. One person said that they liked living in the home was because: “I have a nice room.” Most of the people were able to manage their personal care with prompting and their facilities enabled them to have the privacy to do this alone.

Both the advocate and health care professional we spoke with told us that they were able to speak with people on their own and staff recognised the confidential nature of their conversations with people who use the service.

Good

Is the service responsive?

Our findings

People told us that they had seen their care plan. People living the home were involved in the planning of their care and were supported by health professionals. Care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs.

We looked at the arrangements for supporting people to participate in interests and hobbies they liked to do. We saw that people had differing levels of desire to be involved in individual or group activities. One person attended some leisure occupation at least daily. We saw another had a hobby that they pursued. Some people did not want to have activities arranged for them however one person said that they enjoyed going out to an activity once a week. A person's advocate told us that staff had tried to encourage a person to pursue their expressed interests but that the person did not want to be included. People were supported to go out when they wanted and were involved in as many leisure activities as they would accept.

We saw that one person had personalised their bedroom with pictures and belongings but this was not the case for all people living in the home. We found the communal areas were in more functional style rather than homely and this may not suit all people.

Where possible staff supported people to maintain relationships with people that mattered to them. Some people had regular contact with family members; others were being supported to maintain contact. People we spoke with were happy with the people that they were sharing the home with. One person told us: "They are cool." People's complex personal relationships were respected and staff spoke of these in a respectful way.

People we spoke with did not have any complaints about the service. We saw that people had the confidence to challenge staff if necessary and their requests were answered. One person told us they liked living in the home as there was: "No hassle." A complaint we had received about the home was investigated by the commissioners of the service and the appropriate action had been taken by the provider to resolve the issue.

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was displayed in the home. Records identified no complaints had been received since the new manager had been working at the home.

Good

Is the service well-led?

Our findings

The majority of people told us they were able to speak to a manager of the home when they had concerns. One person said: "I go to [a manager's name] she will sort it out." One person was not sure who they would speak with if they were worried. One professional we spoke with told us that that staff were welcoming and supported people to express their views about the service. Another professional told us that the service had been in some turmoil when they first started visiting the home however this had improved with the new manager. A staff member told us: "The new manager is pulling it all together."

We found that the home was developing systems to ensure that people who live in the home and staff had the opportunity to be listened to and have a say in how the home was run. The current people living in the home had been resident there from about three to six months. We spoke to a person about resident meetings. They told us: "I don't want to go to the residents' meetings, I'm not interested." Staff told us that they had regular one-to-one meetings and staff meetings with managers. They were encouraged to share their views of how the home was run and any concerns about people's care. Staff said they felt able to do this.

The Home was registered with us in October 2014 with a registered manager in place. However since registration the manager of the home has changed twice and this lack of consistency can affect how a home is run. At the time of the inspection the home had not had a registered manager for over six months. The provider and the current manager gave us assurances that the process of obtaining checks needed for an application for registration was underway. The current manager told us about the qualifications, skills and experience they had and of their role as a clinical lead for the company. These were appropriate for part of the assessment in the registration process. The current manager was aware they needed to report relevant concerns as part of their duties. They were able to tell us about their role in ensuring that the care support to people remained of a high standard. They also told us that it was expected that they would remain as manager for at least a year whilst another member of staff was supported to gain the skills and experience to take over this role.

The provider's statement of purpose reflected the needs and requirements of the people they were supporting, however it was not up-to-date and failed to reflect the change of manager, access issues to the first floor for people with physical disabilities and numbers of people who would be accommodated amongst other issues. The provider's initial application for the home included accommodation for other groups of people including children. The manager advised that no children would be offered a place to live in the home. The home was registered to support nine people however the manager advised that the maximum number of people they were expecting to accommodate was six. The number of people the service could support with a physical disability was limited because there was no lift available between floors.

The provider had arranged independent regular reviews to assess the quality of the service. The manager was able to tell us how they had made improvements since their arrival at the home and what areas they were progressing on such as staff appraisals and the setting of goals for people who were living in the home. We saw that the manager had the action plan for continued improvement on the office wall and was working towards this.

We saw that some systems needed further management oversight. For example; the manager was unable to show us that the emergency lighting and fire alarm had been serviced in the last 12 months; systems to monitor infection control in the medication room and the temperatures of food were not consistent.