

# Parkcare Homes (No.2) Limited

# Vaughan House

## Inspection report

21 Studley Road  
Luton  
Bedfordshire  
LU3 1BB

Tel: 01582734812

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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 ●

# Summary of findings

## Overall summary

The inspection took place on the 13 and 18 October 2016 and it was announced. We gave the provider 24 hours' notice of our inspection as they are a small residential home for adults with learning disabilities and we needed to ensure that somebody was available for us to speak with.

The service provides accommodation and personal care for up to ten people with learning disabilities and autism. At the time of our inspection, there were eight people using the service.

The home has a Registered Manager in post. 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 & Social Care Act and associated regulations about how the service is run.

People were kept safe and staff understood how to report any concerns to the relevant agencies. Risk assessments had been completed to identify any risks to people and implement control measures to help keep them safe. When people demonstrated any behaviour which may have impacted negatively on others this was managed safely through robust guidance and consistent approaches from staff. The service employed enough staff to meet people's needs and recruitment procedures were followed correctly. Medicines were managed safely and people's healthcare needs were identified and met.

People enjoyed a varied menu and had enough to eat and drink. People and their families were actively involved in care and support planning, and were supported to achieve positive, person-centred outcomes. Their dignity and privacy was respected.

Staff were knowledgeable and positive about the people they supported. Interactions between staff and people using the service were caring, and people had a key worker system in place to help to meet their individual needs. Staff received a range of training which enabled them to carry out their roles effectively. They were supported through an on-going program of supervision and appraisal.

People using the service and their relatives spoke highly of the management team, although staff sometimes said they did not always feel valued or listened to. The service had robust systems in place to monitor the quality of people's care, with regular audits by senior management. People and staff were given opportunities to contribute towards the development of the service through regular meetings.

## 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.

Staff were trained in safeguarding and knew how to identify and report any concerns.

The service had sufficient numbers of staff to meet people's individual needs.

Staff did not begin their employment until recruitment checks had been completed.

People's medicines were managed appropriately and stored correctly.

### Is the service effective?

Good ●

The service was effective.

Staff had undertaken training which was relevant to their role and enabled them to support people using the service effectively.

People had choice over their food and drink and their needs in relation to nutrition and hydration were being met.

People were supported to attend regular healthcare appointments and had involvement from healthcare professionals to ensure their continued welfare.

### Is the service caring?

Good ●

The service was caring.

People's dignity and privacy was respected by staff.

Interactions between staff and people using the service were positive.

Staff demonstrated a good understanding of people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to undertake a variety of activities inside and outside of the home.

People and their relatives were supported to make decisions and contribute to the planning of their care as much as possible.

The provider had an effective system to handle complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff were given opportunities to contribute to the development of the service through team meetings.

There were systems in place to monitor quality within the service through regular audits.

# Vaughan 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 and 18 October 2016 and it was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

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 reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people using the service and observed interactions between them and staff. We also spoke with six care staff and the registered manager. We spoke with one relative to obtain their feedback on the service.

We reviewed care records for three people using the service, looked at three staff files and reviewed records relating to medication, complaints, training, quality audits, maintenance and staff meetings.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and well supported by staff. One person said, "Yes I feel safe. It's a safe place to live." Another person said, "I'm safe here, they [staff] keep us all safe." The other four people we spoke with all replied "yes" when we asked them if they felt safe at the service.

Staff received training in safeguarding and explained the steps they would follow if they were concerned that somebody was at risk of avoidable harm. One member of staff said, "I'd speak to my senior or my manager firstly, if I could. Then I'd take it higher, either to the local authority or to the police if it was serious." Safeguarding information was visible throughout the service and people were provided with details of the agencies that they could contact if they were concerned about their own safety. Staff told us there was a whistle-blowing policy in place and that they would use it if necessary. Whistle-blowing is a way of reporting concerns without fear of the consequences of doing so.

Each person had individual risk assessments in place which detailed the level of risk across different areas of their support and how control measures had been introduced to manage these safely. We saw that prior to undertaking a new activity the service completed a risk assessment to identify any potential hazards or issues that could arise. While risks were captured adequately, the service promoted a culture of positive risk taking where people were not restricted by potential risks. For example, a person had recently begun to undertake work in a shed in the garden and an accompanying risk assessment detailed how they should use the appropriate tools safely to allow them to carry on with the activity.

There were clear protocols in place for the management of behaviour which may have impacted negatively on others. Because some people in the service sometimes displayed this type of behaviour, the staff team had all received training to understand the control measures and proactive strategies that could be used to prevent escalation. People's care plans included the triggers that could have led to incidents and how staff should work with the person to identify these and calm the situation sensitively. For example, one person had a history of reacting negatively to part of their routine being disrupted. The registered manager was able to tell us about the steps they had taken to recognise how the person could continue with this routine safely and without any further recourse to become agitated or upset. They said, "We tried to change the thinking to recognise that this part of [person]'s routine needed to be followed regardless of how impractical it sometimes became. This is the person's house and their condition meant that it was important to respect this. Since then we haven't seen anything like the same kind of behaviour." We saw notes from meetings that they had held with people to discuss problems or frustrations as they arose. This meant that issues were being identified early and dealt with to the satisfaction of the person concerned, which allowed staff to proactively manage the risks associated with this type of behaviour.

The correct checks were being carried out to ensure the safety of the environment. There were regular checks such as fire and gas safety checks, health and safety audits and PAT (portable appliance testing), which were carried out regularly to check that equipment was in working order. It had been noted in the last monitoring visit from the local authority that the emergency contingency plan was not robust enough. The registered manager had improved this to demonstrate how it would work in practice. Each person had a

personalised evacuation plan (PEEP) in place which detailed how they could be supported in case of an emergency.

People and their relatives told us there were enough staff available to keep them safe. One person said, "There are enough here when we need them." The other four people we spoke with replied "yes" when we asked if there were enough staff available to meet their needs. However some of the staff we spoke with did express concerns about short staffing levels and the impact upon them. One member of staff said, "We are short staffed and a lot of us are working long hours. There's a lot of pressure sometimes." Another member of staff confirmed this, saying: "Sometimes the short staffing here means we're pushed and can't always do everything we'd like to do." When we asked staff if they felt people were being put at risk, they responded that they did not believe they were and that people were supported safely. We looked at the previous six week rota and found that enough staff were deployed to meet people's needs. A team of bank staff were available if cover was required. The service did not use any agency staff as the registered manager felt it was important to maintain consistency for people. When we spoke to the registered manager about staffing, they acknowledged the difficulty in recruiting and retaining the right staff for the service. However we were able to look through the progress of applications and the additional measures taken to address the issue, such as attending job fairs and putting cards into shop windows to advertise the position.

There were appropriate checks and balances in place for the service to recruit staff who had the correct character and experience for the role. The registered manager showed us the system used for recruitment which filtered applications through an online service and allowed him to select suitable prospective staff based on skills, values and experience. We looked through three staff files and saw that each of them had two references from previous employers and a completed Disclosure and Barring Service (DBS) check on file. DBS is a way of employers assessing whether a prospective member of staff has any prior convictions or other information of concern which may make them unsuitable for the role for which they have applied. This enabled the registered manager to make informed decisions so that people were only supported by suitable staff.

People we spoke with told us they received the correct support to take their medicines. One person said, "I have [medicines] that staff help me with, they'll tell me what I'm taking and give it to me in a pot." Another person said, "They make sure I take it right every morning." Each person's care plan included a list of the medicines that they took, the reasons the medicines had been prescribed and details of any creams or topical solutions that needed to be applied. People's medicines were stored in their bedrooms in locked cabinets, and stock checks were performed regularly to account for the amounts present. The registered manager had introduced a system where alarms would sound just before each medicine was due to remind staff to administer medicines as prescribed. We looked through Medicines Administration Record (MAR) charts for three people and saw that these had been completed correctly with no unexplained gaps. This showed that people had received their medicines as prescribed.

# Is the service effective?

## Our findings

People told us that they believed that staff were able to provide effective care and support. One person said, "They have a training [professional] who comes to the house every so often and talks them through everything. I think they're the best lot [the staff] I've come across to be honest, they seem to get what we're about." A relative we spoke with was positive about the staff but unsure of whether they received training in specialised conditions such as autism. They said, "The staff are good and they have a great relationship with [person], I know they have had training on these conditions but I'm not sure they always have a full understanding." During the inspection we were able to speak with staff about their understanding of people's conditions and how they impacted upon them. The provider had made training available to help staff to learn about these conditions, and the registered manager told us that developing a deeper understanding of people's needs was an on-going process. They said, "For newer staff it can take some time to develop that kind of knowledge, so we try and get the training in place and ask staff to be reflective in their practice and to question what they are doing."

The staff we spoke with told us they received a good range of training to help them to carry out their duties effectively, but felt that the quality was mixed. One member of staff said, "We're doing a lot of e-learning at the moment and the training is better when it's face-to-face. It's more impactful when you're learning from a real person and not sitting in front of a computer." Staff received training the provider considered essential such as medicines, fire safety, first aid and safeguarding. Additionally there were courses made available to staff other areas such as diabetes, epilepsy and the management of behaviour which impacted negatively upon others. One member of staff said, "If we need extra training we can always ask." One member of staff was able to tell us about the impact of the training they had completed upon their work. They said, "the autism course we did was really useful for understanding the condition and what it might mean for different people- everybody is different and it does encourage you to recognise people as individuals while helping you to understand what autism is."

The staff we spoke with told us they received regular supervision and appraisal of their performance. One member of staff said, "Sometimes we're supervised a little late, but I do have them regularly enough." Another member of staff said that supervision took place, "Every six weeks, or thereabouts." The registered manager had a plan of when supervisions and appraisals had been held and when they were due. We saw that these were being held regularly enough to provide staff with the opportunity to share issues, concerns and feedback. The registered manager told us that supervisions were also used to test staff knowledge in areas such as safeguarding and the Mental Capacity Act. This was designed to help consider how they translated their knowledge into day-to-day practice. This enabled them to be confident that people were supported by skilled, trained staff.

Staff had received training to understand the Mental Capacity Act (2005) and were able to tell us about how it was relevant to the people using the service. 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). The service had developed social stories and flash cards which were used to explain to people what MCA and DoLS was and how it impacted upon their care and support. While we found that many of the people using the service had full capacity, some of them were under constant supervision and told us they would not be able to leave the service without the support of staff. To reflect this, applications had been made to the local authority on the basis of capacity assessments and best interest decisions, and the service was awaiting authorisation for these. This showed that people received care and support in ways that protected their rights.

Consent forms were in place which asked people to sign to indicate that they consented to different aspects of their care, including healthcare information, medicines and care planning. One person we spoke with was able to talk us through a situation where they had required a complicated medical procedure which needed consent. They spoke to us about how the service had met with them to explain what was going to happen and how the person could make the best decision for their long-term healthcare needs. We saw in the person's care plan that this process had been well-documented and that the person had been able to make an informed decision to provide consent for the procedure.

People told us they had enough to eat and drink and felt the food was of sufficient quality. One person said, "The food is nice. I'll help sometimes. I cut up the potatoes and put things into the oven. We always have a choice over what we have. My favourite thing here is the curry." A relative said they were happy with the food choices on offer, saying, "I've never had a problem with the food."

People told us they were supported to attend healthcare appointments and had their needs met if they required any kind of medical intervention. One person said, "I go to all my appointments. I need help with some, others they remind me what I've got and when."

## Is the service caring?

### Our findings

The people we spoke with told us they felt that their staff were kind, caring and understood their individual needs. Without exception they all said they liked living at the service. One person said, "I've got friends here now and it feels like my home, I want to stay here now for as long as I can really." Another person said, "I can talk to any of the staff if I have any problems. I like them all here." A third person said, "It's friendly in here, there's lots of jokes and the staff like to have a laugh with me."

The staff we spoke with demonstrated good knowledge of the people they supported and a caring attitude, which we observed throughout the inspection. One member of staff told us, "This is a really lovely place for people and staff and we're like a big family." Another member of staff said, "I think we try to make anything possible for them. We're a good team and everybody here really cares for the [people]."

Each person was issued with a 'service user guide' in an easy read format which detailed the kind of care and support that they would receive at the service and who they could contact if they had any questions. Where people had key workers in place they were informed of their named worker and how they would contribute to their support. We asked one person who their key worker was and how they helped them. They told us, "My key worker is [staff member]. They tell me about what I'll be doing, any questions I have or if there is anything I need to know about." This showed that people knew how to get the information about the service that they needed.

People told us that they were encouraged to be as independent as possible and do things for themselves if they were able to. One person said, "They [staff] tell me they're not here to do things for me and if I can do it, they'll let me do it my own way. Obviously I can't do what I can't do and if I do need help they're always happy to give it." People's care plans included a high level of detail in relation to how people could live more independently, and the level of support that people needed was clearly described to allow staff to work consistently with them. For example, one person often made unhealthy food choices and staff were encouraged to offer light supervision during mealtimes to encourage them to eat a balanced diet. We saw a chart on the wall in the dining room which detailed how each person was to contribute to daily tasks such as cleaning and tidying. During the inspection we noted people doing their own washing, making drinks and snacks and carrying out their routines with minimal assistance from staff. This meant that they were empowered to develop the skills and confidence they needed to live as independently as possible.

People told us they were treated with dignity and respect by staff. One person said, "It's a two-way thing with them. If we respect them, they respect us. I can't say I've ever felt disrespected." The other five people we spoke with all replied "yes" when we asked them if they felt they were treated appropriately. The staff had received training to understand the importance of dignity within care, and were able to give us working examples of how they put this into practice. One member of staff said, "We respect their views, their independence and we give them the comfort and privacy they need to lead happy lives."

People told us that their families were able to visit any time and spend time with them. One person said, "[Family] come here to see me and sometimes I go to see them at weekends." A relative told us they visited

frequently and felt involved in any changes or information they needed to know in regard to their family member's care. They told us, "I'm in here a couple of times a week anyway so I know what's going on, but they will call me if there's anything else of importance."

## Is the service responsive?

### Our findings

People and their relatives told us they had care plans in place and they were involved in their development and review. One person said, "Yes all the care plans are kept in the office." Another person told us, "I've got two care plans, one for my health and one for everything else about me." A relative said, "We have an annual review of [person's] care so I know what's in the plan." During the inspection one of the people using the service was keen to sit down with us and go through their care plan so they could show us what the different sections were for and how they had contributed to their development.

People's needs were assessed by the staff before they joined the service and the assessment was used to develop a person-centred plan of care. People's care plan included sections such as communication, behaviour, health, social interaction and activities. Each person had a sensory profile which detailed the ways in which they experienced different aspects of their lives and how this impacted upon their care and lifestyle. If people followed structured routines then these were detailed to allow staff to provide the same type of care each time. People's backgrounds and social histories were included with their family history and included places they had lived and worked and how this affected their care plan. This provided the staff with a broader understanding of the person's life history to enable them to offer more personalised support.

People's aims and objectives were listed to help to support them towards achieving positive outcomes in their lives. For example, one person had recently had a poem published and wanted to write another one for publication in the future. One person told us they had always wanted to go on a cruise and were due to go on one before the end of the year. For another person significant work had been undertaken to improve other aspects of their life, such as social interaction and building trusting relationships. The registered manager told us how they had helped the person to overcome some of these difficulties, saying, "We completed a piece of work with [person] to see how and why [they] would interact with certain staff. It became clear that [they] respected and trusted one staff member due to their direct form of communication. We also noticed that another staff member would [communicate with] the person we supported [in a certain way]." The rest of the staff team had then been encouraged to take a similar approach which had been effective in supporting the person to overcome some of their previous difficulties. This had led to them going out, socialising and eating more than they had for several years previously. This demonstrated that the service was focused on creating positive outcomes for people.

People told us they were able to enjoy activities, interests and hobbies, with support from staff if required. One person told us about how they spent their time, saying, "I go to a training centre today where I learn new things and see my mates. Sometimes I go into town, out for meals and the other day I went to see Luton Town play in my first ever football match." Another person told us, "I go to the zoo. I like going on the bus and when I'm at home I like doing puzzles." A relative told us, "[Person] seems very content here now and does a lot more than they used to."

People were also supported regularly to go on holidays and spoke passionately and fondly of places they had been to. One person said, "I went to Butlins recently, it was fun." Another person told us about a number of holidays they had enjoyed both domestically and abroad. The registered manager told us, "We have

changed the thinking of the staff, families and people with regards to holidays. In the past we offered one holiday a year to each of the people we support, but they discussed at a "Your voice meeting" that they would like to have an extra holiday. Keyworkers met with people independently to discuss their needs and desires and a second holiday was arranged for everybody." Staff were equally enthusiastic about the holidays, with one member of staff commenting: "They're a real highlight, great fun. Everybody looks forward to them and I love going and watching people have such a good time."

People and their relatives told us they were aware of how to make a complaint and would be confident that their complaint would be resolved expediently. One person said, "I've never had to complain but I'd speak to [registered manager] if I did." A relative told us they had made complaints in the past but that these had been promptly resolved with positive outcomes. They said, "I'll speak up if there's something that needs addressing and they know that. Luckily the issues I've had have always been dealt with." The provider used a computerised system for logging and resolving complaints, and we looked at a sample of these to see whether they were being handled in accordance with their policy. We saw that in one example each stage of the policy had been followed correctly, with a meeting held with the complainant to discuss the grievance and agree a way forward. The grievance related to the absence of the registered manager from the service for a short time and the potential impact upon people. The registered manager was able to talk us through the outcome of the complaint and how this had been communicated to the complainant. Each complaint was followed up with 'lessons learned' which detailed how such a grievance could be mitigated effectively in future. This was shared with the complainant and used to facilitate further discussion in meetings and supervisions.

## Is the service well-led?

### Our findings

We received mixed feedback in regard to the management of the service. People and their relatives were positive about the registered manager but some staff shared concerns with us. All of the people we spoke with replied "yes" when we asked if they felt the registered manager was approachable. One person said, "[Registered Manager] is nice, he talks to me a lot about things and it helps to make sense of some things I don't always understand." A relative we spoke with was positive about the changes the registered manager had made and the impact upon their loved one, stating, "It's been good here the last two years. There's been a lot of changes but [registered manager] has done a good job."

However there was a feeling among the staff team that the registered manager did not always listen or help the staff to feel valued and appreciated. One member of staff said, "He doesn't always seem to listen. I can talk to my colleagues about anything but not always the manager." Another member of staff said, "We are valued up to a point but sometimes I think we could be appreciated more for what we do. The manager does try his best." However another member of staff said, "definitely" when we asked if they felt supported and valued. We spoke with the manager about these concerns. They acknowledged that it was important for staff to feel valued if they felt under pressure, and told us that this would be addressed and discussed immediately. They also agreed to keep staff more involved in areas such as recruitment so that they could stay abreast of how the on-going staffing issues were resolved. Staff told us they were given opportunities to contribute to the development of the service through team meetings. One member of staff said, "We meet every couple of months, sometimes more. We usually talk about the [people] first and foremost but we can also talk about training and other things."

The registered manager was able to tell us about changes and improvements that had been made to the service to improve the overall quality of care and support that people received. They said, "I've tried to improve the overall standard here by working closely with people, their families and the local authority to change some of the practices." They were clear on the visions and values of the provider and the importance of developing people's independence and providing a person-led environment. They said, "We're not here to parent or police people. We're focused on the most positive outcomes for them."

Residents meetings took place every month to provide people with the opportunity to discuss issues in the service and share stories about events and activities they had enjoyed. One person said, "We'll have a meeting between just us guys [people] every few weeks, we usually talk about what we're going to be doing, like future days out and holidays." An 'easy read' agenda was issued to people beforehand so that they understood the reason for the meeting and the items for discussion. The issues raised in the prior meeting were discussed with outcomes to begin with. For example, where people had asked about redecoration in some parts of the home, a redecoration program was scheduled and they were given updates on the progress of this.

There were a range of tools used to monitor quality in the service and identify improvements that needed to be made. A 'service review' took place every few months with input from a senior manager from the provider who looked at the support offered, the environment and the progress of actions from the previous visit.

Meetings were held with the whole staff team every three months to discuss internal quality monitoring and to inform the staff team of any changes required as a result. A recent monitoring visit from the local contracts team had rated the service as 'good', and an action plan had been devised to address all of the areas where required improvements had been identified. The registered manager carried out unannounced night checks to check that the correct support was being delivered during night shifts.

A satisfaction survey had been sent out in the previous year to gain people's views and ask whether there was anything in relation to their care and support that could be improved. The feedback was overwhelmingly positive, with all people responding 'always' to questions such as, 'Do your staff treat you with respect?' and 'Can you make choices about what you want to do with your life?'.