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:
08 February 2016

Date of publication:
16 May 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 8 February and was unannounced.

The home is registered to provide accommodation and personal care for up to 33 older people some of who may be living with a dementia. There were 33 people living at the home on the day we visited.

There was a registered manager at the home. 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 was not meeting the legal requirements in relation to the administration of medicines. While medicines were stored and administered safely, people were not always receiving their medicines as prescribed. You can see what action we told the provider to take at the back of the full version of the report.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves.

The registered manager was approachable and people living at the home, their visitors and staff told us that they could speak to the registered manager about any concerns. They were confident that the registered manager would take appropriate action to keep people safe and ensure that the care provided met their needs.

People were supported by kind and caring staff who received appropriate training and support. Staff knew how to keep people safe from harm and how to report any concerns. The registered manager ensured that there were enough staff available to meet people's needs and that staff were safe to work with the people living at the home.

People were supported to make decisions about their lives and the care they received and were offered choices to tailor their care to their individual needs. Advice and support from healthcare professionals was accessed when needed. Risks to people were identified and appropriate equipment was available to keep people safe. A choice of meals were available to meet people's nutritional needs and people had access to hot and cold drink whenever they wanted.

The provider had systems in place to monitor the quality of the service provided and support the registered manager to stay up to date with changes in legislation and best practice. However, we found that these systems were not always effective and that at times this impacted on the care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were safely administered. However, people were not always supported to take their medicines as prescribed.

There were systems in place to ensure staff were safe to work with people living at the home and that there were enough staff to meet people's needs.

Risks to people were identified and appropriate action was taken to keep people safe. Staff knew how to raise concerns if people were at risk of harm.

Is the service effective?

Good

The service was not consistently effective.

People were supported to make decisions about their care.

Staff received supervision and support which enabled them to provide safe effective care. This included supporting people to receive a choice of appropriate nutrition and to have access to hot and cold drinks.

People were supported to access other healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People received support from kind, caring staff and were involved in planning their care so that it met their individual needs.

People's privacy and dignity were supported and respected by the staff.

Is the service responsive?

Requires Improvement

The service was responsive.

People received care which was tailored to their individual needs and were supported by staff who understood their needs and the way they preferred to receive their care.

People who chose to go to communal areas were supported by daily activities. However, where people chose to stay in their rooms the activities provided did not always meet their needs.

People were able to complain if needed. The registered manager took appropriate action when complaints were received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of service provided and to stay up to date with changes in legislation and good practice were not always effective.

People were supported to input into the development of the home.

Vauxhall Court Care Home

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 was 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 8 February 2016 and was unannounced. The inspection team consisted of an inspector and 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.

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 also reviewed other information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or other agencies who visited the service.

During the inspection we spoke with five people who use the service and six relatives of people who use the service. We also spoke with the provider, the registered manger, the activities coordinator and two care workers. We looked at the care plans for three people who used the service and other records relating to the management of the service which included staff training, complaints and the quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We found the provider was not meeting the legal requirements in relation to ensuring people had appropriate access to their medicines.

We observed a medicines round and saw that the member of staff administered medicines safely and in line with the provider's policy. Where people had been prescribed medicines to be taken as required we saw there was information available in their care plans to support staff to offer the medicine consistently. People told us they had no concerns regarding the administration of their medicines. One person told us, "They stay with me while I take my pills." While a relative said, "It's tailored to her and they've changed it to giving it to her in the evening instead, which is better."

However, we saw people were offered their medicine at times which were not always convenient to them.. For example, we saw people were asked to stop eating their meal to take their medicines. In addition we found that when people had been asleep during the morning medicine round they were not routinely offered their medicines later in the morning. Records showed that one person had not received their antidepressant on three occasions within nine days and another person had missed taking an anti-psychotic medicine on eight occasions over five days. Therefore people were not receiving the full benefit from their medicines.

Medicines were not always available for people when they moved into the home. For example, we saw one person who had recently moved into the home had been unable to take different medicines on five occasions as they were waiting for them to be delivered. This included medicines for heart related conditions and diabetes.

This was a breach of Regulation 12(2)(b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safe care and treatment.

People told us they felt safe living at the home, although they did have concerns about people living with dementia being able to access their rooms. A family member told us, "She has cot sides now to keep her safe. I'm very happy. She occasionally gets someone wandering in but it's not a problem." A person living at the home said, "Oh It's very safe. There's one woman who walks about at night – I found her sitting on my commode, then she got up and opened the curtains and drew them again, then she wandered off. The carers told me to ring my bell next time."

Staff were able to describe the different types of harm people could experience. They were able to identify that changes in people's personalities or interactions with other people may indicate that there was something wrong. Staff told us they would always raise any concerns with the registered manager. They said the registered manager was supportive and could be relied upon to raise a concern with the appropriate external organisation. In addition, staff could also approach external agencies and their contact numbers were available in the main entrance for staff, relatives and other visitors.

Care plans recorded the risks to people while receiving care and how care staff could protect people by using correct equipment and ensuring instructions regarding care were followed. For example, people at risk of developing pressure ulcers used protective cushions and mattresses. Where people could not reposition themselves staff helped them to change their position at regular intervals.

Risks to people when they became frustrated and reacted to get their desired outcome were identified and care plans were in place to keep the person safe. For example, we saw one person would often try to leave the building through doors and windows and would bang on the doors to get people to let them out.

Records showed that as people's needs declined, care and equipment was used to keep them safe. For example, we saw one person who had been able to walk with the use of a frame now needed equipment to help them stand and when on occasion they were not able to stand a hoist was used. Incidents and accidents were monitored and action taken to prevent incidents reoccurring.

We saw the registered manager had developed systems to discreetly identify people's needs. For example, a small coloured label on each person's door identified the level of support a person would need in the event of an emergency. In addition the label also included a small heart which indicated if the person wanted to be resuscitated or not. This insured that in an incident the emergency services would have access to all the information they needed to keep people safe.

People told us that there were always enough staff available to meet their needs. One person told us, "Oh there's plenty of staff." A relative said, "They're always busy but we've had no problems." During the inspection we saw call bells were responded to in a timely manner and people who had chosen to stay in their room had access to their call bells. A relative told us, "They always come quickly."

The provider had in place systems to ensure they checked staff had the required skills and qualifications to care for people before offering employment. Appropriate checks including two references and a disclosure and barring service check were completed before staff started work at the service. This ensured that staff were safe to work with the people who lived at the service.

Good

Is the service effective?

Our findings

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 registered manager told us that one person living at the home had a DoLS authorised. They said that there were other people living at the home who did not have the ability to make the decision about where they lived. However, as they did not try to leave the home the registered manager had not applied for a DoLS. While there was no impact on these people,the registered manager had not fully implemented the latest requirements of the MCA to ensure people's rights were protected. We saw the person with the DoLS had some conditions attached to their authorisation and we saw the registered manager was aware of them and was working with the family to ensure they were included in the care plan.

Where people had been assessed as unable to make decisions we saw care plans recorded that decisions had been made in their best interest and had included views from appropriate healthcare professionals and family members. We saw one person had been supported by an advocate. An advocate in an independent person who can speak for the person when they are unable to express their views.

People told us they were able to make choices about their day to day care, as much as they are capable of doing. They also said that staff asked for consent before providing care. One person told us, "They always ask me before they help me. They let me use my electric wheelchair here so I can go round by myself." Another person said, "I can make lots of choices about what I do when."

People told us the staff were good at their job and knew how to care for them. One person told us, "They really are good at their job." A relative told us, "The senior care workers give such a good lead to the others."

Newly employed staff were supported to completed training which included the care certificate. The care certificate is a national training program which supports staff to develop the skills, knowledge and behaviours to provide safe care. In addition staff told us and records showed that they received regular update training to ensure their skills were in line with the latest identified good practice.

Staff told us they had regular supervisions where they could raise any concerns or request further training to

support them when caring for people. The registered manager completed observations on staff to check they worked in accordance with the training they had received. Where staff failed to work at an acceptable standard the registered manager told us that they provided further training and increased the level of monitoring.

The provider worked with the local college to access good quality training for staff. In addition the provider was supporting four apprentices to complete nationally recognised qualifications in care and taking part in a pilot project to offer some work experiences to people who were considering an apprenticeship in care.

People could choose where they wanted to eat their meal and were offered choices of food at every meal. People told us the meals were good. One person told us, "I can't grumble as I'm not a big eater. I eat here in my room and it comes nice and hot. They ask me if I want the dining room but I stay in here. They give me a choice and I can ask for something different." A relative said. "It comes nicely presented. He's looked after better than I could at home. They know his likes and dislikes. He loves his puddings." People told us that they could also ask if they wanted something different than what was planned for the meals. One family member told us, "She eats in her room and eats well. I see them ask her what she wants for tea. They'll even do her bread and butter and banana if she wants."

We saw where people were unable to make a choice they were offered a meal dependent upon their known preferences, but if they did not eat it they were offered an alternative. People's ability to maintain a healthy weight was monitored. Where people were at risk of being unable to eat enough to stay healthy they were referred to a GP for further support. Records showed the action taken to keep people safe supported them to maintain a healthy weight.

Equipment was available which allowed people to remain as independent as possible when eating and drinking. For example, we saw some people had plate guards. Some people needed support from the staff to eat their meals. We saw that they were identified by having their meals on red plates, so staff were aware when a person may need supporting. We saw that support was offered in a person centred way.

We saw people had access to cold drinks and were offered hot drinks on a regular basis. People told us they were supported and encouraged to drink and could ask for a drink at any time. One person said, "They keep filling it (jug) up for me." Another person told us, "I always have a drink with me. I don't get thirsty."

People were supported to access care from a host of healthcare professionals. A chiropodist, optician and dentist all visited the service. Access to GP's was arranged in a timely way by staff and paramedics had been called promptly after falls. One relative told us, "They're good at getting people in. She sees the doctor regularly. The optician came to see her but it was a waste of their time really as she sleeps much of the time now and doesn't look at anything." In addition to the GP we saw that community nurses and mental health professionals had been involved in people's care when appropriate.

Good

Is the service caring?

Our findings

We saw the staff were caring, calm and smiling with the people who lived at the home and their visitors. Care staff walked along hand in hand with people, chatting and encouraging them, and paid attention to people living with dementia who needed more supervision or distraction.

People told us that the staff supported them and listened to what they wanted. One person told us, "Oh, they're lovely!" While another person said, "They are very good. I can't fault them." A family member said "They're marvellous with them. The girls [care staff] always have a quick word with me." People told us how they were supported to celebrate their birthday with people living at the home and their families and the kitchen staff provided a birthday cake.

We saw that the tables were nicely set for the midday meal with cutlery, condiments and serviettes. Protective aprons were offered to some people and staff did this in a manner which supported people's dignity. For example, we heard one member of staff ask a person, "Do you want an apron? Let's tie it behind your pretty cardigan." When staff supported people to eat they did this at a pace which allowed the person to enjoy their meal. In addition staff engaged people with their meal asking them what order they wanted to eat it in.

People and their families told us they had been involved in planning the care. One family member told us, "I've had review meetings and been involved. They keep me in touch too." Another family member said, "We'll have a good chat about twice a year. [The registered manager] will give me any information." Families also told us how the registered manager and staff ensured that they let people communicate their needs. One relative said, "They ask him things but know it'll take him a long time to reply so they're patient." The home had information about independent advocates available to support people to make decisions about their care. Independent advocates are people who can help you to speak up for yourself, to make sure that your views, thoughts and opinions are heard and understood.

People living at the home and their families told us that they were treated politely and with respect. Privacy was respected by closing doors and curtains at times of personal care. One relative told us, "When I arrive and see her door shut, I'll know they're in with her so I wait outside." While a person living at the home said, "They knock and wait for me. I always have privacy." Another person told us how they were supported to be independent which increased their privacy, They said, "They let me wash what I can reach. They always ask me if I'm ready to go to bed or get up – I can choose."

People's care plans recorded how they could be supported to retain their dignity. For example, one person's care plan recorded that they liked to be independent and private and that to assist them with this they should be helped by the staff member they preferred. However, there was a communal supply of shampoo and shower gel in the bathrooms which could be used by everyone. This did not support people's dignity or individuality.

Requires Improvement

Is the service responsive?

Our findings

There was an activities co-ordinator who supported people to be entertained. For example, we saw some people spent the morning doing arts and crafts and playing a game. There was a weekly programme of activities. However, we saw that activities were not used to help people be settled and engaged in their care. For example, we saw one person was walking around when staff were helping people to the table at lunchtime. We saw that over a 10 minute period several members of staff encouraged the person to sit down but did not provide any meaningful engagement. Finally one member of staff spent a little time with the person after they sat down and they settled at a table. They asked the staff if they could have this person's lunch immediately while they were settled. However, we saw this did not happen and after another 10 minutes the person started walking around again. Eventually the person was supported to go to their bedroom and given their lunch there.

In addition people who chose to stay in their rooms told us there was little to occupy them. One person told us, "I'll go and watch if it's a singer or a show. Otherwise I stay in my room and watch television." Another person said, "The days aren't boring really. I watch TV in my room. I went to Bingo but don't join in." A third person told us, "Someone used to come and spend time chatting for a while but not now. I get a bit bored staying in here (room). I used to like dominoes and cards at home but no-one does that sort of thing with me here. I'd like it though."

People living at the home and their relatives were happy that the care they received was person centred and their independence was encouraged. One person told us, "I need help but I can do it in my own time. I just call them when I'm ready." A family member said, "If she's asleep, they'll leave her and come back to her. She doesn't have to fit into their routine."

We saw that before people went to live at the home they had a full assessment of their needs to ensure that the staff could provide care which met their needs. This assessment was then used to develop their care plan. However, changes in needs were recorded in the reviews, but care plans were not always updated to reflect the change in needs. Therefore at times important information was not immediately obvious. People's ability to use the call bell was assessed. Where people were unable to use the bell to call for assistance they were monitored on an hourly basis to ensure they were safe and happy.

Care plans recorded where people had trouble controlling their emotions and would become frightened or reluctant to received care. In addition they included guidance on how staff should provide care to minimise people's distress. Care plans clearly recorded that these people would require more time and support from staff. Staff were knowledgeable about people's individual needs and how care could be tailored to support the person. For example, they knew one person may get distressed when receiving personal care. They explained how they would give the person space and time and the person would calm down and allow staff to complete the care needed.

We saw when people were in pain the staff took appropriate action. For example, one person was complaining of a painful arm. We saw the staff raised it with the senior who contacted the GP. The person's

pain medicines were an increased to keep them pain free and comfortable.

People told us that they were happy to raise concerns with any member of staff. No one we spoke with had made a complaint. One person told us, "I've had none so far. I could tell the carer and she'd pass it on." A family member said, "I've had no complaints. I'd see [the registered manager] if I did." Information on how to make a complaint was on display in main entrance and in the service user guide. We saw one complaint had been received. The provider had completed a thorough investigation and had responded to the complainant within appropriate timescales.

Requires Improvement

Is the service well-led?

Our findings

The registered manager completed quality checks around the home on a regular basis to identify any areas of the environment or the care which were not up to standard and which may require improvements. We saw where issues were identified the registered manager took action to keep people safe. For example, we saw they completed a falls audit on a monthly basis and looked at who had fallen and at what time of day. This supported them to review the care plans and arrange for reviews and support to be put into place to keep people safe.

The provider had also engaged with external organisations to ensure the care provided met people's needs. For example, we saw a community pharmacist had completed a medicines pharmacy audit which had identified some actions were needed to ensure the safe administration and storage of medicines. Staff meeting records showed this had been discussed with the staff. However, we found that the internal and external checks had not identified that people were not always being supported to take their medicines consistently.

The provider supported the registered manager to engage with external organisations to ensure they were up to date with the latest changes in how care should be safely delivered. For example, the registered manager attended the infection control meetings held by the local authority. The provider had also engaged the support of an external company to ensure they were supported to monitor health and safety around the home and to keep up to date with changes in legislation. We saw the external company completed an annual audit and the provider took appropriate action to keep people safe. Records showed and we could see that the provider had taken action to rectify any issues identified.

The provider had a statement of values on display. However, staff were not aware of what the values of the home were or how training and care was provided to include those values and improve the quality of care people received. We discussed this with the registered manager who told us that they were aware that the values were not currently embedded into the home but that they were planning to discuss them at a team meeting.

People we spoke with told us the registered manager was caring and approachable. One person told us, "I see her now and then. She came in for a chat last evening and sat for 20 minutes talking. She's ever so easy to talk to." In addition we saw that the registered manager spent time observing staff and people living at the home to ensure people's needs were met. They provided a good role model for staff showing them how care should be delivered in a person centred way. A family member said, "[The registered manager] is lovely. I think the staff reflect her, she's so good." While another relative told us, "She comes in and out to see my wife. She's been very good. She came in the ambulance to persuade mum out of her room. She was marvellous getting her out."

Staff also told us that they respected the registered manager and trusted them to sort out any problems. One member of staff said, "You talk to [the registered manager] and she tries to put things right." In addition staff told us they were supported to understand about the running of the home and to contribute any ideas

they had for improvement at regular staff meetings.

Survey questionnaires had been completed by people living at the home, family and healthcare professionals. We saw actions had been identified from the 2014 results and the 2015 results had been analysed but no actions had yet been identified. The provider had developed the use of client mediators to focus on people's satisfaction with the service. Client mediators were identified members of staff who had received training and support to help people raise concerns where the care provided was not meeting their needs.

The provider and registered manager were developing a working relationship with the police following incidents of people on the grounds. They had arranged for a police community support office to occasionally visit the home. This reassured people living at the home they were safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not always supported to take their medicine as prescribed. Regulation 12 (2) (b)