

Parkcare Homes (No 2) Limited Vaughan House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We carried out an unannounced inspection at Vaughan House on 26 March 2015. This service provides accommodation and personal care for up to 10 people with learning disabilities. At the time of our inspection there were nine people living at the service.

There was a registered manager in place at the time of the inspection. 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.

At our last inspection on 16 July 2014, the service was not meeting required standards in relation to cleanliness and infection prevention and control, and the assessment and monitoring of the quality of the service. The provider sent us an action plan identifying how they were going to

Summary of findings

address these shortfalls and told us they were going to meet the standards by 17 October 2014. At this inspection, we found that the provider had taken appropriate action to meet these standards.

People were safe and were able to raise any concerns they had with the staff or the manager.

There were effective processes in place to protect people and accidents and incidents were managed well to enable preventative action to be taken. People's medicines were managed appropriately.

There were sufficient, skilled staff that were well trained and used their training effectively to support people appropriately. The staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards.

People were supported to eat well and were encouraged to choose healthier food options to maintain their health and well-being.

Staff were caring and respected people's privacy and dignity. People were supported to make decisions and were involved in assessing their needs and planning their care. Staff supported people to follow their hobbies and interests and maintain relationships that were important to them.

People were aware of the provider's complaints system and information about this was available in easy read format.

The manager had a visible presence and promoted a person centred culture within the home.

The provider had effective systems in place to assess and monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were administered and stored safely.

Staff had an understanding of processes to safeguard people from harm and how to report any concerns.

People were involved in deciding what risks they wished to take and measures were in place to keep people safe whilst promoting their independence.

Good



Is the service effective?

The service was effective

Staff training was kept up to date and staff were able to explain how training developed their skills to support people well.

Consent was obtained before support was provided.

People had enough to eat and drink.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards were met.

Good



Is the service caring?

The service was caring.

Staff interacted well with people.

People's privacy and dignity were respected.

People were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People were involved in assessing their needs and planning their care.

Staff respected people's choices and they were supported to follow their interests.

People were aware of how to make a complaint and there was easy read information available to support them to do so.

Good



Is the service well-led?

The service was well led.

The manager promoted a positive culture where people were respected, involved and their dignity was upheld.

The provider had an effective system for assessing and monitoring the quality of the service they provided.

Good



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 26 March 2015 and was unannounced. One inspector carried out the inspection.

Before our inspection we reviewed the information we had about the service. We looked at the notifications that the

provider had sent us. A notification is information about important events that the provider is required to send us by law. We looked at the report from the previous inspection held on 16 July 2014.

During the inspection we spoke with three people who used the service. We also spoke with the registered manager, a deputy manager, and three care staff. We carried out observations. Following the inspection, we contacted health and social care professionals who visited the service for feedback about the quality of the service.

We reviewed the care records and risk assessments for three people who lived at the home. We checked medicines administration processes and reviewed how complaints were managed. We looked at training records, and reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

At our previous inspection in July 2014 we found that appropriate standards of cleanliness had not been maintained in some areas of the home. During this inspection we found that the registered manager had taken appropriate steps to address these shortfalls. The home was cleaned to an appropriate standard, and many areas of the home had been refurbished to a high standard including the kitchen, the hall and stairway, where concerns had previously been identified. We saw people had designated cleaning days for cleaning their own room, which they did with support from staff. Everyone also participated in cleaning the communal areas. The registered manager had effective systems in place to monitor the cleanliness of the service and the control of infection.

People told us they felt safe. One person said, “Yes we’re safe. They are nice people here. [Manager’s name] is the one to go to if you have a problem. Another person said, “I would speak to [staff name] first if I felt not safe, but I don’t need to.”

All the people we spoke with told us they had regular discussions with staff about their personal safety, what to do if they were worried, or if someone did something that made them upset or frightened. There was safeguarding information on display throughout the home which gave people information on who to contact if they or someone else was at risk of harm. The provider had an up to date policy on safeguarding people which staff were able to locate within the service. Staff told us that they had received training on safeguarding people. They had a good understanding of what constituted abuse and told us of the procedures they would follow if they suspected abuse had occurred. The manager understood their responsibility to report incidents of concern to the local authority and to the Care Quality Commission.

People told us that they were involved in decisions about the level of risk they wanted to take. There were personalised risk assessments for each person who lived at the home. Each assessment identified how the person was at risk. The balance between the benefits of the activity to the person and the steps put in place to minimise the risk were clearly documented. Staff had clear guidance on what to do should an incident occur. Risk assessments were reviewed regularly to ensure that the level of risk to people

was still appropriate for them. Staff told us how they kept themselves updated about the identified risks for each person and how these should be managed. This included looking at people’s support plans, using the reporting system used by the provider, and talking about people’s experiences and any changes in their support needs at shift handovers. This provided staff with up to date information that enabled them to protect people from the risk of harm. Records of incidents were kept and the manager reviewed these on a regular basis to identify any trends so that action could be taken to reduce them.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included fire risk assessments and the testing of electrical appliances. The provider had plans in place for emergencies, such as a gas or water leak. Each person had a personal emergency evacuation plan (PEEP) which detailed the assistance the individual required to vacate the premises in an emergency.

People told us that there were always enough staff who supported them safely. Staff told us that there were usually three staff on duty during the day and two at night depending on the needs and the number of people in the home. Duty times were flexible to take account of people’s support needs and activities such as trips out in the evening. Staff absences or vacancies were covered by relief staff that the people who used the service were familiar with and that knew their needs well.

The provider had a robust recruitment process in place. Before taking up their duties, all new staff underwent a full interview and pre-employment checks to determine their suitability for the role. These checks included staff supplying evidence of their identity and right to work in this country, references from previous employers, and a Disclosure and Barring Service (DBS) check.

People’s medicines were administered safely. People were assessed to establish if they were able to manage their own medicines and one person was working towards this. Where this was not possible or where they did not wish to, then the staff administered them. The system used was robust and enabled a full audit of the administration of medicines to be undertaken. Storage of medication was in line with current good practice. Staff had received training to ensure they understood and were competent to administer medicines to the people who required them.

Is the service safe?

Although we noted that some protocols were not in place for medicines that were to be given on a 'when needed'

(PRN) basis, the manager took immediate action to address this. The missing protocols were written and signed by a GP and put in place straight away. We received confirmation of this by the day after our inspection.

Is the service effective?

Our findings

People told us that they were supported well by staff. The provider had a comprehensive induction programme, which included areas such as infection control, health and safety and safeguarding people. In addition they had an ongoing training programme to provide staff with the skills they needed to support people who lived at the home. The manager told us they had made training a priority since taking up their post and that, although some training was still outstanding, much progress had been made to bring staff up to date. We looked at staff training records which clearly confirmed that most staff had completed or were booked in to training events that the provider considered essential. The manager also told us that staff were encouraged to complete level 2 National Vocational Qualifications as soon as they passed their induction. Staff told us they had good opportunities to develop their skills and that training had a positive impact on the support they provided to people. One member of staff told us that training had supported them to think in a more person centred way and that they now looked for ways to empower people to take more control over the day to day running of their home. We saw that staff were mindful to assist people in a manner which empowered them to take control, by asking them what support they required and acting in accordance with their wishes. For example, one person had received a letter and showed a member of staff. The member of staff asked the person if they wanted them to read it and whether they wanted to keep it or put it in their file.

People told us that staff asked them whether they wanted support before it was provided and we observed that this was the case. Staff told us that they respected people's decisions about their daily care and support needs, such as the time they got up, what they wore or what they wanted to eat. One member of staff told us, "People must have a choice. You must always ask them."

Staff were able to demonstrate a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). They told us that all the people at the home were deemed to have capacity to make many decisions about their day to day care. However, they were able to explain how decisions would be made in people's best interests if

they lacked the capacity to make certain decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met. The deputy manager demonstrated an awareness of the latest supreme court ruling about DoLS and how it had an impact on the people who used the service. At the time of the inspection they were in the process of making applications for a DoLS authorisation for those people who required one. However no decision had been made yet on the two applications sent to the locality authority.

People were happy with how meals and snacks were planned and provided. One person told us, "I have my favourite meal sometimes, which is chicken and chips. I like having a cooked breakfast." Another person said, "We can have snacks and drinks when we want them." A third person told us, "I always make my own breakfast and lunch. We all do a bit in the evenings to help clear away." People decided on menus for the main meals at weekly meetings. Staff told us that people were encouraged to eat a balanced diet and we saw that fresh fruit and vegetables were included on the menus. The manager told us that a member of staff had recently been approached to develop an easy guide to healthy eating which included some easy recipes for people's favourite meals. This was with a view to both increasing people's participation in meal preparation and to promote an understanding of good nutrition. The registered manager told us that there were processes in place to manage any concerns about people's dietary needs and we saw that referrals were made to dieticians when this was required.

People told us that they were assisted to access other healthcare professionals to maintain their health and well-being. One person said, "I can see the doctor when I need to. I could see a dentist or get my eyes looked at if I needed to." We saw that each person had detailed health plans which showed what support they required to stay well. Care records showed that referrals were made to other health care professionals in a timely way. Community nurses, the local dietetic service, chiropodists, and mental health services were some of the healthcare professionals involved with people who lived at the home on a regular basis.

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "All the staff are great. Especially, [Staff] and [Staff]." Another person said, "[Staff] is very good to me." A member of staff said, "I work here because I really love the guys who live here."

We observed staff interact with people in a caring way. We saw that staff were attentive to people and chatted with them about day to day matters. There was a relaxed atmosphere in the home and people were clearly at ease in the company of staff. Staff knew people well and were able to tell us about each person's needs, preferences and personal history. We saw that people were actively involved in making decisions about the way in which their support was provided. People's rooms were personalised and reflected their individual interests and tastes. We saw that staff were flexible about the support they offered and were happy for people to make the decisions about when and how assistance was provided. For example, one person preferred to have time and space to use the laundry on a particular day of the week. Staff recognised that this was an important routine to the person, so ensured that they could do this without any disruption. The person told us that

although this had not always been the case, the manager had helped them to make the staff understand how important this was to them. This showed that the support provided was determined by what people wanted.

People told us that staff always respected their privacy and dignity. They told us that staff always knocked on their doors and waited to be invited in, and that staff spoke with them in private about personal or confidential matters. We saw that staff spoke with people with respect, used their preferred name, and maintained people's dignity at all times when offering them assistance.

We saw that staff took time to explain information to people, using simple language and gestures where necessary. Some documents were available to people in formats they found easier to understand, which supported them to make informed decisions about their care. The manager and deputy manager told us that they were working towards presenting as much information as possible in accessible formats. A member of staff showed us some work they had completed to make risk assessments more meaningful to people through the use of pictures and images to aid peoples' understanding. People were supported to maintain relationships with people that were important to them. Staff told us that people's friends and relatives were able to visit at any time and one person said, "I go out to see my friends a lot or I can speak to them on the phone if I want."

Is the service responsive?

Our findings

People told us that they were involved in assessing their support needs and staff respected their choices. One person told us, “I get involved in meetings. I meet my worker and they help me plan and make decisions. On the whole I make decisions; what food, what drink, what time to go to bed. They help me plan my money. I just bought a new bed because my last one was uncomfortable and they helped me with that.” Another person said, “I am comfortable with the care. I can do some things for myself and staff know that.” People’s needs had been assessed and support records reflected people’s wishes and aspirations. The plans included information on people’s communication and care needs, and detailed how people wished to be supported in these. The records showed that people’s support needs were reviewed regularly. People had regular meetings with their key workers at which goals to maintain and improve their independence were agreed and support plans amended accordingly.

People told us that they were supported to follow their interests and had meetings on a weekly basis at which they discussed the activities they wanted to do, as well as household matters, such as menu planning. One person told us, “I wanted to go to see Les Miserable and I did that yesterday.” Another person said they had been supported

to find paid employment. Other people attended college and also a community day centre where varied activities were available to them most days of the week. People regularly accessed the local community, making use of the local town, swimming pool, bowling and shopping facilities. This enabled them to increase their social contacts and reduce the risk of social isolation.

One person told us they had made a complaint once and were happy with the way in which it was managed. They said, “I know I can say something if I’m unhappy and they will do something about it.” People were aware of the provider’s complaints system and we saw that information about this was available in easy read format. People said that they could discuss any issues with their key worker and they were comfortable about talking to the manager and the deputy manager about concerns as well. Staff told us they would assist people to make a formal complaint if they wanted to. The deputy manager told us that they tried, where possible, to resolve issues before they escalated to a formal complaint. This was confirmed during our inspection when the manager made time to discuss a person’s concerns immediately when they approached him. There was a system in place for recording and monitoring complaints which allowed the manager to analyse causes and trends for complaints in order to make sustained improvements.

Is the service well-led?

Our findings

At our last inspection in July 2014, the service was not meeting the required standards in relation to the management and monitoring of the quality of the service. At that time the registered manager was newly in post following a period in which the service had operated without a manager. At this inspection, we found that the manager had taken action to address these issues. The service was well managed and we saw that people were involved in running their home. People told us they had regular weekly meetings where they were able to talk about anything to do with the home and staff. They told us that the manager was easy to talk to and that he listened to their views and acted on them. One person told us, “[Manager] is good. He really listens to us.”

Staff were aware of the provider’s whistleblowing policy and procedures and said that they would not hesitate to use them if they had concerns about how people’s care was managed. They all expressed confidence that the manager would act on any concerns they raised.

One member of staff explained that the values of the service were to “empower people, support them and try not to dictate to them.” The manager told us that they were working hard to promote the provider’s vision and values to ensure they were clearly understood by staff, and that they were embedded in their day to day practice. The manager told us that overall, staff had demonstrated a commitment to improving the service, and they had accepted that some change had been necessary to promote a person centred culture. We saw the manager had a ‘hands on’ approach to his role and worked closely with staff to observe their practice and interactions with people who lived at the

home. We observed that he had a very clear understanding of his role and responsibilities and demonstrated that he was able to promote accountability even when this required him to have challenging conversations with staff.

Most staff said that the manager was supportive in relation to their work and all confirmed that they had regular formal supervision. Although some staff felt that the manager did not always acknowledge their skills and experience as much as they would like, others said they were encouraged to participate in the discussions and make suggestions for improvements to the service. All staff said he listened and acted on the views shared by people who used the service and this was confirmed in our discussions with people.

A range of quality audits were completed, including infection control, medicine management, people’s finances, and health and safety. Where actions had arisen from the audits, these were monitored until they had been completed. The provider had also introduced an on- line assessment system for managers to assess and monitor the quality of the service provided. This system required the manager to assess aspects of the service including safety, training, care planning, complaints, incidents and staff management to see if they met the provider’s performance targets. The system also flagged up areas of under reporting that may need to be explored in relation to matters such as accidents and injuries. Where shortfalls were identified from these assessments, action was taken to reduce the risk of these reoccurring. The quality monitoring system was further supported by unannounced quality monitoring visits from the senior management team to ensure appropriate action was taken in a timely way.