

# Partnerships in Care (Vancouver) Limited

## Vancouver House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Vancouver House on 8 and 9 January 2018.

Vancouver House 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.

Vancouver House accommodates 32 people in one adapted building. At the time of inspection there were 29 people living in the home. The home has three floors. Each bedroom is en-suite, incorporating toilet, wash hand basin and shower. There is a lift to the first floor. There are four units over the first two floors, each has its own dining and kitchen area with the manager's office on the top floor.

The home had a registered manager. 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 care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

Registering the Right Support gives guidance surrounding the maximum amount of people a home providing support to people with learning disabilities should have. Guidance states this should be six, Vancouver House had been registered since 2011 to provide a service to 32 people. However, we saw that the home itself was situated in a residential area and that people with learning disabilities who were using the service were encouraged to live as ordinary a life as any citizen despite the constraints of the size of their home and their living environment..

During our inspection, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014 in respect of Regulation 11 and 17 of the Health and Social Care Act 2014 Regulations. These breaches related to consent and to the quality processes.

Some best interest meetings had been held for people in regard to their daily living however there was no evidence of people's consent to their care within their care files. We also identified that some aspects of the service had no auditing processes in place. Issues we identified during this inspection should have been actioned had audits been in place.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. The care files records we looked at were at times confusing, however did contain the

information needed about the support people required and recognised people's needs. All records we saw were up to date and regularly reviewed.

The environment was in places bare and unwelcoming, however the registered manager informed us that there were plans in place to improve this as it gave an impression of being institutionalised.

People had developed positive and friendly relationships with the staff. Staff could tell us about people's likes, dislikes, interests and the support they needed. People's different communication needs were considered and met in line with the Accessible Information Standard. This included people's audial, visual and language support needs.

We reviewed the home's complaints records and accident and incident records and found that these were appropriately recorded, action and/or responded to in a timely manner.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately. There was an infection control policy in place to minimise the spread of infection, all staff were provided with appropriate personal protective equipment such as gloves and aprons. There was also a series of health and safety checks in place to ensure the building was safe.

## 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

The home in places looked quite bare with a lack of decoration, however plans were in place to improve this.

Policies and procedures were in place to provide guidance to staff about safeguarding adults and staff understood how to recognise and respond to allegations or suspicion of abuse.

There were robust recruitment and disciplinary processes and policies in place.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Evidence of consent being sought prior to support being provided was not apparent.

Systems were in place to liaise with GPs and to work in partnership with other health and social care professionals when necessary.

Staff had received regular training however it was identified that additional training was needed specific to the service being provided.

### Is the service caring?

Good ●

The service was caring

We observed that people's privacy, confidentiality and dignity was maintained.

We observed staff to be caring, respectful and approachable.

People told us they were supported to express their views and were listened to. People's independence was encouraged and planned.

### Is the service responsive?

Good ●

The service was responsive

Complaints were appropriately recorded and responded to in a timely manner.

People and relatives told us that they would be comfortable speaking to either the staff or registered manager if they had any concerns.

Care plans held individualised information about how to support people.

**Is the service well-led?**

The service was not always well-led

Systems and processes to assess, monitor and improve the quality and safety of the service provided were not in place.

The service had a manager who was registered with the Care Quality Commission.

People living in the home and staff said that the managers were approachable.

**Requires Improvement** 

# 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 08 and 09 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor and one 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 our unannounced inspection, we checked the information we held about Vancouver House. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority.

We looked at the Provider Information Return (PIR) the provider had sent us. 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 spoke with 10 people who lived at Vancouver House, two relatives, eight staff members, the registered manager and the interim manager.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We reviewed a range of documentation including care records relating to six people, medication records, six staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the registered manager and provider.

# Is the service safe?

## Our findings

We asked people if they felt safe living in the home and every person we spoke with said yes. Comments included "I've been here a long time and yes, the staff are lovely. I feel safe living here", "I do feel safe enough" and "I do feel safe, yeah I do, definitely, I definitely feel safe here." Relatives we spoke with told us "[Person] is safe here yes, we are glad that we found this place for [person]" and "I feel that she is safe and looked after here."

We observed people living in the home and saw that they seemed comfortable in the company of the staff. We looked at the records relating to any safeguarding incidents and we saw that the interim and registered manager had made the required notifications to CQC. All staff we spoke to were able to show an understanding of the different types of abuse and processes. We looked at the records for accidents and incidents and saw that these were dealt with in a timely and appropriate manner.

Risks to people's safety and well-being were identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. Examples of the home identifying and minimising risk also included risks of self-harm and a risk to the community. We saw observed how staff followed the guidance in people's care plans on how to reduce risk of challenging behaviours and anxiety with de-escalation techniques that were successful.

We viewed six staff recruitment files and found that the appropriate recruitment processes had been followed. All files contained two references and we noted that the files contained proof of identification and appropriate criminal records checks on each person. We also saw how the service had followed their disciplinary procedures appropriately and in accordance with their own policies.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. A personal emergency evacuation plan had been written for each of the people living at the home. These were reviewed and updated when required. We saw that all the risk assessments relating to the home and the equipment were in date.

Medicines were managed safely. Medications were kept in medication clinic rooms that were well-organised, stocked and clean. Medicines related records were accurate, such as records relating to the receipt, storage and administration of medicines. Controlled drugs were appropriately stored. We checked the stocks and records and found these to be correct. Only trained staff administered people's medicines. In addition to medicines management training, staff had their competency assessed periodically to ensure they retained the relevant skills and knowledge. This had been carried out before the current registered manager was in post. However, these had not been recorded. So, the current managers had re-introduced regular competency checks.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw in depth mental capacity assessments had been carried out and records for DoLS were up to date. We saw how the managers had explored and implemented support that was the least restrictive option. For example, one person was able to have unescorted time in the library with staff close by and use of their mobile phone.

However, we found that each unit had responsibility for their own DoLS updates and the information was not always readily available. The manager did not have oversight of the DoLS within the home. We discussed with the interim manager the use of audits to ensure the quality of the systems as responsibility ultimately lies with the registered manager and provider.

We were able to see how some best interest meetings had been held for people in regard to their daily living however there was no evidence of people's consent to their care within their care files. We discussed this with the interim manager who informed us that this was not in place. However, we observed consent being sought by staff for the support being provided.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider and manager had not got the required consent before providing care and treatment.

During our inspection we toured the home and saw that home in places looked quite bare, with a lack of decoration, and a complete lack of pictures on a lot of the walls in most units. Some chairs and settees showed signs of age with rips and tears in them. This gave an overall impression of a clinical environment. This was discussed with the registered manager and the interim manager. The registered manager discussed with us the plans that were in place to personalise the home for the benefit of the people living there.

Bedrooms that we observed were very personalised with furnishings of the persons choice, curtains, family pictures and photographs. All communal bathrooms were clean and fully stocked with soap and hand towels. Some bedroom doors however had 'peepholes' in them, which were historical. These were slowly



being replaced but still gave the overall impression of an institutionalised environment.

We saw that the staff received a comprehensive induction programme when they first joined the home. There was a plan in place to implement 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. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.

There was also a programme of staff training and development that had been produced for staff to access. This covered a range of areas such as induction and what training the service identified as mandatory. We saw that the staff had received training that included safeguarding, moving and handling and health and safety. However, we discussed with the registered manager and interim manager the benefits of additional training for care staff such as pressure area care as there were people at risk of developing problems with pressure areas. We were told that this was being reviewed.

There was evidence of a supervision system in place for the staff group and supervisions had been carried out throughout the year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We observed that on each unit staff regularly asked people if they wanted drinks. We also observed lunch time and saw that there were no written menus in evidence and nothing to suggest the days choices of food. The mealtime experience showed that there were two dishes that people could choose from, however alternatives were available. Staff offered disposable aprons and tabards to each person but didn't 'make' them wear them, all were given personal choice.

The dining rooms were very stark; however people were given the choice that they could eat in their rooms or the lounge. People were able to have as many helpings as they wished but portion sizes were already quite good. The staff interacted with people during the mealtime, they chatted and got cold or hot drinks for people to have with their meals.

Feedback about the food served was not always positive. Comments included "A lot of the meals they offer are just warmed up. You get a choice of two things but I don't like anything on the menu this lunchtime", "The food is okay, sometimes good, sometimes bad" and "The food is so so, its okay, nothing special." However, the registered manager and interim manager had already identified this and had plans in place to change the way the food was to be prepared. Meetings had been held with service user involvement.

We looked at six care plans and saw that there was a clear initial admission procedure and assessment followed by personal profiles which highlighted preferences, likes and choices. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of the care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion. One relative told us "The staff know what my daughter can be like and they are good at seeing the signs and triggers."

The care plans showed that the managers and staff had clear links with other professionals such as GP's services, speech and language therapists (SALT), district nurses and other local agencies.

Although the communal areas of the building were not homely we saw that people had been supported to personalise their rooms with their own pictures, items and furniture.

# Is the service caring?

## Our findings

On the day of the inspection we observed that people living in the home looked comfortable with the staff. The majority of the staff had been in post since the home opened and as a result, had formed strong bonds and relationships with people living in the home. One person told us, "I've always found the staff to care. They have looked after me from day one that I moved in here", another person said, "I do like the staff and they do care for me" and a relative told us, "[Person] is very well cared for here."

Peoples bedrooms were down corridors and did offer the chance for them to have privacy if they wanted it. The rooms had 'peepholes' on the doors were historic and took away from people's privacy but we were informed that they would be removed when the funding was in place. People told us that they believed their dignity and privacy was always respected. One person told us "The staff do always knock on my door, they never just barge in, no, never."

We saw how people were listened to and involved in the running of the home as they were involved in recruitment of staff, people had been liaised with regarding the menus and food and the interim manager had planned to involve people in clinical governance meeting that were regularly held in the home. One person told us "I think that I am listened to and I can more or less do the things that I want to do."

We saw that service user meetings had been held. This gave the people living in the home the opportunity to have input into the running of the home. We also saw a 'you said, we did' document that showed actions taken following suggestions made. An example of this was regarding the food and the involvement of people in the decisions being made.

Care plans we looked at showed how peoples independence was promoted and planned for. An example of this was where a person was encouraged to have independence in the community. Following least restrictive practice, they had the use of a mobile phone, the use of a corner shop as opposed to the main supermarket to help with the management of their own monies. We observed staff use encouraging language such as "You can do that."

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw staff were good communicators and were able to engage with empathy and respect. They interacted with people with a caring, patient and friendly approach.

We observed that confidential information was kept secure either in the offices or medication rooms. This protected people's right to confidentiality.

The provider had developed easy read versions of documents for the benefit of those living in the home, for example the complaints procedures. This meant the provider looked at ways to make sure people had access to the information they needed in a way they could understand it. This complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016

making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Each person we spoke with confirmed they were able to communicate with their care staff and engage with office staff directly if needed. One relative told us "[Person] is well looked after and we can talk to the manager anytime as we are here most days."

## Is the service responsive?

### Our findings

Vancouver House had a clear written complaints policy, a version of this was in an 'easy read' format for people. The complaints procedure advised people what to do regarding concerns and complaints and what to do if they were not satisfied with any outcome. We asked people if they felt comfortable raising any concerns and each person we spoke with said yes. One person told us "I feel I am well supported. I've never had to make a complaint" and one relative stated "We did complain once but the home dealt with it all totally to my satisfaction."

We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner. However, the complaint information was not visible at the entrance of the home. This meant that it would not be easily available for those visiting the home. This was brought to the manager attention who assured us that this would be rectified immediately.

We looked at four care files and saw the processes followed when a referral was received. This included initial assessments, developing care plans and risk assessments. We saw records of these assessments in people's care files. There was good information in the care files on how to support the people living in the home, however the files were at times confusing and held old documents. These looked like they had not been reviewed but on closer inspection we found up to date information in different parts of the file. The care plans had not been audited and this was discussed with the interim manager.

Care plans included information regarding moving and handling, nutrition and hydration and continence. We also saw how the care plans were specific to the individual, examples included how to support independence, diabetes and the use of entertainment technology such as 'firesticks'. We were also able to see proactive and reactive strategies surrounding anxiety, body language, challenging behaviours, distracters and defuses and triggers. This meant staff had personalised guidance on how to support each person living in the home

No one living in the home was receiving end of life care at the time of inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. We also saw that the home had good links with other relevant health professionals to ensure people's end of life care needs were effectively met. We also saw how the provider had an up to date end of life policy available.

We saw that there was an activities co-ordinator employed by the provider and that two assistants had recently been employed to support the provision of activities. We saw recent activities included ten pin bowling, one to one hours, nature walks and pet therapy. We were able to observe the benefits of pet therapy and how it reduced the anxiety and challenging behaviour of a person.

We were told how people were starting to be enrolled on college courses, and how the activities co-ordinator was forging links with a club for a person to be able to play snooker. We were also told how the activities staff were starting to introduce activities in the evening such as bingo, arts and crafts, quizzes and

that it had dramatically reduced the number of challenging behaviours. One person told us of their excitement about their healthy eating classes and another told us about their football season ticket.

## Is the service well-led?

### Our findings

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 manager had been registered since April 2018. The registered manager understood their responsibilities in relation to the service and to registration with CQC. The registered manager had been away from the service for a large period and the provider had an interim manager in place. The registered manager and interim manager were both present during the inspection as the registered manager was returning to work.

The provider and registered manager had different methods in place to monitor the quality of the service being delivered. These included quality questionnaires, reviews and meetings. However, we found that some quality processes were not being followed by the home such as nurse in charge checks, unit kitchen checks and some processes were not being audited at all. These included care plans and DoLS. We also found out of date information regarding dysphagia guidelines on display in the kitchen on the wall. This was misleading information for staff to follow and could have resulted in choking and serious harm to the individuals concerned. The up to date information was in care plans. If audits had been in place issues found during inspection would already have been identified.

The registered manager had provided us with 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. The registered manager had outlined improvements such as décor and satellite kitchen improvements that had not been fulfilled by the provider following the registered managers absence.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems and processes to assess, monitor and improve the quality and safety of the service provided were not in place.

The service had good community links which helped it to gather and share ideas about best practice with other health and social care providers. This included attending regular providers' meetings arranged by the local authority.

We asked staff if they were supported in their role and we were told yes. We were told how the home had improved with the new management and staffing. Most of the people we spoke with were able to tell us who the registered manager was and felt that they could approach them.

Records showed that regular staff meetings were held. These meetings were documented and provided staff with the opportunity to receive and share any important information.

The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. These included policies on infection control, safeguarding, medication administration,

whistleblowing, equality and diversity and complaints. We saw that these policies and procedures were up-to-date and regularly reviewed.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider and manager had not got the required consent before providing care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to assess, monitor and improve the quality and safety of the service provided were not in place.