

## Cambridge Housing Society Limited

# Vera James House

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Vera James House provides accommodation and personal care for up to 41 older people. There were 36 people living at the service at the time of our inspection.

This unannounced inspection took place on 25 July 2017. At the last inspection on 23 July 2015 the service was rated as 'good'. At this inspection we found overall the service remained 'good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and their visitors said that staff were kind and caring. People's privacy and dignity was not always respected.

Staff were only employed after the provider had obtained satisfactory pre-employment checks. Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision, observations, and appraisals. Staff were trained to provide safe and effective care which met people's individual needs and they knew people's care requirements well.

Staff were clear about the procedure to follow to protect people from being harmed. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe life as possible.

People had health, care, and support plans in place which took account of their needs. These recorded people's individual choices, their likes and dislikes and any assistance they required.

Medicines were well managed and people received their medicines as prescribed.

Staff supported people to make everyday decisions in the least restrictive way as possible; the policies and systems in the service supported this practice.

People and their visitors were able to raise any suggestions or concerns they might have with the registered manager and team of staff. They said that they felt listened to as communication with the registered manager and staff team was good.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived at the service and their visitors were encouraged to share their views and feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

People privacy and dignity were not always protected at all times.

People were supported by staff that knew them well.

People and their visitors were involved in decisions about their care and their views listened to.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Vera James 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 checked 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 25 July 2017 and was unannounced.

The inspection was carried out by one 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.

We reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

We spoke with 11 people who used the service, and we observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. We spoke with the two area managers, the registered manager, four care staff and a housekeeper. We also spoke with four visitors of people who lived at the service and one healthcare professional who visited the service on the day of the inspection.

We also spoke with a representative from the local authority safeguarding team and the local contracts monitoring team to obtain their views about the service provided at Vera James House.

We looked at records in relation to three people's care. We also looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People and their visitors told us they/ their family member felt safe living at Vera James House. One person said, "Yes, always (feel safe). The bell is answered quickly." Another person said, "There is always a member of staff around if you need them." A visitor said, "'I don't have to worry about [family member], she is well looked after and safe here."

Staff confirmed they had received training and demonstrated an awareness of the safeguarding procedures and who to inform if they ever saw or had an allegation of harm reported to them. Notifications received by CQC confirmed the service had responded appropriately to safeguarding concerns which ensured the safety and welfare of people using the service.

Care plans were complemented by up to date risk assessments to ensure, as much as possible, that the people remained safe and that their care and support could be appropriately delivered. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs. One visitor said, "My [family member] is very independent and likes to do things on their own but they are a bit unstable and fall a lot. - The staff explain that they must ask for help but they take no notice. Although the staff do try."

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. A review of the personnel records showed all checks were completed before staff commenced working in the service.

People told us and we observed that there were enough staff available in the service. One person said, "If I ring the call bell the staff come quite quickly." Another person told us, "I have a shower in my room. Two staff use a hoist to help me have a shower. They take their time and help me."

A visitor confirmed to us that, "There is always a member of staff around." The registered manager told us that the staffing levels were determined using a dependency tool which was reviewed on a regular basis.

We found that medicines continued to be managed safely and all staff who administered medicines had received training.

# Is the service effective?

## Our findings

People and their visitors told us that staff knew their needs. One person said, "The staff know I like a lie in. I get up between 8 and 9, it is up to me." Staff we spoke with were knowledgeable about people's individual support and care needs. Staff told us, and records, confirmed that they received training to deliver effective care and support that met people's individual needs.

Staff told us that the management team and their colleagues continued to provide them with a good deal of support when needed. They said that the registered manager worked alongside them occasionally. One member of staff said, "[We can always ask [name of registered manager] to come and help." They went on to say, "It's really good to know there's always someone to support us." Staff received regular supervision from their line manager so they had opportunities to discuss what was going well and what could be better.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People told us, that they could choose what to eat from a choice of freshly prepared food on a daily basis. One person commented, "The food is pretty good." Another person told us, "They bring the menu round the day before and you choose what you want." A third person said, "I like the food you can always find something you like." The staff member explained that where people who use the service had a poor appetite they offered additional food during the day. Such as yoghurts and milk shakes to try to maintain their weight. People in their rooms had drinks available and those in communal areas being regularly offered drinks.

People continued to have access to a range of health services. There were records in place regarding visits and support from health care professionals including GPs and community nurses which demonstrated that people were supported to access a range of health care professionals.

## Is the service caring?

### Our findings

Most people told us that they thought the staff had a caring attitude towards them. One person said, "The girls [staff] are really good, easy to talk to when they have time to talk." A visitor told us, "Staff are mostly kind and caring. I can call them [if there is a problem]." Another person said, "The attitude of the staff has improved recently. You can have a joke with them and they seem happier. A third person said, "The staff do care about you. They are kind."

We found that people's privacy and dignity was not always protected. We observed that whilst staff used a screen in the lounge this did not fully protect the person's dignity as other people and ourselves could still see what was happening. We heard two members of staff discussing a person in the corridor.

During lunch in one area of the home we noted there was very little interaction between people and the staff during the meal. We noted that staff did not inform people of the meal that had been served to them. They just placed the plated meal in front of them. There was also little communication between staff and people using the service. The mealtime was not as interactive as it could have been.

We observed a member of staff asking people what they would like to eat the following day. They read the list out "salad of your choice, cheese and potato pie" The person said they would have a salad of your choice". The member of staff then responded by saying "yes but what salad, ham, cheese, tomato, egg?" The person did not understand and appeared confused and eventually said "Ham." The member of staff then asked them what they would like for their tea which included sandwiches of your choice. The person then said they would like, "Sandwich of your choice." The member of staff then gave the person a long list of what was available as a filling for their sandwich. The person looked confused and had difficulty making a decision. The staff did not engage with the person or making it more of a conversation about the food choices.

Relatives were involved in decisions about people's care. One visitor said, "I was involved in discussing the care plan when she first came in." They confirmed they were welcomed into the service and were kept informed on changes to their family member's well-being. One visitor told us, "We can visit whenever we want. I am taking [family member out today and my [other family members visit regularly and take them out as well." People said they had been asked questions about their care needs when they first moved to the service, but not everyone could recall being consulted about their care plans after this. However, people felt staff did listen to their views about how their care was provided.

Resident and relative meetings took place and minutes of these were taken and available to view. One visitor told us, "I know they have relatives meetings but my brother goes to those."

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.



## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was undertaken before the person was offered a place at the home. This was to ensure that the home had the facilities and staff to fully meet the person's needs.

Care plans continued to include all relevant information about the person they referred to. They were written in a person centred way, describing what people were able to do for themselves. They also included information about people's history, what was important to them, their spiritual and cultural needs communication, medication, nutrition, emotional well-being and any health issues. When an area of concern for the person had been identified (such as the person being at risk of malnutrition) information regarding this was included in all relevant areas of the care plan. This meant that the staff had the information they needed to meet people's needs. The care plans had been reviewed regularly and any changes were made to update the information.

People's views about the activities' were mixed One person stated, "We do exercises on a Friday and then my [family member] takes me to the Cathedral every couple of weeks." Another person "There are not very many activities here." During the morning the activities organiser spent some time with individuals playing ball. During the afternoon a film was being shown. People were also enjoyed a drink and some snacks. The records showed that regular activities were offered such as gardening group, art class, exercises and a church service once a month. The records showed that people who did not want to participate in group activities were given one to one time with the activities coordinator.

People felt confident to raise any concerns or complaints they had with the staff or the registered manager. There was a complaints procedure in place. One person told us, "I have no complaints." Another person told us, "Nothing could be better. I would speak up if I wanted to moan about something." A visitor said, "I would recommend the home. They do everything that is needed for the residents [people who live at the service]." Another visitor told us, "As a family we would speak to the [registered] manager if there was any problem. I am not aware of any issues." We saw that all complaints had been dealt with appropriately. Information was made available to people to encourage them to complain if they were not happy with the care they received.

# Is the service well-led?

## Our findings

A registered manager was 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 and Social Care Act 2008 and associated Regulations about how the service is run.

People, staff and their visitors told us the registered manager was approachable and listened to what they had to say. One person said, "They [registered manager] are very receptive. They listen and are helpful in every way." Another person said, "I can see the [registered] manager if I want to." A visitor said, ""I have seen the [registered] manager, they always say hello and ask if everything is okay."

The registered manager was dedicated to providing a good service and was passionate about the people living there. Staff described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff told us the registered manager and the deputy manager worked alongside them sometimes to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and most staff were observed treating people with respect and dignity throughout the inspection.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. This was as well as displaying their previous inspection report rating conspicuously. This, and the way they supported staff, showed us that they were aware of their responsibilities.

The registered manager and provider continued to carry out a regular programme of audits to assess and monitor the quality of the service. These audits included medicines, staff training, care planning and health and safety. Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops and pubs.

Staff knew about the provider's whistle-blowing policy and felt confident to raise any issues about poor practice if they needed to. The deputy manager was confident that staff would report any concerns.