Partnerships in Care (Vancouver) Limited

Vancouver House

Inspection report

Vancouver Road
Gateacre
Liverpool
Merseyside
L27 7DA

Tel: 01514876905
Website: www.healthandsocialcarepartnerships.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Vancouver House is a residential care home providing personal and nursing care for up to 32 people living with a leaning disability/autism and/or a mental health condition. The service was supporting 24 people at the time of the inspection.

Vancouver House accommodates people across four separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with autism.

People's experience of using this service and what we found
At this inspection, although we found significant improvements had been made, the service required further time to embed safe practices and to demonstrate consistency of those practices.

Since the last inspection, another new manager had been appointed. They were supported by a deputy manager. People, their relatives and staff spoke positively about the new management team. They told us how managers were more visible in the service and on hand to provide support.

The new manager had quickly identified issues which had developed at the service and had put an action plan in progress to remedy those issues and improve practices. The manager was keen to tell us how improvements to people's care and support were being implemented to ensure people had ownership and say over what support they received from staff.

Systems and processes had been introduced which helped care staff to learn from any safeguarding incidents and to improve the safety and quality of care and support being provided. The management team undertook daily walkarounds of the service to help identify any issues and to make improvements as a result.

Safe recruitment practices were in place. The service ensured that any potential employees were safe to work with vulnerable people.

We observed warm and genuine interactions between staff and people living at the service. There was a calm atmosphere and people appeared relaxed in their environment.

Infection prevention control practices, including those against Covid-19, were practised by staff and the service appeared clean and well maintained.

At the time of our inspection, one of the units was closed for refurbishment and the service was in the process of installing a fully equipped sensory room for people to use.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of 'Right support, right care, right culture'. People were supported to participate in activities they had a genuine interest in. Training and guidance in promoting a positive culture had been provided to staff in order to help deliver compassionate, dignified and person-centred care. The ethos, values, attitudes and behaviours of the management team and care staff ensured people using the service led confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was requires improvement (published 2 April 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, although significant improvements had been made, further time was needed for good practices to become embedded and sustained.

Why we inspected
We responded to our current risk rating of this service, which showed the service as high risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the Safe and Well-led sections of this full report.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Vancouver House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by an inspector and an assistant inspector.

Service and service type
Vancouver House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, assistant manager, operations manager and quality manager. We undertook a tour of the service and observed the delivery of care and support throughout the day.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with three members of care staff and three relatives of people who used the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
• The registered provider and management team had responded to any safeguarding issues in a proactive way. Appropriate processes had been implemented to help minimise the risk of any reoccurrence and promote people's safety and experience of care.
• Processes for safeguarding had been overhauled to promote a learning culture and to improve both recognition and reporting of any incidents or practices of concern. The manager had also implemented measures to help staff learn from any incidents. Regular 'flash' meetings were held, were staff could discuss incidents and reflect on ways of improving practice to help prevent reoccurrence.
• Staff had received additional training in safeguarding. Staff understood how to recognise, report and safeguard people from abuse.
• People and their relatives told us they felt the care provided by staff was safe. One person told us, "I do feel safe living here." A relative confirmed, "[Name] is very safe, I am thrilled with their care."
• The manager sent us appropriate statutory notifications to inform us of any events that placed people at risk as required by law.

Using medicines safely
• The overall management of medicines was safe. Staff had completed medicines training and competency assessments.
• Where people were prescribed medicines to be given 'as required' (PRN), there was not always enough guidance for staff on how to administer these appropriately. We discussed this with the manager.
• Temperatures of the medication fridge and medication room had not always been recorded. This is important as some medicines may not work as effectively if stored at the incorrect temperature.

Preventing and controlling infection
• Although the service did not routinely take part in a regular programme of Covid-19 testing for people and staff, as there had been issues with the service accessing testing kits. There were plans to do so imminently.
• Although the service employed domestic staff, there were no dedicated domestic staff at the weekends. Care staff were performing cleaning duties as additional shifts. We spoke to the manager about the need to review the availability of domestic staff to ensure adequate cover at the weekends.
• Infection control measures were in place and staff had received training in infection prevention.
• Staff had access to protective personal equipment (PPE). We saw staff utilise gloves, aprons and masks throughout the day.
• The service appeared clean, well maintained and free from malodours.

Assessing risk, safety monitoring and management
• Appropriate risk assessments were in place in people's care records. Assessments provided guidance for staff on how to manage and mitigate any identified risks to people. People were supported by staff to achieve their goals in the least restrictive way possible.
• Checks to monitor the safety and quality of the environment had been completed. Where issues had been identified, appropriate action had been taken to address them.

Staffing and recruitment
• Recruitment procedures ensured that new staff were safe to work with vulnerable people.
• The service had reduced the number of agency staff it used. Where agency was used, the service used the same staff whenever possible. This helped to ensure that people were cared for by staff who were familiar with their routines and needs, and to help reduce the potential risk of staff transmitting coronavirus from other services.
• We observed there were enough staff to meet people's needs. Staff were deployed in such a way to ensure that people's needs were met in a timely and effective way.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Whilst it was evident that improvements in governance processes had been made, further time was required to allow good practices to embed and to demonstrate consistency of improved practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements high-quality care and support

• Since our last inspection, the service had a new manager in post. They were supported by a deputy manager. The management team had identified key areas for improvement and had started to make significant changes to address those areas.

• The manager had started redeveloping systems to improve culture. There was a real emphasis on people using the service taking ownership of their care and support. Staff were educated on how to improve culture with the aim of delivering tailor made care and support. One member of staff told us, "I'd say there has been a dramatic change, this year we have worked so hard on improving culture."

• Incidents which constituted a safeguarding issue were analysed and findings were shared with staff. Staff were encouraged and empowered to feedback on how care and support could be improved for people. One member of staff commented, "It's all about the residents and making their lives better."

• Audits carried out by the manager had identified that important information in people's care records had not always been communicated to staff. The manager had made changes to the staffing team so that staff were permanently matched to a unit based on their skill set. This meant that people were cared for by regular staff who understood their specific care and support needs.

• The manager had introduced daily walk rounds and audits of all four units of the service. This enabled any issues to be identified and responded to in a timely way. Staff told us they appreciated the visibility of the manager on the floor, "[Manager] fully understands our point of view, it's been so refreshing" and "[Manager] is absolutely amazing, the atmosphere since they have come is so much better, [Manager] has brilliant ideas, there's finally light at the end of the tunnel."

Continuous learning and improving care

• An action plan had been introduced by the registered provider to address concerns our concerns found at the last inspection. The service had worked together with the local authority to bring about improvements and help improve people's experiences of care.

• The manager had identified areas for improvement. For example, they had identified that people were not always placed on the most appropriate unit to meet their needs. The manager had plans to ensure people were supported by staff best matched to people on account of their shared characteristics and knowledge.

• A quality and improvement manager had been recruited. They were based on site to help support the newly formed management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The manager was passionate about promoting a more positive culture at the service which focused on staff delivering exceptional standards of care for people. The manager regularly spent time on each unit and provided hands on care when care staff required additional support. It was the manager's belief that culture had to be demonstrated in order to set a positive example for staff to follow.
• The manager told is they were accessible to both people and staff and wanted to be a part of everyday life at the service. They promoted staff to feedback and empowered people using the service to have a genuine involvement and say over their care and support. We saw evidence from people's care records that people were supported in a meaningful way which reflected their goals and aspirations.
• The manager actively engaged with people about all aspects of the service. The service was in the process of a refurbishment and people had chosen their own colour schemes and decorations. One person told us, "Yes, it feels like home here."
• Meetings for both people and staff provided an open forum to encourage people to speak out. For example, a full-time chef had been introduced. This had been a direct response to people's dissatisfaction with the quality of meals previously supplied by an external catering company.
• Since our last inspection, the management team had worked in partnership with partner agencies to address any issues and concerns and to help improve standards of care for people. The service had not accepted any new admissions to help them focus on making the required improvements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager notified CQC of any incidents and events that occurred at the service, which demonstrated they understood their responsibilities in line with regulatory requirements and their responsibility to be open and honest when things had gone wrong.
• The manager encouraged a culture of learning from incidents. As opposed to thinking that things had simply gone wrong, staff were encouraged to use this as an opportunity to learn and improve their practice.